**PREA AUDIT REPORT**  Interim  ☒ Final  

**ADULT PRISONS & JAILS**  

**Date of report:** 08/14/2015  

<table>
<thead>
<tr>
<th>Auditor Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Auditor name:</strong> Chris Sweney</td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong> P.O. Box 8840 Omaha, NE 68108</td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:csweney.prea@gmail.com">csweney.prea@gmail.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone number:</strong> (402) 658-0344</td>
<td></td>
</tr>
</tbody>
</table>

| Date of visit: July 14 2015 to July 16 2015 |  |

<table>
<thead>
<tr>
<th>Facility Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility name:</strong> TDCJ-Havins Unit</td>
<td></td>
</tr>
<tr>
<td><strong>Facility physical address:</strong> 500 FM 45 East, Brownwood, Texas 76801</td>
<td></td>
</tr>
<tr>
<td><strong>Facility mailing address:</strong> (if different from above)</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td><strong>Facility telephone number:</strong> (325) 643-5575</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The facility is:</th>
<th>☐ Federal</th>
<th>☒ State</th>
<th>☐ County</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Military</td>
<td>☐ Municipal</td>
<td>☐ Private for profit</td>
<td></td>
</tr>
<tr>
<td>☐ Private not for profit</td>
<td>□ Jail</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Facility type: | ☒ Prison  | ☐ Jail  |  |

| Name of facility’s Chief Executive Officer: Kendall Richerson |  |

| Number of staff assigned to the facility in the last 12 months: | 157 |  |

| Designed facility capacity: | 596 |  |

| Current population of facility: | 568 |  |

| Facility security levels/inmate custody levels: | IT, IPTC |  |

| Age range of the population: | 19-66 |  |

| Name of PREA Compliance Manager: Jeremy Patterson | **Title:** Correctional Officer V |  |
| Email address: Jeremy.Patterson@TDCJ.Texas.Gov | **Telephone number:** (325) 643-5575 |  |

<table>
<thead>
<tr>
<th>Agency Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of agency:</strong> Texas Department of Criminal Justice</td>
<td></td>
</tr>
<tr>
<td><strong>Governing authority or parent agency:</strong> (if applicable) Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td><strong>Physical address:</strong> 861-B I-45 North, Huntsville, Texas, 77320</td>
<td></td>
</tr>
<tr>
<td><strong>Mailing address:</strong> (if different from above) P.O. Box 99, Huntsville, Texas, 77342</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone number:</strong> 936-295-6371</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Chief Executive Officer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Brad Livingston</td>
<td><strong>Title:</strong> Executive Director</td>
</tr>
<tr>
<td><strong>Email address:</strong> <a href="mailto:brad.livingston@tdcj.texas.gov">brad.livingston@tdcj.texas.gov</a></td>
<td><strong>Telephone number:</strong> 936-437-2101</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency-Wide PREA Coordinator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> William Stephens</td>
<td><strong>Title:</strong> Director, Correctional Institutions</td>
</tr>
<tr>
<td><strong>Email address:</strong> <a href="mailto:william.stephens@tdcj.texas.gov">william.stephens@tdcj.texas.gov</a></td>
<td><strong>Telephone number:</strong> 936-437-2170</td>
</tr>
</tbody>
</table>
AUDIT FINDINGS

NARRATIVE

An audit of TDCJ-T.R. Havins Unit was conducted on July 14th – 16th, 2015 by Chris Sweney, DOJ Certified PREA Auditor. On Tuesday July 14th I was greeted by Warden Kendall Richerson and his administrative staff and conducted an in-briefing to discuss the schedule for the on site audit. Following the briefing, we toured the facility from 0830 hrs. – 1000 hrs. All areas of the facility where toured including intake, medical, food service, program areas, and inmate housing. Following the tour, staff interviews were conducted including specialty interviews and staff from each shift. A total of 18 staff were interviewed. During the two days on site inspection, 15 inmates were interviewed. All inmates had a very comprehensive level of knowledge with regard to the PREA standards. Detention and other staff were very knowledgeable about PREA, first responder responsibilities, and preservation of evidence. All applicable standards were thoroughly reviewed, verified, and found to be complaint.
DESCRIPTION OF FACILITY CHARACTERISTICS

The T.R. Havins Unit Pre-Release Facility opened in July 1994 and is located at 500 FM 45 East Brownwood, Brown County, Texas 76801. The Havins Unit is a 576-bed Texas Department of Criminal Justice (TDCJ) prison/therapeutic community intended to assist offenders in becoming an integral and successful part of society. There are two points of ingress/egress in the perimeter fencing; the front gate of the unit, which is entered through the administration building, and the back gate of the unit, which is a vehicle entrance. There are seven buildings located within a single fence compound topped with razor wire. The site plan consists of a central walk surrounded by unit buildings. There are three dormitory housing buildings with three dorms per building. Each dorm houses 64 offenders for a total of 192 per building. The treatment segregation area has four holding dorms each housing five offenders and eight single separation cells. The administrative building is comprised of executive staff, support services offices, a control center and visiting area. Other buildings include the education building, maintenance and a large sectioned off building that includes medical, food service, the laundry, Special Management Area, the Chapel, classification and officers offices.
SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 4

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2
**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit has a zero tolerance policy towards all forms of sexual abuse and harassment. This policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The agency's designated PREA Coordinator is indicated by the department's organizational chart. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

---

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

This standard does not apply. TDCJ-Havins Unit does not contract for the confinement of inmates.

---

**Standard 115.13 Supervision and monitoring**

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**
TDCJ-Havins Unit is a direct supervision facility and has a staffing plan which meets the requirements of this standard. Deviations from the plan are documented and forwarded to the regional office. Staffing requirements are assessed annually and adjustments are made if necessary. Unannounced rounds are completed by supervisors on each shift and documented in the housing unit log. Policy prohibits staff from alerting other staff members that supervisory rounds are occurring.

**Standard 115.14 Youthful inmates**
- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

This standard does not apply. TDCJ-Havins Unit does not house youthful inmates.

**Standard 115.15 Limits to cross-gender viewing and searches**
- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit does not conduct cross-gender pat searches, strip searches or cross-gender visual body cavity searches. All strip searches are documented. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except when such viewing is incidental to routine cell checks. Agency staff is trained to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. The Havins Unit has added privacy screens in shower and toilet area to further reduce incidental observation by cross-gender staff.

**Standard 115.16 Inmates with disabilities and inmates who are limited English proficient**
- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion**
TDCJ-Havins Unit takes steps and has a policy (AD-04.25 P:2-4, 8-10, CMHC G-51.5 P:1-2, AD-06.25 P:1, SM-05.50 P:3, AD-04.25 P:2-4,8-9) which ensures residents 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. TDCJ provides inmates a handbook and which is available in English and Spanish and their PREA education video is available with subtitles. Additionally, the facility has several bilingual staff available. PREA posters and brochures are provided in English and Spanish.

**Standard 115.17 Hiring and promotion decisions**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit does not hire or promote anyone who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (PD-71 P:2, 24-25, PD-73 P:1, 3-4, PD-75 P:4) TDCJ completes criminal background checks on all new employees, contract staff and volunteers before they are allowed to have contact with inmates. Criminal background checks are repeated every five years for current employees, contract staff and volunteers. All TDCJ applicants are asked about prior sexual abuse as part of the application process. Nothing found in policy prohibits TDCJ from provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee if requested from an institutional employer for whom such employee has applied to work.

**Standard 115.18 Upgrades to facilities and technologies**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect inmates from sexual abuse. Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is also consider. (SOPM 07.02 (rev. 4))

**Standard 115.21 Evidence protocol and forensic medical examinations**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit is not responsible for investigating criminal allegations of sexual abuse, however TDCJ has a policy (AD-16.03 P:13 SPPOM-05.01 Sexual Abuse Checklist) which ensures that a uniform evidence protocol is followed which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. TDCJ-Havins Unit would send any victim of sexual abuse to Brownwood Regional Hospital (BRH). BRH is staffed with trained Sexual Assault Nurse Examiners (SANE) as outlined by this standard.

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit has a policy (SPPOM-05.05 P:1, SPPOM-05.01 P:2 S:III) which ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Staff and inmate interviews demonstrated a thorough understanding of this policy.

**Standard 115.31 Employee training**

☒ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit provides all staff with initial and ongoing training which includes the their zero tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, inmates’ right to be free from sexual abuse and sexual harassment, the right of inmates and employees to be free from retaliation, abuse and all other components of this standard. Employee training is documented and maintained in the employee’s personnel file. Staff interviews verified a comprehensive understanding of PREA related training. (AD-12.20 P:1.8, PREA Curriculum)
Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit ensure 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. Each volunteer and contractor is given information about PREA prior to entering the facility. Training for volunteers and contractors is documented and maintained. (Curriculum P:21-24 S:34-35, 115.32 A-A Handbook for Volunteer, 115.32 A-Letter of Orientation for Special Volunteers) Volunteer and contract staff were interviewed and very aware of their responsibilities as outlined by these standards.

Standard 115.33 Inmate education

☒ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

Upon arrival TDCJ-Havins Unit provides offenders with information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to make a report. Within thirty days of arrival offenders attend a peer led education program which provides additional information. Documentation of these sessions was verified. Random offender interviews confirmed information was provided and understood. A process is in place to ensure all inmates including those who are limited English proficient understand the information provided. In addition to formal education the facility also provides information in the form of posters and handouts. (UCPM-05.00 P:1, AD-06.25 P:1, AD-04.25 P:1, CMHC G-51.1 P:2, CMHC:G-51.5, SPPOM-02.03 P:1, Offender SAA Video Letter, Offender SAA Video Script P:1)

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit provides specialized investigative training to internal investigators and investigators from the Office of Inspector General. The training covers all components of this standard and sessions are documented and retained by the agency. (BP-01.07 P: 2-3, CTSD Specialized Investigations, OIG LP-3201, OIG OPM-02.15 P: 1, PD-97 P: 5-6)

**Standard 115.35 Specialized training: Medical and mental health care**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit provides specialized training for medical and mental health care staff. Documentation and staff interviews confirm all components of this standard are met. (CMHC C-25.1, CMHC G-57.1 P: 1, CMHC C-19.1)

**Standard 115.41 Screening for risk of victimization and abusiveness**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit screens all inmates for risk of victimization and abusiveness upon arrival. The screening is completed within the first twenty-four (24) hour. The screening instrument includes all criteria outlined by this standard.

Within the first thirty (30) days of arrival at the facility, the staff reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Residence are not disciplined for refusing answer questions during the screening process.

Information obtained during the initial assessment and reassessment is placed in the residence file. Only authorized staff have access to these files. (SPPOM-03.01 P:1, SPPOM-03.01 P:1, SPPOM-03.01 Assessment Screening, SPPOM-03.01 Attachment E, PREA Plan P:16)

**Standard 115.42 Use of screening information**

☐ Exceeds Standard (substantially exceeds requirement of standard)
Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Transgender or intersex residence’s housing and programming assignments are consider on a case-by-case basis, placement considers the inmate’s health and safety, and whether the placement would present management or security problems. Transgender or intersex inmate’s placement is reassessed as needed.

Transgender or intersex inmate’s own views with respect to his or her own safety is given consideration.

Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

TDCJ-Havins Unit does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated units based solely on identification or status. (SPPOM-03.01 Assessment Screening, IPM-04.01 P:1, AD-04.17 P:1, AD-04.18 P:1, PREA Plan P:18, CMHC E-35.1 P:1-2, CMHC G-51.11)

**Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit does not have a protective custody unit. Offenders that report sexual abuse are house separately until an investigation is completed. An assessment of the offender is completed within 24 hours and every 30 days thereafter to determine the offender’s status. If necessary, TDCJ has other facilities in the region that are better suited for housing vulnerable offenders long term. (PREA Plan P: 18, SPPOM-05.05 P: 5, Administrative Segregation Plan P: 1, 2, 4, I-169 Form, PREA Plan P:19, Administrative Segregation Plan P:11, Guidelines for ASC Members P:2)

**Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit provides multiple ways for offenders to report sexual abuse. Additionally, offenders can contact the PREA Ombudsman’s office in Huntsville which reports to the state Office of Inspector General. Staff accepts reports made verbally, in writing, anonymously, and from third parties. Staff may also make reports of sexual abuse. All reports are documented and investigated. (PREA Plan P:20, BP-03.91 P:3,8, Immigration statement of fact, SPPOM Attachment A, SPPOM Attachment AS, TDCJ PREA Brochure, ED-02.10 P:1, PREA Plan P:21)

**Standard 115.52 Exhaustion of administrative remedies**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit does allow offenders to file grievances regarding sexual abuse. All components of this standard were confirmed by documentation as well as staff and offender interviews. (Texas Govt. Codes §§ 493.014, 501.008, AD-03.77 Offender Grievances, AD-03.82 Management of Offender Grievances, AD-03.82 P:5-6, AD-03.82 P:7, Appendix-B, AD-03.82 P:8, OGOM sections 1.01 P: 1, 1.04 P:2, 7.00 P:1 Appendix-J, Texas Govt. Code §501.008, AD-03.82 P:9, OGOM section 4.00 P:1, PREA Plan P:22, Safe Prisons OPI Log, OGOM section 1.01 P:4)

**Standard 115.53 Inmate access to outside confidential support services**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit provides offenders with access to outside support services. Documentation is provided to each offender upon intake into the facility and information is posted in all living units. Additional information is available in the law library. Offenders are informed of the extent that their communication is monitored. (Safe Prisons PREA Plan; P:13 SPPOM-02.02 P: 1, BP-03.91 P:1, 9, Offender Orientation Handbook)

**Standard 115.54 Third-party reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit accepts third-party reports of sexual abuse. Information is posted in the visiting area and available on the TDCJ website. (SPPOM-04.02, ED-02.03 P: 1,2,8,9, ED-02.10 P: 1, 3, General Information for Families of Offenders Brochure P: 32-33, Safe Prison PREA Plan P: 23)

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit requires all staff to immediately report and document sexual abuse and sexual harassment. All components of this standard were verified in policy and staff interviews. (Safe Prisons PREA Plan P: 23, PD-29 P: 3-4, SPPOM-05.01 P:4)

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit takes immediate action to protect offenders that are at a substantial risk of sexual abuse. (SPPOM-05.01 P: 1, 3, SPPOM-05.03 P: 1, AD-02.15 P: 1,6)

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit has policies that address allegation that an inmate was sexually abused while confined at another facility, the policy require the head of the facility that received the allegation to notify the Office of Inspector General. This notification shall be made within 72 hours of receiving the information and documented. The warden was able to articulate this information in his interview. (BP-01.07 P: 2, AD-16.20 P: 5, PREA Plan P: 24, SPPOM-04.01 P1-3, Safe Prisons PREA Plan P: 24, AD-16.20 P: 5, 7, SPPOM-04.01 P: 1-2)

**Standard 115.64 Staff first responder duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit provides training to all first responders which cover the components of this standard. Staff interviews confirmed a thorough understanding of their responsibilities. (SPPOM-05.01 P:2-3, AD-16.03 P:1-3, OIG OPM-04.05 P: 4-5, SPPOM-05.01 P: 2-3, AD-16.03 P: 1)

**Standard 115.65 Coordinated response**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit has a coordinated response plan which includes first responders, medical and mental health practitioners, investigators, and facility leadership. (PREA Plan P: 26, SPPOM-05.01 P:1-2)

**Standard 115.66 Preservation of ability to protect inmates from contact with abusers**
☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

TDCJ-Havins Unit has space and ability to protect inmates from known abusers. Nothing is in place that would hinder the protection of a resident from a staff member.

**Standard 115.67 Agency protection against retaliation**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit has policies and processes in place to protect inmates and staff that report sexual abuse. Those that report are monitored for at least 90 days; the policy allows the monitoring period to be continued if necessary. (PD-22 P: 41-42, 51, and 53, Addendum P: 5, PD-29 P: 1-3, PD-31 P: 1, PD-13 P: 1, 4, and 5, SPPOM-05.08 P: 1, Attachment NS Staff, Attachment NO Offender, SPPOM-02.04 P: 1-3)

**Standard 115.68 Post-allegation protective custody**

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit may use segregated housing to protect those that report sexual abuse. Victims placed in segregated housing are monitored and seen by medical and mental health. Placement is reviewed within twenty-four hours and again within thirty days. Alternative housing is generally found within thirty days of placement. During the 12 months prior to the audit no inmate was placed on involuntary segregation. (Administrative Segregation Plan P: 2, 4, and 11, AD-04.63 P: 2, 4, AD-03.50, PREA Plan P: 26, Guidelines for ASC P: 1, Attachment 12.00B)
Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit investigates all allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by the “Safe Prisons” Unit and criminal investigations are handed over to the Office of Inspector General. Facility staff is required to cooperate fully with all external investigations. Investigators receive specialized training to conduct investigations dealing with sexual assault and abuse. Evidence is collected using a uniform method that preserves evidence. (PREA Plan P: 25, AD-16.20 P: 2-3, 7, BP-01.07 P: 2, 6, Retention Schedule P: 49, 60. OIG OPM-03.72)

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. (PREA Plan P: 28, SPPOM-05.05 P: 9-10, CTSD Spec. Inv. Training P: 6)

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit informs offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the inmate to discuss the findings. Processes are in place to notify an offender of
the outcome of an investigation involving staff sexual misconduct. (PREA Plan P: 30, SPPOM-05.05 Attachment J P: 5, SPPOM-05.05 Attachment M, SPPOM-05.11 Attachment F P: 6, SPPOM-05.10 P: 1, 6, SPPOM-05.05 Attachment J, Attachment M)

**Standard 115.76 Disciplinary sanctions for staff**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit has a policy that addresses staff sexual misconduct. Sanctions include termination and criminal prosecution. Investigations are completed even if the employee chooses to resign. (PD-13 P: 1, 3-5, PD-22 P: 1, 41-42, 48, Addendum P: 5, PD-29 Addendum P: 5,)

**Standard 115.77 Corrective action for contractors and volunteers**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit has policies in place to address contractors or volunteers that may engage in sexual abuse of an offender. Volunteers and contractors receive training regarding the consequences of such activities. The volunteers interviewed were able to articulate this information. (Volunteer Service Plan P: 11-13, 23, Acknowledgement of Volunteer Training Orientation, 2014 Volunteer Services Training Video Script P: 21-24, PD-29 P: 5-6, Safe Prisons PREA Plan P: 39)

**Standard 115.78 Disciplinary sanctions for inmates**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

*Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These
The TDCJ-Havins Unit has policies which address discipline for inmates that engage in sexual abuse. All components of this standard where demonstrated in policy and staff and offender interviews. (PREA Plan P: 30-31, GR-106 P: 18-21, 26, Attachment A-2, Email of New Offense 20.4, CMHC E-35.1 P: 1-2, SOTP-01.01 P: 1)

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

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit conducts medical screenings upon intake and again within fourteen days of the offender’s arrival at the facility. Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners and other select staff informed consent is obtained before information is shared with additional staff. (CMHC E-35.2 Mental Health Evaluation P: 1, CMHC G-57.1 Sexual Assault/Sexual Abuse P: 1-2, SPPOM-05.05 P: 2-3, CMHC A-09.01 P: 1, CMHC A-61.1 P: 1-3, CMHC G-57.1P:1-2, CMHC I-70.1 P: 1, CPOM-02.05 P: 1, CMHC H-61.1 P: 4)

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

Upon receiving a report of sexual abuse, the Havins Unit does not restrict access to medical treatment. Victims are transferred of sight and attended to by qualified medical staff at no charge. Victims of sexual abuse receive medical attention regardless of whether the victim names the abuser or cooperates with any investigation. (CMHC A-01.1P: 1, CMHC G-57.1P: 1, SPPOM-05.01 P: 1-2, Attachment B Rights to Crime Victims P: 2)

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

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Victims of sexual abuse are offered tests for sexually transmitted infections. This facility does not house female offenders. (PREA Plan P: 14, SPPOM-05.01 P: 1-2, 4, SPPOM-05.05 Attachment J P: 1, CMHC G-57.1 P: 1-2)

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit conducts an incident review of all substantiated and unsubstantiated allegations of sexual abuse. These reviews are conducted within thirty days following the conclusion of the investigation. All components of this standard were verified in policy and though staff interviews. (PREA Plan P: 31, SPPOM-08.01 AD-02.15, Administrative Review/Investigation)

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit collects uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The facility completes the Survey of Sexual Violence (SSV) and submits it to the Department of Justice each year. (BP-02.09 P: 3, AD-02.15 P: 1-12, OIG OPM-04.05 P: 5-6, PREA Plan P: 35, SPPOM-01.01- I.A.1)

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the
relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit reviews data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training. The Warden and his staff use the data to identifying problem areas and taking corrective action when necessary. (BP-02.09 P: 3, AD-02.15 P: 1-12, OIG OPM-04.05 P: 5-6, PREA Plan P: 35, SPPOM-01.01-1.A.1)

**Standard 115.89 Data storage, publication, and destruction**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The TDCJ-Havins Unit retains all documentation related to cases of sexual abuse and data collected as a result of these incidents. Annual reports are submitted to TDCJ regional staff and posted on the TDCJ website. (PREA Plan, PREA Ombudsman, http://www.tdcj.texas.gov)

**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.

Chris Sweney  08/21/2015

Auditor Signature  Date