<table>
<thead>
<tr>
<th>Name of facility:</th>
<th>Reverend C.A. Holliday Transfer Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical address:</td>
<td>Huntsville, TX 77320-8443</td>
</tr>
<tr>
<td>Date report submitted:</td>
<td>January 5, 2015</td>
</tr>
<tr>
<td>Auditor Information</td>
<td>Wynnie Testamark-Samuels</td>
</tr>
<tr>
<td>Address:</td>
<td>P.O.Box 639081</td>
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<td>Email:</td>
<td><a href="mailto:wynnie@wtsconsultant.com">wynnie@wtsconsultant.com</a></td>
</tr>
<tr>
<td>Telephone number:</td>
<td>786-258-4951</td>
</tr>
<tr>
<td>Date of facility visit:</td>
<td>October 27th – 29th, 2014</td>
</tr>
<tr>
<td>Facility Information</td>
<td>Reverend C.A. Holliday Transfer Facility</td>
</tr>
<tr>
<td>Facility mailing address:</td>
<td>295 IH-45 North</td>
</tr>
<tr>
<td></td>
<td>Huntsville, TX 77320-8443</td>
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<tr>
<td>Telephone number:</td>
<td>936-295-8200</td>
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<td>The facility is:</td>
<td>Money: County, Federal</td>
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<tr>
<td></td>
<td>Private for profit, Municipal, State</td>
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<td>Facility Type:</td>
<td>Jail, Prison</td>
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<tr>
<td>Name of PREA Compliance Manager:</td>
<td>Daniel Olivarez</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Daniel.olivarez@tdcj.texas.gov">Daniel.olivarez@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone number:</td>
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Holiday Unit- Huntsville, Texas was conducted on October 27th-29th, 2014 by Wynnie T. Samuels (Lead Auditor) and Ian Rachal (Team Auditor) and Robert Ezell (Team Auditor). An entrance meeting was held with Pamela Baggett, Senior Warden, Micheal Mackey, Assistant Warden, Bob Castleberry, Major and other Command / support staff. During the two and half days, the auditors toured the institution and conducted formal staff and inmate interviews. Thirty-five (35) random inmates from all of the housing units, 8 specialized staff and 30 Correctional Officers, and 12 support staff to include volunteers and contractors, were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. During the audit tour, the following were present: Baggett,P. Senior Warden, Mackey,M. Assistant Warden, Castleberry,B. Major, and Sharpe, L.(TDCJ).

The auditors found the staff and inmates to be aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The Holliday Unit administration in collaboration with Medical staff, provided additional educational training to all staff on how to identify signs of sexual assault/harassment and specialized staff on how to deal and treat victims of sexual assault and or sexual harassment.
DESCRIPTION OF FACILITY CHARACTERISTICS:

Reverend C. A. Holliday Transfer Facility was established in January 1994 that is located on 1,396 acres (shared with Wynne Unit) in Walker County; Huntsville, Texas. Holiday Facility design capacity is 2128, with a current population 2024; day of the audit. Holiday Facility houses sentenced male offenders ranging from G1, G2, Transient classification; from age 18 to 74. The unit does not house youthful offenders. Holiday Unit is an offender intake/receiving; Substance Abuse Screening and Assessment facility. The average length of sentence is 19.3 years.

There are total of 505 employees to work the unit.

The facility make is comprised of 11 buildings, 1 single cell housing unit, 36 open bay/dorms housing units, 50 segregation cells (admin/disciplinary), and 22 multiple occupancy cells housing units.

Educational Programs that are offered at the unit are Literacy (Adult Basic Education/GED), CHANGES/Pre-Release. In addition, PEER Education, Reentry Planning, Chaplaincy Services, Community Tours and GO KIDS Initiative.

Additionally, Holliday and Wynne Unit work in cooperation in Agriculture Operations: Edible and Field Crops, Farm Shop, Egg Laying Operations, Regional Pest Control, Security Horses, Security Pack Canines, Swine Finishing Operation, Veterinary Clinic.

Holliday Unit values and has a solid volunteer base. Initiatives includes, Substance Abuse Education, Support Groups, Life Skills, Religious/Faith Based Studies and activities.

Staff and offenders assigned to work the various a jobs/positions were very happy and proud of what they did and was proud to demonstrate and showcase their work.

Holliday Unit provides ambulatory medical, dental, and medical health services. Medical care is available 24 hours a day, seven days a week. Digital Medical Services (DMS), electronic specialty clinics also available through contract with University of Texas Medical Department(UTMD).

All staff receives PREA training through Pre-Service or In-Service annually and the training is documented in their individual electronic training file.

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.
SUMMARY OF AUDIT FINDINGS:

The Holliday Unit has had one (1) accusation of staff sexual harassment or sexual abuse. The case was unsubstantiated after thorough investigation by the OIG. However, there were 3 reported allegations of sexual abuse (inmate on inmate). In each case the OIG conducted extensive interviews with the alleged victim and the alleged perpetrator. One (1) case was unsubstantiated, two (2) were unfounded; resulting in both offenders being found guilty by the disciplinary board. In each case, the investigation followed the agency policy/guidelines of handling sexual assault/abuse accusations. It should be noted that Senior Warden Baggett, her Command Staff, Compliance Manager, and Medical/Mental staff continued to monitor the alleged victims and alleged abusers long after the conclusion of the investigation(s) concluded.

On, October 29th, 2014, at the close of the initial onsite, Holliday Unit was not in compliance with the following standard:

115.15 - Limits to Cross-Gender Viewing and Searches

(d) The facility shall implement policies and procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Above-mentioned findings ultimately resulted in a 180-day corrective action period. A plan of action was developed and agreed upon. Texas Department of Criminal Justice Department of Corrections, Holliday Unit 180-day period commenced November 3, 2014 with an end date of May 3, 2015.

On October 27th - 29th, 2014, an onsite visit was completed at Holliday Unit Facility in Huntsville, Texas.

December 29, 2014, I received documentation via email, providing proof of compliance of the aforementioned standard.

On December 30, 2014, after review of additional proof of compliance documentation provided, the results indicate:

Number of standards exceeded: 0
Number of standards met: 42
Number of standards not met: 0
Number of standards not applicable: 1

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA
§115.12 - Contracting with other entities for the confinement of inmates

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

§115.13 – Supervision and Monitoring

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

Review of agency policy,(AD-11.52 P:2-3) , PO-07.002 P2, PREA Plan P:9, Unit Staffing Plan, staffing rosters, unannounced rounds made by intermediate-level and higher-level staff.

§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)

Not Applicable
Holliday Unit does not house youthful inmates.

PREA AUDIT: AUDITOR’S SUMMARY REPORT 5
§115.15 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)
XC 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 comments, including corrective actions needed if does not meet standard

(d). The agency has policy (AD-03.22 P:2-3) in place to enable inmates to perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, genitalia. The facility population is male gender, with male and female staff assigned. However, during the tour, the team observed the practice. The physical plant of Holliday Unit created a challenge for the Unit to become PREA compliant. The offenders shower and use toilets is in direct, open view of staff and inmates. Both inmates and staff (male & female) expressed concerns to the audit team.

The audit team recommended that shower curtains and toilet partitions be installed to provide inmate privacy.

On December 29, 2014, documentation was received verifying installation of 72 PREA Screens and partition curtains installed throughout the dorms at the facility. (Work Order 109215002511-Holliday Unit).

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)
XC 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 comments, including corrective actions needed if does not meet standard

Spanish Interpreters roster is provided to the facility. Currently there are 7 Spanish speaking staff members qualified as interpreters. The list is provided to the facility by TDCJ central office.

§115.17 – Hiring and Promotion Decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard**

Based on interviews with Ms. Cox(HR), and the Warden Baggett, the 5 year rechecks on criminal backgrounds, as required under section (e) of this standard, are current.

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### §115.18 – Upgrades to Facilities and Technology

□ Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

### §115.21 – Evidence Protocol and Forensic Medical Examinations

□ Exceeds Standard (substantially exceeds requirement of standard)

X 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 comments, including corrective actions needed if does not meet standard**

Documentation provided, indicated that OIG investigators have had PREA training.

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### §115.22 – Policies to Ensure Referrals of Allegations for Investigations
Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard

OIG conducts administrative and criminal investigation for the Holliday Transfer Facility.

§115.31 – Employee Training

□ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard

Training curriculum, training bulletins and sign in sheets, were reviewed; as well as through interviews with random staff, Facility Training Officer (FTO), Ms. Perry, Ms. Brown, Operational Support.

§115.32 – Volunteer and Contractor Training

□ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard

Reviewed lesson plans and sign in sheets for volunteers and contractors. As well as through interviews with volunteers and contractors.
§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 comments, including corrective actions needed if does not meet standard**

Review of Orientation material and Inmate Handbook and interviews with intake staff and random inmates. Additionally, reviewed limited English speaking paperwork and interviewed inmates. No deaf or blind inmates as of 10/29/2014.

§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 comments, including corrective actions needed if does not meet 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 comments, including corrective actions needed if does not meet standard**

All forensic exams are performed at the local hospital.
§115.41 – Screening for Risk of Victimization and Abusiveness

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard

Reviewed re-classification documentation, and interviews with random inmates, PREA Compliance Manager Sgt. Olivarez, Ms. Brazil, Chief of Classification, random screening and medical staff.

§115.42 – Use of Screening Information

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard

Discussions with staff indicated placement of transgender inmate is done based on genitalia. Transgender inmates receive a program reassessment as required by section (d) of this standard. (e) When conducting interviews, staff and transgender inmates indicated that input from inmates (transgender) is considered when making housing/program assignments.

§115.43 – Protective Custody

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard
Based on interviews with the Warden Baggett, PREA Compliance Manager, Sgt. Olivarez and the Command staff.

§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 comments, including corrective actions needed if does not meet standard

Based on interviews with random staff and inmates and PREA Compliance Manager, Sgt. Olivarez and Warden Baggett.

§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 comments, including corrective actions needed if does not meet standard

Holiday Unit have not had any administrative remedies as a result of sexual abuse.

§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 comments, including corrective actions needed if does not meet standard

Information is stated in Inmate Handbook and inmate, medical staff, and Warden interviews.
§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard

Review of notice on website, as well as interviews with inmates who confirmed they were aware of 3rd party reporting.

§115.61 – Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard

Based on interviews with random staff; Warden and Medical/mental health staff.

§115.62 – Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- X 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 comments, including corrective actions needed if does not meet standard

Based on interview with Warden Baggett and random staff.
§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)

§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)

§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)

§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)
§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 comments, including corrective actions needed if does not meet standard

Based on interviews with Warden Baggett, PREA Compliance Manager Sgt. Olivarez and random staff.

§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 comments, including corrective actions needed if does not meet standard

Based on review of segregation housing documents and interview with Warden Baggett, and Command Staff. At the time of audit, there were no inmates in voluntary segregation for risk of sexual victimization.

§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 comments, including corrective actions needed if does not meet standard

Based on interview with OIG investigator, and documentation presented demonstrated investigator’s training.
§115.72 – Evidentiary Standard for Administrative Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard
Based on interview with Ms. Mericle, OIG investigator for the Holiday Unit.

§115.73 – Reporting to Inmate

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard
Staff interviews indicated; whenever sexual misconduct allegation by staff is substantiated, inmate (victim) is notified.

§115.76 – Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard
TDCJ (Holiday Unit) policy does indicate presumptive sanction (termination) for violation of Agency zero tolerance. Based upon the documentation reviewed, no staff have been accused of sexual abuse or harassment.
§115.77 - Corrective action for contractors and volunteers

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard**

Based on documentation provided, no contractor or volunteer has been accused of engaging in sexual abuse. Interviews with Warden Baggett, PREA Compliance Manager, Chaplain Mr. Grigsby, and FTO Ms. Perry confirmed policy.

§115.78 - Disciplinary sanctions for inmates

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard**

Based upon agency (TDCJ) Luther Unit policy as well as confirmed procedure through interviews with Warden Baggett, Sgt. Ward, Ms. Brazil, and PREA Compliance Manager.

§115.81 - Medical and mental health screenings; history of sexual abuse

- [ ] Exceeds Standard (substantially exceeds requirement of standard)
- [x] 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 comments, including corrective actions needed if does not meet standard**

Based on PREA screening form, interviews with intake staff, medical and mental health staff.
§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 comments, including corrective actions needed if does not meet standard
Reviewed policy as well as interviews with medical and mental health staff.

§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)

Auditor comments, including corrective actions needed if does not meet standard
Reviewed policy and interviews with medical and mental health staff.

§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)

Auditor comments, including corrective actions needed if does not meet standard
Based on interviews with Warden, Command Staff and , PREA Compliance Manager.
§115.87 – Data Collection

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

§115.88 – Data Review for Corrective Action

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 comments, including corrective actions needed if does not meet standard

Data was submitted and reviewed as required by standard.

§§115.89 – Data Storage, Publication, and Destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)
X 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 CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

[Signature]
Auditor Signature

[Date]
Jan. 7, 2015