

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

Interim Final

Date of Report September 28,2018

Auditor Information

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Telephone: 352-538-2636	Date of Facility Visit: August 15-17, 2018

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Texas Department of Criminal Justice (TDCJ)		State of Texas	
Physical Address: 861-B I-45 North, Huntsville, Texas, 77320		City, State, Zip: Huntsville, Texas, 77320	
Mailing Address: PO Box 99, Huntsville, TX 77342		City, State, Zip: Huntsville, Texas, 77342	
Telephone: 936-295-6371		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: 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 crime.			
Agency Website with PREA Information: http://www.tdcj.state.tx.us/tbcj/prea.html			

Agency Chief Executive Officer

Name: Bryan Collier	Title: Executive Director
Email: Bryan.Collier@tdcj.texas.gov	Telephone: 936-437-2101

Agency-Wide PREA Coordinator

Name: Lorie Davis	Title: Director, Correctional Institutions Division
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Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170
PREA Coordinator Reports to: Bryan Collier	Number of Compliance Managers who report to the PREA Coordinator 92

Facility Information

Name of Facility: J.W. Hamilton			
Physical Address: 200 Lee Morrison Lane, Bryan, Texas 77807			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (979) 779-1633			
The Facility Is:	<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
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: 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 crime.			
Facility Website with PREA Information: https://www.tdcj.state.tx.us/tbcj/prea.html			

Warden/Superintendent

Name: Tracey Allen	Title: Senior Warden
Email: Tracey.Allen@tdcj.texas.gov	Telephone: (979) 571-3579

Facility PREA Compliance Manager

Name: Robin Bailey	Title: Unit Safe Prisons PREA Manager
Email: Robin.Bailey@tdcj.texas.gov	Telephone: (979) 779-1633 ext.1207

Facility Health Service Administrator

Name: Kelton Stoker	Title: Practice Administrator
Email: kstoker@UTMB.edu	Telephone: (979) 779-1633 ext. 1398

Facility Characteristics

Designated Facility Capacity: 1166	Current Population of Facility: 1026		
Number of inmates admitted to facility during the past 12 months			2056
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2028
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			2055
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: Click or tap here to enter text.	Adults: 19-78	
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:			0
Average length of stay or time under supervision:			2 years maximum
Facility security level/inmate custody levels:			G1, G2, DP, PR
Number of staff currently employed by the facility who may have contact with inmates:			232
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			12
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			2

Physical Plant

Number of Buildings: 19	Number of Single Cell Housing Units: 11
Number of Multiple Occupancy Cell Housing Units:	4
Number of Open Bay/Dorm Housing Units:	19
Number of Segregation Cells (Administrative and Disciplinary):	7

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.):

[Click or tap here to enter text.](#)

Medical	
Type of Medical Facility:	Ambulatory, medical, dental, and outpatient mental health services. All on a single level.
Forensic sexual assault medical exams are conducted at:	At the nearest hospital emergency department
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Volunteers 23,288 Unit 115 Contractors: Medical – 13 MTC - 21
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	OIG 139 Unit 13

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Texas Department of Criminal Justice (TDCJ) J. W. Hamilton Unit is prepared by James Curington, PREA auditor. The audit itself was accomplished by James Curington, who was trained by the PREA Resource Center (PRC) from the second-class of auditors and was recertified as of 2017. The assignment of the auditor was made by the American Correctional Association (ACA), in conjunction with the TDCJ and was part of a double PREA audit for the Hamilton and Pack Units for the week of August 12-17 2018. The site visit at the Hamilton Unit was August 15-17, 2018.

The J. W. Hamilton Unit is a major correctional facility in the TDCJ. The Institution is located at 200 Lee Morrison Lane, Bryan, TX 77807 (Brazos County). The audit process began in June 2018 with the necessary and appropriate notifications and postings, exchange of information, disclosure forms, and contracts.

The methodology of the auditor was to use a step-by-step process which included:

- 1) sending a Pre-Audit Report form to the PRC;
- 2) making contacts with the agency/facility, the posting of notices, and sending an agenda for the site visit; 3) obtaining a flash drive with information, documents, and supplemental support information for the pre-audit review [this included a Pre-Audit Questionnaire (PAQ) completed by the facility];

- 4) making a site visit to the community and the facility to be audited;
- 5) making an assessment of compliance/noncompliance during and after the site visit with follow-up review of documents and materials;
- 6) completing an interim/final Auditor Summary Report;
- 7) notifying the agency/facility of the Summary Report; and
- 8) sending a Post Audit Report, with the Final Auditor Summary Report attached, to the PRC.

Specific to the TDCJ, J. W. Hamilton Unit, the following materials were used to evaluate and assist the auditor in his assessment of the Unit's compliance with the PREA:

- the PREA Auditor Handbook
- the PREA Report Template, April 2018, website copy
- the scripted formal interviews of the Warden, specialized staff, random staff, and inmates and the PREA Audit Instrument, Adult Prisons and Jails and its seven sections. □

The goal of the methodology was to use the PRC recommended triangulation approach, which is a three sided process of reviewing, assessing and verifying the following: a) pre-audit information (master folder, supplemental information, and the PAQ, sent by the agency and facility, weeks before the on-site visit); b) on-site visit and tour observations, documentation review, and supporting information verification; and c) summary reviews, tabulation/evaluations, and interim and final assessments for compliance and noncompliance. This is/was the "triangulation method" suggested by the PRC.

The following individual findings in this report addresses each of the 43 standards 115.11 through 115.89 and the two general standards of 115.401 and 115.403. In addressing the standards, the auditor's methodology included a listing of policies, procedures, directives, documents, manuals, plans, supporting forms, checklists and supplemental information that assisted in making a compliance determination. This information may sometimes be listed at the end of the overall determination, or through the discussion. These listings and designations of information primarily came from information supplied by the TDCJ in the pre-audit phase. TDCJ/the facility submitted master folders on each of the standards, supplemental information, and a Pre-Audit Questionnaire that included "uploads" of curricula, policies, documentation, contracts, and other as mentioned previously. This is the first part of the triangulation pre-audit phase/part a); the second part of the triangulation is the tour and on-site observation and verification phase/part b); and the third part of the triangulation is the culmination and summary review of materials and information and the actual writing of the report phase/part c).

An agenda for the tour and on-site visit included the following outline:

Sunday, August 12, (J. W. Hamilton Unit and Wallace Pack Unit) - evening dinner/introductions/meet and greet with key facility staff and auditors, ACA and PREA.

Review the PREA Adult Audit Instrument and Pre-Audit Questionnaire. Open discussion.

Meet with the ACA Chairperson and review scheduling for the Hamilton and Pack Units having ACA and PREA audits the same week.

Wednesday, August 15, afternoon PREA Audit, Hamilton Unit (times are approximate).

11:30 a.m. Leave from the Wallace Pack Unit and drive to the Hamilton Unit. Drive the perimeter of the Hamilton Unit.

1:00 p.m. Entrance-Hamilton Unit - Meet the Warden and key staff and/or Department Heads. Discuss the Audit Instrument from the PREA Resource Center (PRC), including the Pre-Audit Questionnaire, the Auditor Compliance Tool, Instructions for the PREA Audit Tour, and the Auditor's Summary Report (new template). Review the Unit's previous ACA and PREA reports.

Schedule interviews with staff and inmates (with facility assistance) as outlined in the PREA Auditor Handbook. Special note:

- 1) for inmates; include random inmates, inmates with disabilities (ADA), LGBTI inmates, inmates who are Limited English Proficient (LEP), inmates in segregated housing, inmates who reported sexual victimization during screening, inmates who reported sexual abuse, inmates placed in segregated housing for protection from sexual victimization, and etc.;
- 2) for staff, include random staff from the complete staff roster and specialized staff, (see Interview Protocols);
- 3) and interviews with contractors and volunteers.

2:00 p.m. Tour facility, list where and when (times), suggestions-discussions.

5:00 p.m. Review demographics of the facility (inmate population, capacity, age range, gender, custody levels, length of sentence, etc.; staffing total, security, non-security, program, medical, contract, volunteers, and others). Review schematics/description of the facility, number of buildings, acreage, and description.

6:00 p.m. Interviews with staff and inmates. Note: "Interview Protocols" i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates. Make sure interviews include all staff "shifts".

Observe and review inmate/offender intake/reception, and orientation/admission at the Unit.

Stay late for evening review.

Thursday, August 16, PREA Audit, Hamilton Unit

7:30 a.m. Leave for Hamilton Unit

8:00 a.m. Visit and revisit institutional areas. Review specialty areas-Medical/Mental Health, Emergency Medical Services (EMS) and transportation. Review forensic exams and services, emergency medical, and Victim/Crisis Support Services.

Continue interviews with staff and inmates (staff from each shift, inmates from each housing unit).

3:00 p.m. Review PREA standards and summary auditor template with Warden, PREA staff and key staff (three hours, key question and answer review).

Friday, August 17, morning – PREA Audit, Hamilton Unit

7:30 a.m. Leave for Hamilton Unit

8:00 a.m. Appropriate to the PREA Auditor's Summary Report; begin the "triangulation" of the (1) pre-audit information, (2) site visit and interviews, (3) review of supplemental and summary information for the interim/final report.

10:00 a.m. Tour with the Warden and the Institutional PREA Compliance Manager.

11:00 a.m. Review auditor's summary procedures (interim report/final report) and timeframes with the Warden and key staff. Depart the Hamilton Unit. Possibly attend the ACA closeout at the Wallace Pack Unit.

Agenda for the PREA site visit at the J.W. Hamilton Unit is flexible and tentative. The goal is a thorough, comprehensive, professional and expert PREA Audit review in conjunction with the facility Warden, staff, inmates, and the TDCJ PREA staff.

The agenda was accomplished, visiting all areas of the facility, reviewing the operations of the facility, conducting interviews, as outlined in the Auditors Manual, going over and reviewing each of the sections in the Auditors Template, observing efforts for compliance with PREA standards.

Operations were reviewed and visited and included seeing areas where inmates lived and worked; Interviews with staff and inmates, included formal and informal interviews of which 36 staff were formally interviewed from scripted protocols, 17 random staff were interviewed and 19 specialized staff were interviewed from the specialized protocols. There were 43 formal inmate interviews, including interview types listed in the Auditor's Handbook. These included random inmate interviews, interviews with inmates with disabilities, inmates with Limited English Proficiency (LEP), inmates who identified with gender identity LGBTI, inmates in segregated housing, inmates who reported sexual abuse, and inmates identified as abusive. Additionally, many informal discussions took place with individual inmates in recreation areas, work areas, and housing areas. Interviews were also held with small groups, such as Peer Educator inmates, inmates working in a particular area, such as maintenance, laundry, or kitchen, and etc.

Through this methodology, the auditor assesses the J. W. Hamilton Unit as PREA compliant. It was noticeable throughout the Hamilton Unit that staff and inmates were aware of the zero tolerance policy of the agency and institution, and that this institution had made efforts to ensure the elimination of sexual abuse and sexual harassment in prison. It is also noted that the inmates at the Hamilton Unit were close to release and were preparing for reentry into the community and thus were on their best behavior and were exhibiting personal discipline and good behavior. The custody, care and control performed by the staff at the Hamilton Unit was professional and expert. It is noted that this is an experienced staff with many years of service. The Facility has filled vacancies and there is a waiting list of TDCJ employees who wish to transfer to the Hamilton Unit. Communications between staff and inmates is good as is the morale of the inmates and staff. Although this is a prison of the TDCJ, some of the inmates; because this is a minimum, low security facility and is a pre-release, air conditioned, last step before reentry into society; may feel "entitled" to special attention, rules, or privileges. This could be difficult for the leadership, and the staff. This being said, the auditor finds this prison to be well run, and appropriately programmed. The facility is one that a staff member would want to "work at", or an inmate, would want to "live at".

Facility Characteristics

The Texas Department of Criminal Justice, J. W. Hamilton Unit is an all-male, minimum security, 1166 bed facility for inmates with a 600 bed Pre-Release Therapeutic Community and 400 beds for the DWI Education and Intervention program. This is a state prison situated in Bryan, Texas (Brazos County). The facility is part of the Correctional Institutions Division (CID) of the TDCJ. The facility was built in 1995 as originally intended

for the TDCJ but was transferred in 1996 to the Texas Youth Commission for that agency's use. The history of the facility tells us that it was transferred, and returned, to the TDCJ in March of 2003 as a Treatment Unit. Having undergone modifications for this new mission, the Hamilton Unit received their first offenders July 31, 2004.

The J. W. Hamilton Unit was named in honor of J.W. Hamilton Jr., who was the Sheriff of Brazos County from 1946 to 1978 (32 years), one of the longest serving Sheriffs in the State of Texas. He also worked and taught at the Texas A&M University Law Enforcement Department.

The facility is located at 200 Lee Morrison Ln., Bryan, TX on approximately 350 acres of land. The minimum security compound is surrounded by a patrolled "square-ish" perimeter road and a 12 foot single chain-link fence encompassing 19 one story buildings/sub buildings and forming a quadrangle with a central field/square. The buildings include six dormitories, program classrooms, a vocational building, an administration building, an educational building, a maintenance building, interconnecting/sub buildings of laundry, food service, visiting, segregation, security and support areas.

There are 256 total employees, of which 172 are security employees; 61 are non-security employees; 12 are Windham Education employees, and 11 are healthcare employees (this information taken from the TDCJ Unit directory, Hamilton Unit). The Unit's departments are listed as Administration, Administrative Support (ACA, Risk Management, Operational Review, Parole, Grievance, Safe Prisons, Training), Security, Mailroom, Chaplaincy, Field Force, Classification, Education, Human Resources, Maintenance, Laundry, Unit Supply, Commissary, Food Service, Medical, Dental, Mental Health, and the two major programs, PreRelease Therapeutic Community (PRTC), and Management and Training Corporation (MTC) In-Prison DWI Recovery Program.

There is a maximum capacity of 1166 inmates at the Hamilton Unit. These inmates are of minimum custody with an average length of stay of 9 to 12 months (maximum time allowed is two years). There are no juveniles, inmates under the age of 18 at this facility. It is also noted that this is an air-conditioned, no smoking facility. Inmates, in addition to the two main programs, have supplemental programs available, including: religious, vocational and educational programs, AA/NA, Bridges to Life, Authentic Manhood, CHANGES, Life Skills, and etc. There are also work programs, community work projects, and volunteer initiatives. Work programs include maintenance, food service, clothing/laundry, inside grounds, unit garden, and support services.

The mission statement of the Hamilton Unit is: "The Mission Statement of the Hamilton Unit Pre-Release Therapeutic Community and DWI Education and Intervention is to humanely confine adult felons of the State of Texas by supporting the rehabilitative opportunities in the areas of Education, Health Care and Treatment Programs; to be responsible to the citizens of our community with respect to their safety and fiscal responsibility and to maintain a safe and secure environment for all associated with this facility."

The J. W. Hamilton Unit is an American Correctional Association (ACA) accredited facility and is being recommended for reaccreditation to the ACA. It is also noted that the Hamilton Unit was assessed as PREA compliant in September of 2015. This is a final PREA audit of September 2018 (the second three-year cycle).

Summary of Audit Findings

Number of Standards Exceeded: 5

115.11. Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. Based on the Safe Prisons/PREA Plan, Safe Prisons PREA Operational Manual (SPPOM); and the state, regional, and institutional PREA organization and support; this standard is assessed as “exceeds”. (Please see standard discussion.)

115.31. Employee training. Based on the Hamilton Unit staff’s knowledge and understanding this standard is assessed as “exceeds”. (Please see standard discussion)

115.33. Inmate education. Based on inmate knowledge of PREA, use of Peer Educators, and based on the leadership of the PREA Manager at the institution, this standard is assessed as “exceeds”. (Please see standard discussion)

115.35. Specialized training; Medical and mental health care. UTMB’s knowledge, training, and professionalism was evident in all aspects of training (orientation, specialized training, advanced training, and etc.), and was observed in their custody, care and communications with the inmate population. (Please see standard discussion)

115.86. Sexual abuse incident reviews. The Institutional Warden is Chair of the Incident Review Team, and is assisted by the institutional PREA Manager/USSPM. She is a leader at the facility, and the expert in PREA. She has used this talent and ability to direct the PREA program at the Hamilton Unit, and to lead staff in its efforts to detect, prevent, and respond to sexual abuse and sexual harassment at the J.W. Hamilton Unit. (Please see standard discussion)

Number of Standards Met: 40

All standards from 115.11 through 115.89 (excluding the five standards that exceeds) “meets standard” - 38 met; and the two added standards of 115.401 and 115.403 “meets standard” met - for a total of 40.

Number of Standards Not Met: 0

Zero number of standards not met - this is a Final Report

Summary of Corrective Action (if any)

This is the PREA Auditor’s Summary Final Report and all standards meet or exceed standards. All standards assessed as PREA compliant.

PREVENTION PLANNING

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

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*)

This Safe Prisons/PREA Plan established by the Texas Department of Criminal Justice (TDCJ) was established to prevent, detect, and respond to sexual abuse and sexual harassment in the TDCJ. This Plan has been disseminated throughout the agency stipulating for all its facilities “a zero tolerance for all forms of sexual abuse and sexual harassment of offenders.”

The Hamilton Unit follows the practices of the zero tolerance plan as observed by the auditor during the three-day on-site audit and as documented by supporting policies, procedures and post orders. There are postings at the facility and the auditor had numerous discussions and interviews with staff, inmates, visitors, contractors, and volunteers concerning these postings of zero tolerance and the Hamilton Unit’s efforts to eliminate rape in prison. It was clear that from these discussions and from the review of documents and interviews with staff and inmates, the Hamilton Unit is a safe place to live and work, and there is zero tolerance of sexual abuse and sexual harassment.

It is noted that the Safe Prisons/PREA Plan and the Safe Prisons/PREA Operational Manual (SPPOM) requires that the agency and the facility “be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate actions to address the protective needs of offenders who have been victimized... The TDCJ Safe Prisons/PREA Plan shall be applicable to all individuals, including visitors and volunteers employed by, under contract with, or supervised by the TDCJ, including professional staff and any person who is involved, directly or indirectly with the care and custody of offenders.” The Plan and the SPPOM, specifically addressed the following:

- Administration of the Plan
- Intervention
- Assessment and screening
- Reporting and receiving allegations
- Investigation
- Training
- Grids, codes, files, and transfers
- Reporting, and

numerous attachments which include checklists, reports, information templates, and supporting documentation. The Plan and Manual also address definitions of prohibited behaviors and sanctions for those prohibited behaviors. Also addressed are strategies and responses to help prevent and reduce sexual abuse and sexual harassment.

The staff at the Hamilton Unit, when interviewed, had an understanding of the zero tolerance policy and were observed exhibiting professionalism in the performance of their duties and responsibilities.

The TDCJ is headed by Executive Director Bryan Collier. Ms. Lorie Davis is the Director of Correctional Institutions Division and has been designated as the agency wide PREA Coordinator. Director Davis has responded to the scripted questions addressed to the Agency Head, and to the Agency PREA Coordinator. Ms. Davis has indicated she has enough time and authority to develop, implement and oversee the agency’s efforts to comply with PREA standards. The auditor interviewed the Regional PREA Coordinator and the Institutional PREA Manager and they also indicated that they had enough time to assist with the coordination and implementation of PREA standards. Further, they indicated that they were in positions to assist the facility’s leadership in efforts to implement and comply with PREA.

Organizational charts of the agency and the institution were reviewed by the auditor and they clearly outlined PREA staff within the organization.

Based on the Safe Prisons/PREA Plan, the SPPOM, documents submitted by the agency and facility, the organizational charts, and especially after interviews with staff, inmates, and volunteers (both formal and informal), this standard is assessed as “exceeds standard”.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

The J. W. Hamilton Unit does not contract with other entities for the confinement of inmates. Thus, this standard is assessed as “meets standard”.

It is noted the TDCJ does contract with other entities for the confinement of inmates and the agency requires compliance with PREA standards. This is outlined in the Administrative Directive, AD-02.46 Employees of Private Businesses and Governmental Entities Contracting with the TDCJ. Specifically, the directive states: “The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ, policies, procedures, regulations, and posted rules.” Further, the scripted interview with the contract administrator verifies that compliance with PREA is required by contract.

Based on the above this standard is assessed as compliant, “meets standard”.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

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

Auditor Overall Compliance Determination

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

The Hamilton Unit is a 1166 bed, minimum security facility with appropriate staffing and perimeter security. The Unit has an Agency Staffing Plan which is reviewed annually. This plan is adequate in the opinion of the Warden, his key staff and the Human Resource Department, albeit, additional staff is always helpful in assisting with supervision and monitoring inmate populations. The staffing plan, recruitment policies, and institutional needs are continuously being reviewed by the Warden and key staff to ensure appropriate supervision and monitoring on all shifts, 24/7.

Higher-level staff conduct unannounced rounds to identify any deviation from the staffing plan and the procedures used to implement the staffing plan. These rounds also ensure compliance with issues concerning safety and security of the inmates and compliance with PREA standards. This is considered on every shift and discussed during shift briefings/turnouts. The Security Operations Manual and Post Orders for the Security Department address supervision duties and responsibilities which are signed by staff and continuously reviewed by supervisors. Additionally; incident reviews, logs, reports, and daily operational counts all attest to monitoring, supervision, and unannounced rounds. The auditor reviewed these logs, reports, Post Orders and procedures. The Warden reviews the minimum staffing pattern and any deviation, compliance/noncompliance sheets and count sheets daily. Deviation is noted/approved at the Chief of Security and Warden levels.

Video cameras are strategically located throughout the Unit, both externally and internally. Cameras are appropriately monitored and recordings are made and retained consistent with policy (generally 20 days). Staff routinely check for blind spots which, if they exist, are evaluated, secured and appropriately monitored through sightlines, mirrors, staffing, and video enhancement.

Staff compliance with the Safe Prisons PREA Operational Manual (SPPOM) and the Safe Prisons PREA Plan was noted by the auditor because of the sense of safety and security at the Hamilton Unit which was shared by both staff and inmates. When asked, staff and inmates responded positively about their safety at the J.W. Hamilton Unit.

Based on interviews with security staff, higher level and intermediate staff, and the PREA staff, and based on the facility tour/observation, video review, and the review of officer logs and supervisory rounds, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.14: Youthful inmates

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*)

There are no youthful offenders at the J. W. Hamilton Unit.

Based on the fact that the Hamilton Unit does not house/incarcerate offenders under the age of 18, this standard is assessed as compliant, "meets standard".

Standard 115.15: Limits to cross-gender viewing and searches

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*)

As outlined by policy and procedure, and stated in the Pre-Audit Questionnaire (PAQ), 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. No cross gender viewing or searches were conducted at the Hamilton Unit. The PAQ states that in the past 12 months there have been zero (0)

number of cross gender strip or cross gender visual body cavity searches of inmates. The Administrative Directive on Offender Searches; Post Orders for staff; and training concerning contraband and shakedowns were reviewed by the auditor and found consistent with PREA compliance. Observation of daily operations further indicated compliance with policy and procedures and the PREA standards.

This facility is an all-male facility, thus there are no patdown searches of female inmates conducted by male staff at the Hamilton Unit.

Procedures require that staff of the opposite gender announce their presence when entering the male housing units, and this was observed by the auditor. It was noticed that the staff at the Hamilton Unit acted professionally when entering housing areas, when searching inmates, and when making counts. The security staff at the Hamilton Unit was observed as very professional in performing their duties and responsibilities. During the tour and visits to all areas of the facility, the auditor was able to observe that inmates could shower, change clothes, and use the toilet without being viewed by staff of the opposite gender.

Staff is trained to perform cross gender patdown searches and searches of transgender and intersex inmates in a professional and respectful manner. This was determined through observation, interview questions, and interaction between staff and inmates. The PAQ indicates that 100% of all security staff received training on conducting cross gender and patdown searches and searches of transgender and intersex inmates.

Based on the auditor's:

- review of the SPPOM, the Security Operations Procedure Manual (SOPM), Post Orders, Administrative Directives, Executive Directives, and Staffing Plan Reviews,
- review of training (preservice, orientation, on-the-job, annual training, turnout training, and etc.), interviews of staff and inmates,
- observations of security duties and responsibilities (counts, patdown's, searches, and etc.),
- and based on the tours of housing, showering, restroom areas assessing appropriate privacy shields, privacy screens, and privacy walls,

the auditor assesses this standard as compliant, "meets standard".

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

115.16 (a)

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

The Hamilton Unit and the TDCJ have Administrative Directives which address Interpreter services, American Sign Language (ASL) services, and services for inmates who are Limited in English Proficiency (LEP). Further, health services and mental health services administered by the University of Texas Medical Branch (UTMB), have policies and procedures defined by UTMB as “Corrections Managed HealthCare” (CMHC), which address intellectual disabilities, psychiatric disabilities, hearing, vision, speech, and communication disabilities. These health care and administrative policies and procedures direct the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment issues concerning inmates with disabilities and inmates who are Limited English Proficient.

All inmates are educated about PREA and are mentored by Peer Educators and specialized staff concerning PREA, inmate rights, and zero tolerance of sexual abuse and sexual harassment. There are 10 certified Spanish interpreters at the Hamilton Unit. The auditor noticed an even larger group of bilingual staff able to communicate appropriately with the inmate population. Staff were readily available for interpretation needs and assisted the auditor in one specialized interview.

Agency policy prohibits the use of inmate interpreters or other types of inmate assistants except in exigent circumstances. As attested in the PAQ, in the past 12 months there have been zero (0) number of instances where inmate interpreters, readers or other types of inmate assistants have been used.

The auditor observed, during his tour and observation of daily operations, the agency’s efforts and the Hamilton Unit’s effort to provide all inmates equal opportunity to participate in, or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Based on the auditor's:

- review and observance of intake procedures,
- review of the inmate handbook (Spanish and English),
- review of posters and notices throughout the facility,
- review of the Safe Prisons/PREA Plan and the SPPOM,
- review of the Unit list of Spanish interpreters and Unit interpreter testing and scoring and
- interviews with Spanish-speaking inmates, interviews of UTMB staff, interviews with key staff and random inmates;

the auditor assesses this standard as compliant, "meets standard".

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

The Hiring and Promotion Decisions Standard 115.17 contains eight subsections (a-h) outlining the importance of thorough background checks, and the vetting of staff, new employees, contractors, volunteers and others who may have contact with inmates. The Human Resources staff, in conjunction with personnel headquarters of the TDCJ in Huntsville, Texas, accomplishes compliance with the standard by using the Department of Public Safety (DPS) access system for criminal background checks, the supplemental application, and the job application itself. Background checks are done in Huntsville, Texas at TDCJ headquarters and approvals sent to the facility.

It is further noted that the DPS access system provides an automatic notification, by email, of any subsequent activity on the individual's criminal history.

It was noted in the opening narrative that the J. W. Hamilton Unit does not have an employment problem or retention problem. Simply, there is a waiting list to be employed at the Hamilton Unit. This means there is an experienced staff waiting to obtain transfers to Bryan/College Station to work at this facility. In the past 12 months, there have been twelve (12) persons hired who may have contact with inmates who needed to have criminal background record checks. In the past 12 months, there have been two (2) persons hired by contract who needed criminal background record checks. These record checks were successfully accomplished.

The TDCJ requires employees to disclose misconduct (a continuing affirmative duty to disclose). The agency policy/personnel rules state that material omissions regarding misconduct, or supplying material false information will be grounds for termination. The agency also provides substantiated information on sexual misconduct upon receiving a request from an institutional employer concerning such.

Based on the auditor's

- review of the job application, TDCJ Personnel Form 598;
- review of the list of new hires;
- review of executive directives (general rules of conduct, employment status, sexual misconduct, request for release of information, selection system, selection criteria and pre-hire record checks, and pending charges);
- review of the Safe Prisons/PREA Plan
- review of examples of applications, background checks, and DPS access notifications; and
- interviews with Human Resources staff, the PREA regional and institutional staff, and the Warden;

the auditor assesses this standard as compliant, "meets standard".

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

The Pre-Audit Questionnaire (PAQ) stipulates that the Hamilton Unit has not made any substantial expansions or modifications of existing facilities nor have they acquired any new facilities since the last PREA audit.

The facility has installed and updated some video monitoring units and electronic surveillance improvements to the facility since the last PREA report. There are now 28 internal and external cameras at the Hamilton Unit and the auditor has reviewed the schematic indicating placements. The auditor also reviewed descriptions and areas observed/locations. This is a minimum security facility and, as with staffing, improvements and additions in video monitoring and recording systems are always welcome. The auditor assesses this standard as adequate and compliant.

Based on the auditor's

- review of the Security Operations Procedure Manual (SOPM) , which involves PREA staff review, and efforts to eliminate sexual abuse and sexual harassment in prison,
- review and observation of the video monitoring and recording systems, and
- interviews with the security Major, the Warden, the Institutional PREA Manager, and other key staff,

the auditor assesses this standard as compliant, “meets standard”.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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*)

Evidence protocols and forensic examinations are addressed by the TDCJ in its Safe Prisons/PREA Plan and its Safe Prisons PREA Operational Manual (SPPOM).

The TDCJ is responsible for administrative and criminal sexual abuse investigations at the Hamilton Unit. The protocols for evidence collection was adapted based on the Department of Justice (DOJ) Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Additionally, staff begin with the notification of the Emergency Action Center (EAC) and a Sexual Abuse Investigation Checklist ensures the appropriate handling for cases of sexual abuse and sexual harassment. Included on the checklist is information concerning response, contact with the Office of the Inspector General (OIG) for assistance, and crime scene instructions, including procedures, assisting with evidence collection and evidence handling. As directed by policy, all allegations of sexual abuse are investigated by the TDCJ.

Forensic examinations of sexual abuse are addressed and covered by the TDCJ policy for its institutions, including the Hamilton Unit. The exams are accomplished by SAFE/SANEs at the Baylor Scott and White Medical Center or the St. Joseph Regional Medical Center (Byron/College Station, Texas). The examinations are offered without financial cost to the victim. There have been zero (0) number of forensic medical exams conducted in the past 12 months at the Hamilton Unit.

The facility attempts to have a victim advocate, from a rape crisis center available to the victim either in person or by other means. These efforts are documented and the auditor reviewed many letters sent to rape crisis centers in Texas. Victim Advocate Services (VAS) are offered from the facility by trained and certified Offender Victim Representatives (OVR). During the on-site institutional and community visit/tour, the Warden of the Hamilton Unit, the Regional PREA Coordinator, the Institutional PREA Manager, and the PREA auditor did visit the local rape crisis center for Bryan, Texas and the Hamilton Unit. The visit included discussions with the Center's Director about victim assistance and communications between the Center and the Hamilton Unit.

Based on the auditor's,

- review of the Administrative Directive, A.D.-16.03, Evidence Handling,
 - review of the Safe Prisons PREA Plan and the Safe Prisons PREA Operational Manual (SPPOM),
 - review of the Office of the Inspector General policy OIG-04.05, Offender Sexual Assault
 - review of the 2017 taasa (Texas Association Against Sexual Assault), the Rape Crisis Center (RCC) service directory pamphlet;
 - review of the OVR training lesson plan,
 - review of Rape Crisis Center solicitation letters,
 - visit to the local RCC in Bryan, Texas and
 - based on interviews with staff and inmates;
- the auditor assesses this standard as compliant, "meets standard".

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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



Does Not Meet Standard (*Requires Corrective Action*)

The following policies ensure referrals of allegations for investigation: Administrative Directive, AD-02.15 Operations of the Emergency Action Center (EAC) and AD-16.20 Reporting Procedures to the Office of the Inspector General (OIG); Board Policy, BP-01.07, Inspector General Policy Statement; the Safe Prisons/PREA Operational Manual's sections on Sexual Abuse Response and Investigation, and Offender Protection Investigation (OPI); the Safe Prisons/PREA Plan; and the Executive Directive, PD29, Sexual Misconduct. These policies, along with supporting procedures, checklists and actual investigations were reviewed by the auditor.

These policies outline and require the immediate reporting of incidents and crimes to the EAC and the OIG; how to protect staff and inmates; how to initiate the investigative procedure, how to protect the crime scene, and how to make appropriate notifications. Further, information concerning prevention, detection, and reporting of sexual abuse and sexual harassment is disseminated to inmates, transmitted by video to staff and inmates, and emphasized by notices and bulletin boards and postings throughout the facility.

There are trained Institutional Investigators and OIG Investigators assigned to cover all allegations of sexual abuse with appropriate assignments to the OIG Criminal Investigators as required. Interviews with investigative staff indicate knowledge and familiarity with policies and procedures.

During the past 12 months, there has been one (1) allegation of sexual abuse/sexual harassment at the Hamilton Unit. It is noted that the Hamilton Unit is a minimum security facility with many inmates preparing for reentry into the community.

Based on the auditor's

- review of the Administrative Directive-02.15 Operations of the Emergency Action Center (EAC); SPPOM Completing the Offender Protection Investigation; Safe Prisons/PREA Plan; Administrative Directive 16.20, Reporting Incidents of Sexual Abuse; Board Policy BP-01.07 Inspector General Policy Statement and OIG-04.05 Operational Manual, Offender Sexual Assault Investigations;
 - review of actual investigations;
 - interviews with criminal investigators, and administrative and random interviews of staff and inmates;
- the auditor assesses this standard as compliant, "meets standard".

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

The auditor was impressed with the Safe Prisons/PREA Plan of the TDCJ and its zero-tolerance policy which was outlined in the Standard 115.11. In addition to the impressive Plan, the employee training also was impressive. Staff were knowledgeable and were aware of, and knew how to assist in preventing rape in prison, through the prevention, detection, and response to sexual abuse and sexual harassment issues. This standard, 115.31, was also found to exceed compliance.

During the tour and on-site visit, the auditor talked and discussed issues with many staff and found that the staff were knowledgeable of the zero tolerance policy, were concerned about the safety and security of the inmates and were especially knowledgeable on how to perform their duties and responsibilities. The staff at the Hamilton Unit have a wealth of experience, many with long years of service. Staff have received pocket guidelines outlining TDCJ's mission statement and PREA information. Staff, when interviewed, responded well to the formal, scripted questions. It was obvious from the interviews that they had insights into the prevention, detection, and response to sexual abuse and sexual harassment and the agency's efforts in eliminating rape in prison. Zero tolerance was discussed with numerous staff and it was clear that they considered it part of the custody, care and control that they exhibited every day in the performance of their duties and responsibilities. Staff were professional, knowledgeable and eager to answer questions for the auditor and share insights about the successful operations at the Hamilton Unit. Without exception, all staff who were formally interviewed, revealed their knowledge and training about the following 10 topics:

- 1) the agency zero-tolerance policy,
- 2) how to fulfill their responsibilities regarding PREA,
- 3) the right of inmates to be free from sexual abuse and sexual harassment,
- 4) the right of inmates and staff to be free from retaliation for reporting,
- 5) the dynamics of sexual abuse in confinement,
- 6) common reactions of sexual abuse in victims,
- 7) how to detect signs of sexual abuse,
- 8) how to avoid inappropriate relationships with inmates,
- 9) how to communicate effectively and professionally with LGBTI inmates, and 10) how to comply with the laws for mandatory reporting.

The responses, and information provided to these topics verifies the superior training and experience the Staff has had at the Hamilton Unit. The Pre-Audit Questionnaire (PAQ) relates that 179 security employees completed the PREA security and video training; and 47 administrative employees completed correctional awareness/staff training.

It was noted by the auditor that training is tailored to the gender of inmates at the facilities where staff work. Specifically, Security Memorandum, SEM-02.25, directs that correctional employees will be trained to work in special designated areas such as female offender housing, mental health offender housing, and administrative segregation housing, and units with specialized communities such as the Hamilton Unit that includes a prerelease therapeutic inmate community, and a DWI education and intervention inmate community.

Based on the auditor's

- interaction with staff, discussions with staff, and observations of operations during the tour,
 - informal interviews with staff about their duties and responsibilities,
 - formal interviews from the PREA interview questions protocol,
 - observation of posters, bulletins, and PREA information distributed to staff and inmates,
 - and based on the interaction of staff and inmates, and communication between staff and inmates at this facility,
- the auditor assesses this standard as compliant, "exceeds standard".

Standard 115.32: Volunteer and contractor training

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*)

All volunteers and contractors who have contact with inmates have been trained in their responsibilities under the TDCJ policies, including procedures regarding sexual abuse/sexual harassment prevention, detection, and response.

Specifically, the Statement of Fact from the TDCJ Volunteer Services, states: in accordance to 115.32 "All 23,288 approved volunteers/contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response." This training is the same for all approved volunteers and contractors.

It is also outlined that all volunteers and contractors have been notified of the agency zero-tolerance policy and how to report such incidents.

Training is documented and each volunteer signs the Acknowledgment of Training form after each training session. This information is maintained by the centralized Volunteers Services section in Huntsville, Texas. The volunteer's electronic file verifies the approval status of each volunteer and contractor. These files are updated by the TDCJ Volunteer Services staff.

As documented by the Pre-Audit Questionnaire (PAQ) there are 115 routine Hamilton Unit volunteers; and 22 contractors assigned at the Unit. All have been trained.

Based on the auditor's

- review of Administrative Directive, AD-07.35. Administration of Volunteer Services;
- review of the Handbook for Volunteers, and the Volunteer Services Plan;
- review of Volunteer Services Training program.
- interviews with volunteers and contractors;
- observation of daily institutional operations involving volunteers and contractors;

the auditor assesses this standard as compliant, “meets standard”.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? Yes No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Operations Manual (SPPOM) states as its purpose, "To establish procedures and instruction for providing and documenting offender sexual abuse and sexual harassment awareness education on the unit and guidelines related to selecting peer educators to instruct course content." This manual indicates and directs the following "written policy and procedure require that offenders receive comprehensive education either in person or through video regarding his or her right to be free from sexual abuse and sexual harassment and to be free from the retaliation for reporting such incidents." The Hamilton Unit PREA Manager oversees the orientation and admission training process for the Unit. The auditor reviewed the Inmate Orientation Handbook and conducted random interviews with inmates and staff which revealed that inmates receive training and information about the

zero tolerance policy and how to report instances or suspicions of sexual abuse and sexual harassment. The intake staff meets with all newly received and admitted inmates and assist these inmates during the assessment orientation. The PREA Manager was known by the inmates, was easily accessible by staff and inmates, made sure that all staff and inmates were properly and appropriately trained, and took extreme pride in the Hamilton Unit zero tolerance and PREA training.

Inmates receive, at the time of their assignment/intake, educational materials and information about the agency's zero tolerance policy and how to report instances or suspicions of sexual abuse or sexual harassment. In the past 12 months, 2080 inmates were admitted who were given this information. Additionally, during the past 12 months, 955 inmates whose length of stay was for more than 30 days, received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such. This information supplied by the PAQ.

Peer Educators/Mentor education assist in the effective communication and training of inmates at the Hamilton Unit. The auditor interviewed Peer Educators/Mentors and it was clear that this person to person education assisted the inmate population in their understanding of PREA and the TDCJ's effort to eliminate rape in prison.

Unit Classification Teams are also effective in making sure that inmates receive appropriate zero tolerance and PREA education.

Based on the auditor's

- review of the intake and reception process at the Hamilton Unit,
 - review of the Offender Orientation Handbook,
 - viewing of the offender video instruction,
 - interviews with Peer Educator/Mentors,
 - interviews with random inmates,
 - interviews with key staff,
 - observation of the daily operations of the Hamilton Unit,
 - observation of the posters and notices on bulletin boards addressing PREA issues;
 - observation and recognition of the Institutional PREA Manager's commitment to inmate PREA education, commitment to the prevention, detection and response to sexual abuse and sexual harassment, and her commitment to the agency's Safe Prisons/PREA program;
- the auditor assesses this standard as compliant, "exceeds standard".

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's training policy, along with training curriculum and personnel policy, requires investigators to be trained in conducting sexual abuse investigations in confinement settings. This administrative training is outlined in the Safe Prisons/PREA Plan sections Investigation Training, Correctional Training, and Special Investigations. Administrative Directive 16.03 Evidence Handling also addresses specialized investigative training. Training is specific and comprehensive, addressing such issues as:

- a) sexual assault investigations,
- b) evidence handling and protecting crime scenes,
- c) offender sexual assault,
- d) interviewing,
- e) interrogating,
- f) administrative and criminal investigations,
- g) and other internal and external (to the agency) training.

Trainings are often held through video conferences, classroom settings, and regional/statewide settings. The National Institute of Corrections (NIC) and the Governor's Center for Management Development are two of the supplements utilized to enhance investigative training.

The Pre-Audit Questionnaire indicates that there are 139 investigators currently employed who have completed this specialized required training for work out of the Office of the Inspector General.

The documentation of investigative training is maintained in the personnel files.

Based on the auditor's

- reviews of Board Policy-01.07 Inspector General Policy Statement; Executive Directive, PD-97. Training and staff Development; Executive Directive, ED-12.10 Training Records and Database; Administrative Directives on Evidence Handling;
- reviews of OIG policy and procedures, including lesson plans on sexual assault investigations and interviewing;
- reviews of OIG training records and database/rosters;
- interviews with OIG Investigators and
- interviews with regional and institutional PREA coordinators and managers; the auditor assesses this standard as compliant, "meets standard".

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

The University of Texas Medical Branch (UTMB) coordinates and manages health care for the Hamilton Unit. UTMB uses the Correctional Managed Health Care (CMHC) policies, CMHC C-19.1, CMHC C25.1 and CMHC G-57.12, direct specialized training for medical and mental health care staff. Medical and mental health care staff were tested on their PREA training. This testing alone emphasizes how important training is to the medical provider, UTMB. Medical and mental health care staff are educated concerning those specialized PREA issues, addressing the inmate population, including sexual violence, transmittable diseases, psychological and emotional issues, victim's rights, risk reduction and etc.

The auditor assesses this standard as exceeds, not only based on the testing, thoroughness, and comprehensiveness of UTMB's training, but also on the fact that the leadership and professionalism of UTMB and its commitment to excellence and healthcare of the inmate in the TDCJ, has set an example, has set a high bar for all staff of the TDCJ to obtain when it comes to custody, care and control of the offender population, and the treatment of the incarcerated prisoner, i.e. professional, firm, fair, and at an educated level.

Based on the auditor's

- review of CMHC policies C 19.1 Continuing Education and Staff Development; C-25.1 Orientation, Training; G-57.1 Sexual Assault and Sexual Abuse;
- review of Letter of Orientation, TDCJ Health Services, zero tolerance for sexual abuse/sexual harassment;
- review of Executive Directive, PD-97, Training and Staff Development;
- interviews with medical and mental health care staff;
- interviews with staff and inmates; and
- observation of the professionalism exhibited by the UTMB staff in the performance of their duties,

the auditor assesses this standard as compliant. "exceeds standard".

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Operational Manual and the Safe Prisons/PREA Plan address and outline the screening process for the risk of victimization and abusiveness. Included in the Manual is the Offender Assessment Screening form which addresses the risk of sexual victimization or the risk of sexual abuse of other inmates. This form is completed within 72 hours of intake. The intake process was reviewed by the auditor.

Inmates are assessed during the intake screening at the time of reception into the TDCJ and upon being transferred to another facility. Their assessments include screening for the risk of being sexually abused by other inmates or of being sexually abusive towards other inmates. The Hamilton Unit assesses each inmate assigned to and received at the facility.

The intake process includes an objective assessment tool SPPOM 03.01, Attachment E form. It is used as directed by the TDCJ Safe Prisons/PREA Operational Manual (section, Assessment Screening).

The following 10 items are reviewed:

- 1) whether the inmate has mental, physical, and/or developmental disabilities;
- 2) the age of the inmate;
- 3) physical build of the inmate;
- 4) whether the inmate has previously been incarcerated;
- 5) whether the inmate's criminal history is exclusively nonviolent;
- 6) whether the inmate has prior convictions for sex offenses against an adult or child;
- 7) whether the inmate is, or is perceived to be, gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
- 8) whether the inmate has previously experienced sexual victimization;
- 9) the inmates own perception of vulnerability; and
- 10) whether the inmate is detained solely for civil immigration purposes (none at this facility).

TDCJ does not solely detain inmates for civil immigration purposes.

The TDCJ Offender Intake Processing Psychological Screening Interview is conducted at reception. This four-page form includes a history and mental health review and is done within 30 days with assessment levels being reassessed as warranted by the practitioner.

Inmates, by policy limits, are not to be disciplined for refusing to answer questions during assessments. Dissemination of inmate PREA information within the facility is handled on a confidential/limited basis for those that need to know.

2028 inmates entering the Hamilton Unit through intake or transfer within the past 12 months, whose length of stay in the facility was for more than 72 hours, were assessed using the objective screening instrument. The number of inmates entering the facility in the past 12 months, whose length of stay was for more than 30 days, and were reassessed was 955. This information documented in the Pre-Audit Questionnaire (PAQ).

Based on the auditor's

- observation of the intake/assessment process,
- review of this Safe Prisons/PREA Plan,
- review of CMHC policies Mental Health Appraisal for Incoming Offenders and Privacy of Care,
- review of Safe Prisons PREA Operational Manual, Offender Assessment Screening, review of Intake Procedure Manual (IPM) Psychological Screening Interview and Intake Procedure, interviews with intake and assessment staff, and the review of the use of assessment tools, this standard is assessed as compliant, "meets standard

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

Auditor Overall Compliance Determination

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

The use of screening information by the Unit Classification Committee (UCC), consistent with the direction of the Administrative Directive, AD-04.17, Offender Housing Assignment; Administrative Directive, AD-04.18, Offender Job Assignment; and Correctional Managed HealthCare policies CMHC 35.1 Mental Health Appraisal for Incoming Offenders, CMHC G-51.11 Treatment of Inmates with Intersex Conditions Gender Dysphoria; and consistent with the Safe Prisons PREA Operational Manual and its assessment screening, these all direct the housing, bed, work, education, and program assignments for the inmates of the Hamilton Unit.

This direction by the above policies ensures special attention to the safety and security of inmates that are at high risk of being sexually victimized and it also extends to those inmates who may be sexually abusive, the opportunities for treatment/care. It is noted that these policies and procedures are followed such that each risk assessment screening is made on an individual basis and is in the interest of the safety and security of the inmates and staff.

The Unit Classification Procedures Manual and the documents used in the assessment of the inmates, in addition to the above policies and procedures were reviewed by the auditor. The auditor further reviewed the use of information obtained during interviews and believes the information is used professionally for individualized treatment, and appropriate custody, care and control. The well-trained intake staff, health care staff, security staff and all staff at the facility have been observed to be professional and perform their duties and responsibilities in a knowledgeable and professional manner. The auditor reviewed the use of information obtained during the assessment process and the information was limited to a need to know in order to assist with assignments, programs, and security issues. The information was used professionally. Healthcare staff (and in fact all staff) were well aware of confidentiality issues, the need to know, and the limits of confidentiality.

Based on the auditor's

- review of the Safe Prisons/PREA Plan and the SPPOM,
- review of Unit Classification Committee assignments (housing, bed, job, program and etc.),
- review of the Administrative Directives and Correctional Managed HealthCare policies mentioned in the above paragraphs,
- review of the Security Manual,
- review of the Classification Plan,
- review of assessment information and its use and dissemination,
- interviews with assessment staff and intake staff, and
- interviews with staff and inmates;
the auditor assesses this standard as compliant, “meets standard”.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The TDCJ has a policy, Safe Prisons/PREA Plan, in conjunction with its companion Safe Prisons PREA Operations Manual and the agency's Administrative Segregation Plan, that prohibits the placement of 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 are no available alternative means of separation from likely abusers.

The Hamilton Unit has only seven segregation cells (administrative and disciplinary as noted in the PAQ and as observed by the auditor during the on-site tour). It is obvious from the limited number of cells how sparingly they would be used for involuntary segregation for protective custody. Simply, inmates are quickly moved/transferred if they must be placed in segregation for an extended period of time. Again, as mentioned previously, this is a minimum security facility. Inmates are in reentry/therapeutic communities, therapeutic/ DWI programs, looking forward to release, and thus are relatively well behaved, wanting to be housed at this air-conditioned, minimum custody facility.

In the past 12 months, there were zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing for one to 24 hours awaiting the completion of an assessment. There were zero (0) number of inmates held in involuntary segregated housing in the past 12 months for longer than 30 days awaiting alternative placement. This information documented on the PAQ and reviewed with the Warden, the Chief of Security, and regional and institutional PREA staff.

Based on the auditor's

- review of the Safe Prisons/PREA Plan, the SPPOM, and the Administrative Segregation Plan review of the PAQ
- review of administrative and disciplinary segregation
- interviews with key staff mentioned in the above paragraph
- and interviews of staff and inmates in administrative segregation, the auditor assesses this standard as compliant, "meets standard".

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The Standard, 115.51 Inmate Reporting and its four sections, a-d addresses:

- a) multiple internal ways for inmates to report privately about sexual abuse and sexual harassment;

- b) at least one way for inmates to report sexual abuse and sexual harassment to a private or public entity or office that is not part of the TDCJ;
- c) staff accept reports, verbally or in writing, anonymously, and from third parties, and
- d) the agency provides for a method for staff to report privately, sexual abuse/sexual harassment of inmates.
- e) to accomplish the requirements of this standard, the Texas Board of Criminal Justice (TBCJ is not part of the TDCJ) has established an Ombudsman's Office, separate from the Texas Department of Criminal Justice, such that private reports, anonymous reports, and requests can be made. Additionally, there are opportunities for third-party reporting, reporting to Rape Crisis Centers (RCCs), and reporting to the OIG. TBCJ Board Policy BP-03.91, Uniform Offender Correspondents Rules; TDCJ Executive Directive, ED-02.10, Prison Rape Elimination Act Complaints and Inquiries; the Safe Prisons/PREA Plan; the Office of the Inspector General PREA Ombudsman Pamphlet; the zero-tolerance policy, postings in the Hamilton Unit on bulletin boards; the Offender Protection Information (OPI) reporting form; the inmate PREA video script that is shown to all inmates (English and Spanish versions); the staff training curriculum; Directory of RCC's; and the PowerPoint online information concerning reporting; all supply information to staff, inmates, and the public to assist with reporting. This information further supplements, the TDCJ's efforts to prevent, detect and respond to sexual abuse and sexual harassment in prison.

The 80th Texas Legislature established as an independent office, the PREA Ombudsman's Office to investigate and to process PREA complaints and inquiries. The PREA Ombudsman reports directly to the Chairman of the TBCJ and is an office external to the reporting process of the TDCJ and its Executive Director.

The institutional Inmate Orientation Handbook at the Hamilton Unit and information distributed during intake to the inmates at the Hamilton Unit, outline ways for inmates to report sexual abuse or sexual harassment. Offenders may report verbally or in writing to Department staff; may report to the PREA Ombudsman; may report from third parties (including fellow offenders, staff members, family members, attorneys, and advocates, all are permitted to assist); and may report through administrative remedies (the grievance process).

The Inmate Education Program, under the supervision of staff, helps address reporting sexual abuse and sexual harassment during inmate intake and orientation at the Hamilton Unit.

Based on the auditor's

- review of BP-03.91 Uniform Offender Correspondence Rules; Special Correspondence; the Safe Prisons/PREA Plan; the SPPOM; AD.-14.09 Postage and Correspondence; ED-02.10 PREA Complaints; and PD-29, Sexual Misconduct with Offenders;
 - review of the General Guide for Families of Offenders;
 - review of the Offender Orientation Handbook, Hamilton Unit;
 - review of the TBCJ PREA Ombudsman's Office Brochure;
 - observance of the posters and bulletins throughout the Hamilton Unit and
 - interviews with staff and inmates;
- the auditor assesses this standard as compliant, "meets standard".

Standard 115.52: Exhaustion of administrative remedies

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*)

The Texas Government Code Section 493.014 and Section 501.008 established the Offender Grievance System for the TDCJ. The Texas Government Code is supplemented by the Administrative Directives addressing Offender Grievances (AD-03.77) and Management of Offender Grievances (AD03.82). The TDCJ Offender Grievance Operational Manual is also used to outline procedures for preparing, filing, and processing inmate grievances including inmate grievances concerning sexual abuse and sexual harassment.

The inmate grievance process is another way for inmates at the Hamilton Unit to report sexual abuse or sexual harassment. When utilizing the grievance procedure, the Hamilton Unit grievance staff will immediately telephone the highest-ranking security supervisor on duty to begin the steps for ensuring safety, evidence collection, notifications, and follow through. The TDCJ places great importance on its notifications steps, as heard by the auditor during interviews with staff and the Grievance Administrator, and as observed by the auditor during the on-site review of grievances. In the past 12 months, there have been zero (0) number of grievances filed at the Hamilton Unit that have alleged sexual abuse. Thus, no delays or time frame issues have occurred, however, specific policies address timeframes and final decisions. Additionally, there were no grievances, zero (0) number of emergency grievances, zero (0) grievances alleging imminent risk of victimization, and zero (0) number of grievances requiring third-party assistance. This information all taken from the Pre-Audit Questionnaire (PAQ) and confirmed by interviews with grievance staff.

Based on the auditor's

- review of the Board Policy, Administrative Directives, the Safe Prisons/PREA Plan;
- review of the Offender Grievance Operations Manual and Grievance Timelines;
- review of the Offender Grievance form, and Third-Party Preliminary Investigation form; review of PREA allegations;
- review of Step One Grievances and PREA Grievances;

- interviews with the Grievance Administrator and
- interviews with staff and inmates, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.53: Inmate access to outside confidential support services

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*)

Inmate access to outside confidential support services and the three subsections, a-c, direct that:

- a) inmates will have access to outside victim advocates for emotional support services related to sexual abuse, toll-free numbers, or national victim advocacy groups in as confidential a manner as possible;
- b) the inmate is informed of the extent to which communications may be monitored by the facility;
- c) the Unit attempts to enter into a Memorandum of Understanding or other agreements with community service providers. The Warden, the Regional PREA Compliance Coordinator, the Institutional PREA Compliance Manager, and the PREA auditor visited the local Rape Crisis Center in Bryan, Texas. The RCC and the Warden were supportive of joint efforts and PREA assistance.

The auditor reviewed the Texas Association Against Sexual Assault, and the Sexual Assault Service directory which is available to offenders through the Unit law library. It is noted that Bryan/College Station is listed with a service provider. The inmate handbook distributed during orientation/receptions, lists access to confidential support services and materials accessible in the institutional law library (lists, national, and local and state as mentioned above).

Inmate access to outside confidential support services is supported by the TDCJ through its Safe Prisons/PREA Plan and the Plan states the “offender shall be provided access to 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... The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.” Additionally, the Safe Prisons PREA Operational Manual states “when an advocate, from the Rape Crisis Center is not available to provide emotional support... The TDCJ shall, upon request from the offender victim, provide an Offender Victim Representative (OVR) to support the victim.” It is noted that anytime a forensic sexual abuse medical exam is made by a SAFE or SANE practitioner at the local hospital, the RCC is notified.

Based on the auditor’s

- review of Board Policy, Uniform Offender Correspondence; Executive Directive PREA Complaints and Inquiries; the Safe Prisons/PREA Plan; and the SPPOM;
- review of Rape Crisis Center Memorandum of Understanding (MOU) example; and RCC solicitation letters;
- review of the Hamilton Unit Offender Orientation Handbook;
- review of the PREA Ombudsman’s Office brochure with contact information;
- review of the Texas Association Against Sexual Assault, Prison Rape brochure;
- visit to and interviews with staff at the local RCC; and
- interviews with staff and inmates at the Hamilton Unit, the auditor assesses this standard as compliant, “meets standard”.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The Texas Board of Criminal Justice (TBCJ) Ombudsman website provides a method to receive third-party reports of inmate sexual abuse or harassment. Contact information is as follows: email prea.ombudsman@tdcj.texas.gov or PREA Ombudsman, PO Box 99, Huntsville, TX 77342. The PREA Ombudsman pamphlet notes that friends and family members (third-party) of incarcerated offenders can report allegations of sexual assault to the PREA Ombudsman's Office; or report to the TDCJ Ombudsman Coordinator; or report to the Correctional Institution Division (CID) Ombudsman Office.

The TBCJ PREA Ombudsman was established by the 80th Texas Legislature and reports directly to the Chairman of the TBCJ which is an external office to the TDCJ and its Executive Director. The Texas Department of Criminal Justice general information guide for families of offenders has a section titled PREA Ombudsman, giving a contact address and phone number. It goes on to state in this section, "anyone knowledgeable of an offender-on-offender or staff-on-offender sexual abuse or sexual harassment that occurs within a TDCJ correctional facility is encouraged to immediately report the allegation." The address, website, and phone number is then given (third-party reporting).

The Safe Prisons/PREA Plan also states that "anyone who has information that an offender may be in need of protection. This information can come from the offender in need of protection, other offenders, the offender's family, TDCJ staff, or others." (Third-party reporting).

Based on the auditor's

- review of the Ombudsman Program,
 - review of the Safe Prisons/PREA Plan,
 - review of the Information Guide for Families of Offenders,
 - review of the Ombudsman's website,
 - interviews with the Warden, Regional PREA Coordinator, and Institutional PREA Coordinator;
 - interviews with staff and inmates; and observation of posters and bulletins placed throughout the Hamilton Unit,
- the auditor assesses this standard as compliant, "meets standard".

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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 thirdparty 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*)

At the Hamilton Unit, all staff are required to report immediately and according to the TDCJ policy, Safe Prisons/PREA Plan, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility or another facility whether or not it is part of the agency. It is also required that staff report retaliation against staff or inmates who report sexual abuse or staff neglect or violation of responsibilities that may have contributed to retaliation. This duty to report is emphasized by the formal, scripted questions routinely asked of random staff. All random staff who were asked questions about their duty to report answered affirmatively and were knowledgeable concerning their duties and responsibilities.

It is outlined in the TDCJ training curriculum and its manuals and directives that staff have a duty to report. This is included in the following policies that were reviewed by the auditor:

- 1) Personnel Directive PD-29, Sexual Misconduct with Offenders,
 - 2) Safe Prisons/PREA Plan,
 - 3) SPPOM-05.01, Sexual Abuse Response and Investigation,
 - 4) Administrative Directive, AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General,
 - 5) Correctional Managed Health Care (CMHC) G-57.1, Sexual Assault/Sexual Abuse, and
 - 6) Correctional Managed Health Care (CMHC) E-35.2, Mental Health Evaluation.
- These policy and procedures, Plan, directives, and manual also prohibits staff from revealing information related to sexual abuse reports to anyone other than to the extent necessary to make Treatment, investigation, or other critical and management decisions.
 - The staff at the Hamilton Unit have many years of experience (both individually and collectively) and were knowledgeable, as previously stated, about their duties and responsibilities.
 - When interviewed, were knowledgeable, as previously stated, about their duties and responsibilities.

- When interviewed, they knew to whom to report and how to report.
- Standard 115.31 Employee Training, was assessed as exceeds, precisely because of the staff's knowledge and understanding of the PREA.

Based on the auditor's

- review of the policies, procedures, Plan and information from the above listed;
- attendance and discussions at shift briefings/turnout meetings and introductory meetings and discussions with various departmental staff;
- formal and informal interviews with staff and
- review and the compliant assessment of Standard 115.31 Employee Training, the auditor assesses this standard as compliant, "meets standard".

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

The staff at the Hamilton Unit know, understand, and have been trained, such that if an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. This is one of those statements that is verified by formal, scripted questions asked at each random staff interview. Again, as with the previous standard, each staff member answered positively/correctly that they would take actions immediately to protect the inmate.

Safety and security is first at the Hamilton Unit. This was observed by the auditor from security procedures, beginning with the entry procedures at the front gate, to the monitoring and supervision of individual housing units. Further, the Safe Prisons/PREA Plan is about safety and security and PREA protection. Also, the Administrative Directive, AD-02.15 Operations of the Emergency Action Center (EAC) and the SPPOM direct immediate action to be taken when it is recognized or alleged that an inmate is at substantial risk of imminent sexual abuse. Observation of staff during the three-day visit to the facility, supported the auditor's assessment of a professional and knowledgeable staff at the Hamilton Unit. The leadership of the Correctional Major, Chief of Security and his two Captains emphasized professionalism, and performance.

In the past 12 months, there were zero (0) number of inmates determined to be at substantial risk of imminent sexual abuse. Again, it is noted that this facility is minimum security and the inmates are at the Unit for reentry and the DWI program. This information from the PAQ.

Based on the auditor's

- review of the Plan, Manual, Directives, mentioned in the above paragraphs;
- review of the PAQ (zero number),
- observation of daily security operations, during the site visit;
- observation of the communications between staff and inmates, interaction between staff and inmates within the reentry/therapeutic community, interaction of the inmates and staff in the DWI program;
- interviews with the staff and inmates; and interviews with specialized staff, including UTMB staff, Management Training Corporation staff (MTC) and the regional and institutional PREA staff, the auditor assesses this standard as compliant, "meets standard".

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The TDCJ/Hamilton Unit has the Safe Prisons/PREA Plan, the SPPOM, directives, and policies requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the Hamilton Unit Warden or designee must notify the head of the facility or appropriate office of the agency or facility where the alleged sexual abuse is to have occurred. (This is outlined in the Board Policy BP-01.07, the Administrative Directive, AD-16.20, the PREA Plan and the SPPOM-04.01).

As documented by the Pre-Audit Questionnaire (PAQ), during the past 12 months there has been zero (0) number of allegations the facility received that an inmate was abused while confined at another facility. Additionally, as stated in the PAQ, in the past 12 months there have been zero (0) allegations of sexual abuse that the Hamilton Unit received from other facilities.

Based on the auditor's

- review of the policy, directive, Plan, and SPPOM mentioned in the above paragraph;
- review of the PAQ (zero (0) numbers of allegations) and
- interviews with staff and inmates,
the auditor assesses this standard as compliant, "meets standard".

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan and its companion Safe Prisons/PREA Operational Manual details first responder duties.

First and foremost, all staff and correctional officers have a duty to report. They must report an allegation of sexual abuse and sexual harassment consistent with PREA and the TDCJ's efforts to prevent, detect and respond to sexual abuse and sexual harassment in prison.

First responder duties include the following:

If the first responder is a correctional officer responding to a report of alleged sexual abuse, the responder shall;

- a) notify a security supervisor,
- b) separate the alleged victim and assailant,
- c) preserve and protect the crime scene,
- d) monitor the alleged victim and ensure physical evidence is not destroyed,

if the first responder is not a correctional officer, the responder shall; monitor the alleged victim to assure physical evidence is not destroyed and immediately notify a correctional officer.

Questions concerning first responder duties were asked of all formal, random staff interviews. As indicated in Standard 115.61, the staff was professional, knowledgeable, and understood their duties and responsibilities.

All staff formally interviewed answered the questions accurately and knew how to respond.

The auditor reviewed the training curriculum, policies and procedures, the staff video presentation outlining first responder duties and responsibilities, pocket cards of instructions for reporting, and attended shift briefing/turnouts where PREA issues were discussed. It was evident from this review that staff were knowledgeable and understood what to do as first responders.

In the past 12 months, there has been one (1) allegation of sexual abuse and the first security officer to respond separated the alleged victim and abuser.

In the past 12 months, there were zero (0) number of times that evidence could be collected within the prescribed time. This information documented in the Pre -Audit Questionnaire (PAQ).

Based on the auditor's

- review of the Safe Prisons/PREA Plan, the SPPOM and policy and procedures;
- review of training curriculum, (in conjunction with Standard 115.31, Employee Training); attendance at shift briefings/turnouts; □
- observation of daily performance of duties and responsibilities;
- review of the video presentation;
- review of first responder pocket cards maintained by many of the staff and
- interviews with random staff and specialized staff, the auditor assesses this standard as compliant, "meets standard".

Standard 115.65: Coordinated response

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*)

There is a coordinated response, required by the policy of the Warden, for staff at the Hamilton Unit.

Specifically; the Hamilton Unit, by the authority of the Safe Prisons/PREA Plan, has a Inter-Office Communications, "Sexual Abuse Coordinated Response Plan". The purpose of the plan is "To establish procedure and guidelines related to the initial notification and response following a reported offender-on-offender or staff-on-offender sexual abuse incident utilizing Attachment G, Sexual Abuse Investigation Checklist."

The Sexual Abuse Coordinated Response Plan of the Hamilton Unit outlines seven sections with one attachment. The sections address the following:

- I. Reporting of sexual abuse, sexual harassment, sexual misconduct and retaliation
- II. Response and investigation
- III. First responders duties
- IV. Process following an allegation offender sexual abuse
- V. Notification and investigation process
- VI. Investigation, documentation-attachment G Sexual Abuse Investigation Checklist
- VII. Other responsibilities.

This is a five page plan and it coordinates the response between first responders, medical and mental health practitioners, investigators, and facility leadership.

Based on the auditor's

- review of the Sexual Abuse Coordinated Response Plan
- interviews with the Regional PREA Coordinator, and the Institutional PREA Manager (who chairs the team);
- interviews with team members, and the Warden, who reviews recommendations, and
- the overall observation of staff's commitment to PREA compliance with attention to details, the auditor assesses this standard as compliant, "meets standard".

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

It is also noted that personnel policy outlines an "Employment At Will Clause". This clause outlines that the Rules of Conduct, and the Outlines for Disciplinary Sanctions "do not create any legal enforceable interest or limit the executive director's, deputy executive director's, or division directors' authority to terminate an employee at will."

Based on the auditor's review of the above paragraphs and discussions with the Warden and the TDCJ PREA staff,
this standard is assessed as compliant, "meets standard".

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Hamilton Unit protects inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. These protections are outlined in the Safe Prisons/PREA Plan of the TDCJ, and the Unit Safe

Prisons/PREA Manual (USPPM), and further supported by the Hamilton Unit Warden's direction for monitoring retaliation to the Chief Correctional Officer, the Institutional PREA Manager, and his own personal review of retaliation cases.

The Institutional Classification Review Committee is also particularly involved with the observance and review of inmate issues such as inmate relationships, inmate and staff relationships, job assignments, housing assignments, bed assignments, program assignments, request for transfers, and etc. that gives some indication of retaliation. Staff issues are also under the general guidance and review of the Human Resources Department, paying attention to retaliation by Post Assignments days off, leave approval, request for transfer, shift changes, and etc. It was clear to the auditor that the Warden and his leadership staff know what to look for concerning retaliation.

Policy also includes a 90 day monitoring time for retaliation review. This 90 day period may be extended if needed. The TDCJ policies require 30 day monitoring which is more than the PREA standard.

In the past 12 months retaliation has occurred zero (0) number of times. This information provided by the PAQ. Again, it is noted that this is a minimum security facility with many senior staff and few allegations.

Based on the auditor's.

- review of this Safe Prisons/PREA Plan
- review of the Offender 90 Day Monitoring Form
- review of the Staff 90 Day Monitoring Form
- review of the Personnel Directive, General Rules of Conduct
- review of the PAQ (retaliation, zero (0) number) and
- interviews with the Warden, Chief of Security, and the Institutional PREA Manager, the auditor assesses this standard as compliant, "meets standard".

Standard 115.68: Post-allegation protective custody

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*)

Administrative Directive AD-03.50 Administrative Segregation, the Safe Prisons/PREA Plan, the Administrative Segregation Plan, and the Guidelines for Administrative Segregation Confinement prohibits the placement of inmates, who allege to have suffered sexual abuse, in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there are no available alternative means of separation from likely abusers.

In the past 12 months, there have been zero (0) number of inmates who have alleged to have suffered sexual abuse, who were held in involuntary segregated housing for 1 to 24 hours awaiting completion of assessment. There have also been zero (0) number of inmates who have alleged to have suffered sexual abuse, who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. This information taken from the PAQ. It is again noted that there are only seven segregation cells at the Hamilton Unit, a minimum security facility. The Hamilton Unit houses inmates in the reentry/therapeutic community program or the rehabilitative DWI program. These inmates are generally awaiting release for completion of their programs or expiration of sentence and thus have less discipline problems.

Based on the auditor's

- review of the Administrative Segregation Plan, Safe Prisons/PREA Plan, the Guidelines for Administrative Segregation, and the AD-03.50 Administrative Segregation;
- review of the PAQ (zero number)
- observation of the use of administrative segregation/confinement
- interviews with officers who work in confinement
- interviews with inmates in confinement and
- interviews with the Warden and the Institutional PREA Manager, this standard is assessed as compliant, "meets standard".

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan of the TDCJ, addresses investigations under the section of the Plan titled, Investigations General Considerations. The General Considerations-Section 2.10 outlines the following:

- 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment;
- 2) sexual investigation to be conducted promptly, early, and objectively including third-party and anonymous reports
- 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant the TDCJ Safe Prisons/PREA Plan.

This standard contains 12 subsections, a-l, and, as with all standards and subsections, these were reviewed by the auditor utilizing policies, procedures, observations, reviews, interviews, on-site visit information, and etc. to assess the compliance of this standard with PREA. Specifically, the auditor reviewed Administrative Directives; AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious and Unusual Incidents, AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General, AD-16.03 Evidence Handling; Board Policy-01.07 Inspector General Policy Statement; the Safe Prisons/PREA Plan; and the SPPOM; all addressing the agency's policy related to criminal and administrative investigations, including substantiated allegations of conduct that appear to be criminal and are referred for prosecution.

The auditor feels it's important to repeat the mission of the Inspector General, which is "The mission of the OIG is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment and certain regulations and policies of the TBCJ and the TDCJ, the laws of the State of Texas and the *Constitution* and laws of the United States, as are applicable."

All allegations of sexual abuse and sexual harassment are investigated. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero (0). This number taken from the PAQ. The Hamilton Unit is a minimum security, short term inmate population, reentry, therapeutic community, DWI programmatic specialty institution.

The TDCJ retains all written reports pertaining to the administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency +5 years (Records Retention Schedule, OIG and OPM-03.72).

Based on the auditor's

- review of policy and procedures included in the above paragraphs;
- review of the Safe Prisons/PREA Plan;
- interviews with OIG Criminal Investigators, Institutional Investigators;
- review of the PAQ (zero number of criminal investigations referred for prosecution); and
- interviews with the Warden, the Regional PREA Coordinator, and the Institutional PREA Manager, this standard is assessed as compliant, "meets standard".

Standard 115.72: Evidentiary standard for administrative investigations

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*)

TDCJ policy and investigative training directs the following (as taken from the Safe Prisons/PREA Plan and the investigative training curriculum): "... The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Plan, the training curriculum, and the SPPOM were all reviewed by the auditor. The auditor discussed this evidentiary standard with the Certified Criminal Investigator of the OIG, and with key staff at the Hamilton Unit.

Based on the auditor's

- review of the Evidentiary Standard for administrative investigations, as outlined in the Safe Prisons PREA Plan, and the investigative training curriculum; and interviews with the Certified
- OIG Investigator, administrative investigators, the PREA staff, and the Hamilton Unit Warden, the auditor assesses this standard as compliant, "meets standard".

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

The Safe Prisons/PREA Plan; the SPPOM-05.05 Attachments J and M, the SPPOM-05.11 Attachment F, and the SPPOM-05.10, all outline and direct the agency's policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. This is the policy for the TDCJ and the Hamilton Unit.

All allegations of sexual abuse/harassment are investigated. In the past 12 months, one (1) allegation of inmate sexual abuse was investigated. The investigation was completed and the inmate, was notified in writing of the results. The PREA auditor reviewed a copy of the notification that was given to the inmate. The notification of unsubstantiated or unfounded is from TDCJ Central Office and signed by a PREA Program Manager. By policy, inmates are informed regarding sexual abuse allegations against staff (except unfounded) whenever certain actions are taken against the staff member. Also, by policy, inmates are informed regarding sexual abuse by another inmate (except unfounded) whenever certain actions are taken against the abuser. Again, all notifications are documented.

Based on the auditor's

- review of the PREA Plan, the SPPOM , and notification forms
- review of the documented notification
- review of the PAQ (one allegation, one notification, documented)
- review of the "Statement of Fact" attesting to notifications from the statewide PREA office for criminal investigations . This accomplished by the OIG, and
- interviews with the Warden and PREA staff, the auditor assesses this standard as compliant, "meets standard".

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

Personnel policy of the TDCJ stipulates that employees or representatives of the Department are expected to adhere to the highest standards of conduct while on duty or off duty, including adherence to the Rules of Conduct and Outlines for Disciplinary Sanctions. Executive Directive, ED-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, and Personnel policy, PD-29 Sexual Misconduct with Offenders, both further address sexual abuse, sexual harassment, sexual misconduct, and voyeurism.

The Human Resource Department Guidelines for Employees details the sanctions and personnel disciplinary actions related to sexual abuse, sexual harassment, sexual misconduct, and voyeurism.

Further, the Texas Penal Code addresses sexual abuse of inmates and the fact that it may rise to the level of a felony offense.

In the past 12 months there have been zero (0) number of staff from the Hamilton Unit who have violated agency sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) number of staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. This information taken from the PAQ and discussed with the Warden and the PREA staff.

Based on the auditor's

- review of the policy and procedures mentioned above,
- review of the Rules of Conduct, and the above disciplinary outlines and guidelines
- review of the Texas Penal Code
- review of the PAQ (and the documented zero numbers)
- interviews with the Human Resource Department staff and
- interviews with the Warden and PREA staff,
this standard is assessed as compliant, "meets standard".

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

The TDCJ has a very thorough and comprehensive Volunteer Service Plan (VSP) which, in conjunction with its Safe Prisons/PREA Plan, outlines the responsibilities and conduct for volunteers and contractors who have contact with inmates. The agency has a policy that requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing boards.

Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in the VSP, during volunteer training and orientation, and by the Volunteer Services Training Facilitator's Guide. Training follows the curriculum and involves zero-tolerance policy information and procedures and has an acknowledgment form that states the volunteer/contractor has understood and completed the required video training. The auditor reviewed the training acknowledgment form, the training curriculum, and interviewed several volunteers. The auditor noted that each volunteer and contractor was made aware of how to appropriately conduct themselves with inmates. Additionally, the auditor noted that volunteers and contractors were well aware of the gravity of the disciplinary actions that could affect any volunteer or contractor who engages in sexual abuse or sexual harassment of an inmate, including notification of law enforcement agencies and/or licensing boards. Acknowledgment forms documenting the orientation, training, and the understanding of rules and regulations are maintained by the agency.

Interviews with volunteers confirmed their knowledge of the zero tolerance policy for sexual abuse and sexual harassment and their understanding of how to report to a supervisor any sexual abuse.

In the past 12 months there have been zero (0) contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Based on the auditor's

- review of the Volunteer Service Plan
- review of the Executive Directive, PD-29, Sexual Misconduct with Offenders
- interviews with volunteers and
- interviews with the Warden and PREA staff,
the auditor assesses this standard as compliant, “meets standard”.

Standard 115.78: Disciplinary sanctions for inmates

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*)

Offenders in the Hamilton Unit are required to obey all rules and regulations by the TDCJ and the Unit, regarding PREA. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse. The above statements and the subsections b-g, of Standard 115.78 address disciplinary sanctions for inmates. Specific sanctions are outlined in the TDCJ Disciplinary Rules and Procedures for Offenders Handbook (GR-106).

Supplemental information regarding sexual abuse and sexual harassment is outlined in the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, Correctional Managed Health Care policy, E-35.1, and, as applicable, the Sex Offender Treatment Program policy 01.01.

In the past 12 months, the number of administrative findings of inmate on inmate sexual abuse that has occurred at the Hamilton Unit is zero (0). In the past 12 months, the number of criminal findings of guilt for inmate on inmate sexual abuse that have occurred at the Hamilton Unit has also been zero (0). This information obtained from the PAQ. The PAQ also notes that the agency disciplines inmates for sexual conduct with staff only upon a finding that the staff member did not consent to such conduct (this is stipulated in the Safe Prisons/PREA Plan).

The facility does offer therapy, counseling, and other interventions designed to address and correct underlying reasons or motivation for abuse. As mentioned before the Hamilton Unit is a reentry unit and staff and inmates both are concerned about the inmate's ability to reenter, in a positive way, our communities and society.

Based on the review of this Safe Prisons/PREA Plan, the Inmate Discipline Policy (GR-106) and interviews with staff and inmates,

the auditor assesses this standard as compliant, "meets standard".

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

The University of Texas Medical Branch has established a partnership with the TDCJ and provides managed healthcare for offenders, including the offenders at the J.W. Hamilton Unit. Inmates at the facility have access to health care. Inmates at the Unit are screened pursuant Standard 115.41 and all inmates at the facility who disclosed, during screening, any prior sexual victimization are offered a follow-up meeting with a medical or mental health practitioner. This is done within 14 days of intake screening. The Pre-Audit Questionnaire (PAQ) indicates that in the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Also, in the past 12 months, 100% of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. These follow-up meetings are documented and maintained by medical and mental health staff. All information related to sexual victimization and abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and to other staff, as necessary, to make informed treatment plans and security and management decisions.

The screening and the history of sexual abuse information is accomplished as directed by policy and procedure, including the Safe Prisons/PREA Plan, the SPPOM, and the Correctional Managed Healthcare policies.

The PREA auditor was impressed with the professionalism and expertise of the UTMB staff within the TDCJ. After many interviews with the medical, dental, and mental health staff, the auditor was impressed with their knowledge of rules and regulations, not only of the TDCJ, but of the protocols, procedures, and rules and regulations of the medical community. The auditor observed a commitment to expert healthcare, a commitment of taking care of the incarcerated, and a commitment to administering healthcare to those that need it.

Based on the auditor's

- review of the CMHC policy A-01.01 Access to Care,
 - review of intake and screening,
 - review of this safe prisons/PREA plan and the SPPOM,
 - review of the UTMB screening duties and responsibilities,
 - interviews with health care staff, and
 - interviews with staff and inmates at the facility,
- the auditor assesses this standard as compliant, "meets standard".

Standard 115.82: Access to emergency medical and mental health services

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*)

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at the Hamilton Unit.

Services are outlined in the agency Correctional Managed Health Care policies, CMHC A-01.1 Access to Care; CMHC G-51.1 Sexual Assault/Sexual Abuse; and supplemented by the Safe Prisons/PREA Operations Manual. Medical capabilities are described by the agency in the Unit Directory indicating that Hamilton Unit is a minimum security facility with special treatment programs (Pre-Release Therapeutic Community and DWI Education) offering ambulatory, medical, dental, and outpatient mental health services. All services are on a single level and all services are managed by the University of Texas Medical Branch, (UTMB).

In defining the access to care, the procedure CMHC A-01.1 indicates that its purpose is “to ensure all offenders have access to care to meet their serious medical, dental, and mental health needs.” The policy further goes on that all procedures are written to make sure there are no unreasonable barriers to the health care extended by the UTMB. The auditor would like to add that review of the policies and interviews with UTMB staff indicate and support what was quoted to the PREA auditor, which is “...UTMB Correctional Managed Care is known for its innovative programs and creative solutions in the fields of correctional healthcare in jails, state prisons, juvenile detention centers and federal prisons.” (This phrase taken from the TDCJ Hamilton Unit ACA Welcome Book).

To summarize the PAQ information, the medical and mental health staff practitioners offer services according to their professional judgment, maintain secondary materials documenting the timeliness of emergency medical care and crisis intervention services, and make sure victims of sexual abuse are offered timely information about sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

Treatment services are provided to every victim without financial cost. It is noted that Texas has co-pay, but when it comes to sexual abuse, treatment services are without cost.

Based on the auditor's,

- review of the CMHC, A-01.01 Access to Care
- review of the Safe Prisons/PREA Plan
- review of the SPPOM 05.01, Sexual Abuse Response
- review of the CMHC policy, G-57.1 Sexual Assault/Sexual Abuse
- review of the form I-214 Referral to Medical/Mental Health Services
- interviews with UTMB staff and
- interviews with staff and inmates at the Hamilton Unit, the auditor assesses this standard as compliant, “meets standard”.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?
 Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

The CMHC policy, E-44.1, Continuity of Care, states as its purpose, “to provide guidelines ensuring continuity of health care for all offenders.”

In the previous Standard 115.83, the discussion was about access to health care. In this standard, the UTMB leadership outlines its continuity of care by policy, just as it outlined access to emergency medical and mental health services healthcare, by policy. Simply, CMHC policies direct “Access to Care” and “Continuity of Care”.

The Continuity of Care policy addresses everything from inpatient admissions to discharge summaries, indicating that offenders being released from TDCJ with special health care needs will receive a care plan to include provisions for “referral, diet, medications, and other appropriate treatments as indicated by the facility staff.” Treatment is extended by professional judgment of health care practitioners. The SPPOM indicates and outlines offenders who have been victimized by sexual abuse will receive treatment plans, and when necessary, referrals for continued care consistent with the community level of care.

The community level of care is something the PREA auditor discussed with UTMB staff, both formally and informally, and from these discussions and from the auditor’s observance of the professionalism and duties that the medical staff have accomplished, it is the auditor’s opinion that the level of healthcare is comparable to the community level of healthcare. Moreover, the handouts, brochures and materials on sexual assault awareness are distributed to the inmates and are available in the healthcare offices for UTMB staff to recommend to the inmate population. All of this is indicative of expert healthcare that is extended to the inmates at the Hamilton Unit. Finally, having the prison located and having staff living in the community such as Bryan/College Station, there is an influence of an educated, sophisticated, knowledgeable community on the staff and inmates at the prison. Resources are available in the community that have a positive effect on high quality healthcare, high-quality emergency services, simply, a very positive atmosphere encompasses the Hamilton Unit.

UTMB incorporates continuity of care into their discharge summaries and reviews.

Based on the auditor’s

- review of the Continuity of Care CMHC E-44.1 policy
- review of the Sexual Assault/Sexual Abuse CMHC G 57.1 policy
- review of the Safe Prisons/PREA Plan and the SPPOM
- observations of the interaction of healthcare services and the inmate population
- observations of community resources such as EMS, hospitals, Rape Crisis Centers and etc.

- interviews with UTMB staff and
 - interviews with staff and inmates,
- the auditor assesses this standard as compliant, “meets standard”.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

The auditor assesses this Standard, Sexual abuse incident reviews as “exceeds” primarily based on the leadership of the Institutional PREA Manager. The standard itself meets compliance through the five page Sexual Abuse Coordinated Response Plan specifically designed for the Hamilton Unit and it is noted that each institution has a very similar plan but at the Hamilton Unit, the direction afforded the staff, including the leadership staff, by the Institutional PREA Manager raises the level of incident review at this facility to “exceeds”. A long time experienced Correctional Sgt. is in charge of this Safe Prisons/PREA program at Hamilton Unit, and this person was complemented numerous times, to the PREA auditor, by staff and inmates during random interviews with staff and inmates at the facility.

The Hamilton Unit conducts a Sexual Abuse Incident Review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. This is by policy, but even if there is not an incident review, the Institutional PREA Manager keeps the review team up to date. It is the Manager’s team and the Manager’s team is interested in preventing, detecting, and responding to sexual abuse and sexual harassment at the Hamilton Unit.

Administrative Directive 80-02.15, directs that the reports addressing the findings and implementing recommendations or improvements or documenting reasons for not doing so on each incident will be sent to/received by the Warden. The Pre-Audit Questionnaire indicates that one (1) report was completed at the facility and the report was completed in 30 days. Even though the evidence was only one, it is important to note that the Incident Review Team took this seriously and followed the policy and procedures accurately and completely. Not only was this report used to assist in improving PREA safety, but the Institutional PREA Manager, is continually working with staff and inmates for the overall improvement of safety and security at the Hamilton Unit.

Based on the auditor’s,

- review of the Hamilton Unit Sexual Abuse Coordinated Response Plan
- observation of the Institutional PREA Manager in the performance of her day-to-day duties with staff and inmates
- review of the Safe Prisons/PREA Program at the Hamilton Unit under the leadership of the Institutional PREA Manager
- interviews with the institutional members of the Coordinated Response Team and
- interviews with staff and inmates,

this standard is assessed as compliant, “exceeds standard”.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The Hamilton Unit and the TDCJ collect accurate, uniform data for every allegation of sexual abuse. The Texas Board of Criminal Justice (TBCJ) has established policy outlining the mission of the PREA Ombudsman to monitor and conduct administrative investigations, as well as to provide a point of contact for the public, elected officials, and offenders who have complaints or inquiries regarding allegations of sexual assault, sexual contact, staff sexual misconduct, or initiatives related to PREA. The Ombudsman's Office includes collecting statistics regarding allegations of sexual assault, sexual conduct, and sexual misconduct from each correctional facility in the TDCJ, including the Hamilton Unit.

By the above TBCJ policy, the statistical information that is accrued includes the total number of allegations of sexual assault, sexual contact, and staff sexual misconduct investigated by the TDCJ, and the outcome of the investigations. Any disciplinary actions resulting from allegations are made public and are part of the Ombudsman's Annual Report.

The Survey of Sexual Violence (SSV) is the federal government standardized instrument for data collection. The SSV is used by the TDCJ and submitted to the Department of Justice. The auditor reviewed the SSV for the TBCJ for the years 2014, 15, and 16. To obtain this information for the SSV, the Hamilton Unit and the other TDCJ facilities, complete and submit monthly reports and forward them to the Regional Offices and then to the Central Office and the Ombudsman's Office for the agency to aggregate the data. Once the data is compiled, a final submission is sent to the DOJ. The SSV is on the TDCJ website.

Based on the auditor's,

- review of the TBCJ policy and the PREA Ombudsman's duties and responsibilities
- review of the SSV's submitted by the TDCJ to the DOJ
- review of the monthly Hamilton Unit reports forwarded to the Regional PREA Office
- review of the Institutional PREA Manager's compilation of data
- review of the TDCJ and TBCJ websites and the extensive information/data on PREA and
- interviews with the PREA staff (central, regional and institutional),

the auditor assesses this standard as compliant, "meets standard".

Standard 115.88: Data review for corrective action

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*)

The TDCJ reviews data collected in order to assess and improve the effectiveness of its Safe Prisons/PREA Plan. The Plan is designed to prevent, detect, and respond to sexual abuse and sexual

harassment in prison. The auditor has reviewed both the Plan and has reviewed the data collected through monthly Unit reports and the Agency Annual Reports.

The auditor has also reviewed the TDCJ website that reveals a wealth of information that is aggregated to assist the TDCJ in improving its operations in general, and improving its goal of safety and security of the staff and inmates. Some of the following information that can be obtained is listed on the website, including:

- 1) Administrative Review and Risk Management
- 2) Advisory Council on Ethics
- 3) Annual Reviews 2005-2016
- 4) Business and Finance
- 5) Correctional Institutions Division
- 6) Executive Administrative Services
- 7) Health Services
- 8) Human Resources
- 9) Internal Audit
- 10) Manufacturing and Logistics Division
- 11) Office of the General Counsel
- 12) Parole Division
- 13) PREA Ombudsman's Safe Prisons Program Report 2009-2016
- 14) Reentry and Integration Division
- 15) Rehabilitation Programs Division
- 16) Texas Board of Criminal Justice
- 17) Texas Correctional Office of Offenders with Medical or Mental Impairment
- 18) Victims Services

Particular attention was paid by the auditor to number 13 PREA Ombudsman's Safe Prisons Program Report which also addresses PREA Data Collection and Review. The effort begins with the collection of data and by the use of the data collected, problems and issues are identified and then reviewed. Staff training and professional development is continually being improved to further educate professional staff. This information and data about PREA assists in correcting problems and enhancing the safety and security of staff and inmates at the institutions.

Based on the auditor's review of the Annual Reports (including the SSV); review of the TDCJ website and observation of the efforts made by the agency to collect data (institutional, regional, and central office levels) and based on interviews with key PREA staff, the auditor assesses this standard as compliant, "meets standard".

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The TDCJ ensures that incident-based and aggregate data is retained pursuant PREA Standard 115.87, pursuant the Texas State Statutes and the State of Texas Record Retention Schedule. The TDCJ Safe Prisons/PREA Plan also insures that incident-based and aggregate data are securely retained, specifically, the Plan states, “Annual reports shall be approved by the TDCJ executive director and made available to the public through the TDCJ website.”

The State Library and Archives Commission PREA Ombudsman Report for the TBCJ, assures that the State of Texas Records Retention Schedule includes Sexual Assault Supplemental Report and PREA Report, Annual for the current year +10 years. The agency as required by the Plan and the Executive Directive, ED 02.29 Records Management policy requires that aggregated sexual abuse data from facilities under the TDCJ, and private facilities that are contracted with, make data available to the public, at least annually (TDCJ website). The auditor reviewed the Ombudsman’s Annual Reports for 2014, 2015 and 2016.

Based on the review of documents and information mentioned above, and the auditor’s interviews with the Warden, the Regional PREA Coordinator, and the Institutional PREA Manager, this standard is assessed as “meets standard”.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Subsections a, b, h, l, m, n, were reviewed by the PREA auditor with the Hamilton Unit leadership staff and key Agency PREA staff, and the auditor assesses this standard, Frequency and Scope of Audits, as compliant.

The auditor, during the on-site visit, did have an opportunity to observe all areas of the audited facility. The auditor also was permitted to receive copies of all documents pertaining to PREA compliance. The auditor was able to speak privately with, and privately interview, inmates. Also, the auditor was permitted to receive and communicate confidential information or correspondence. The auditor did receive confidential correspondence information, and interviewed the inmates.

Based on the PREA auditor's review, information received, correspondence received, and interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

The auditor reviewed the J.W. Hamilton Unit's last PREA audit which was on the TDCJ's website. Additionally, the auditor reviewed the TBCJ PREA Ombudsman's website which contains all the completed PREA audits for the TDCJ and its institutions. This website makes available to the public, the three-year PREA final reports.

It is also noted by the auditor that the TBCJ has received a Lucy B. Hayes award from the American Correctional Association (ACA) for accomplishing PREA compliance for all of the TDCJ institutions.

Based on the auditor's

- review of the TDCJ website
 - review of the TBCJ PREA Ombudsman's website and
 - interviews with key TDCJ leadership staff, PREA staff and informal discussions with the PREA Ombudsman,
- the auditor assesses this standard as compliant, "meets 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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

JAMES CURINGTON

09/29/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d774fd6a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.