

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

Interim Final

Date of Report December 5, 2017

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-3980	Date of Facility Visit: October 23-25,2017

Agency Information

Name of Agency: Texas Department of Criminal Justice		Governing Authority or Parent Agency (If Applicable): State	
Physical Address: 861-B I-45 North,		City, State, Zip: Huntsville, Texas, 77320	
Mailing Address: P.O. Box 99		City, State, Zip: Huntsville, Texas, 77342	
Telephone: 936-295-6371		Is Agency accredited by any organization? <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
<input type="checkbox"/> Federal			

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: <https://www.tdcj.texas.gov/publications/index.html#PREA>

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 Institution Division
Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 91

Facility Information

Name of Facility: Holliday Unit

Physical Address Address 295- IH-45 North , Huntsville, Texas, 77320

Telephone Number: 936-295-8200

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: Jail 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.texas.gov/publications/index.html#PREA>

Warden/Superintendent

Name: Richard Gunnels	Title: Senior Warden
Email: Richard.Gunnels@tdcj.texas.gov	Telephone: 936-295-8200

Facility PREA Compliance Manager

Name: Daniel Olivarez	Title: Unit Safe Prisons PREA Manager
Email: Daniel.Olivarez@tdcj.texas.gov	Telephone: 936-295-8200

Facility Health Service Administrator

Name: Joe Morgan	Title: Senior Practice Manager
Email: JFMorgan@utmb.edu	Telephone: 936-295-8200

Facility Characteristics

Designated Facility Capacity 2128	Current Population of Facility: 2066
Number of inmates admitted to facility during the past 12 months	12,577
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	12,181
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	9387
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	183/0
Age Range of Population:	Youthful Inmates Under 18: 0 Adults: 18-81
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:	4mos

Facility security level/inmate custody levels:	G1-3, Transient.	
Number of staff currently employed by the facility who may have contact with inmates:	422	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	86	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Physical Plant		
Number of Buildings: 12	Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	10	
Number of Segregation Cells (Administrative and Disciplinary):	50	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The facility has a total of 14 cameras, Eight (8) in restricted housing and six (6) between the entrance and rear gate of the facility. None presenting privacy or cross gender viewing issues.</p>		
Medical		
Type of Medical Facility:	Ambulatory Medical and Dental services and Mental Health. All services on a single level, including CPAP accommodating.	
Forensic sexual assault medical exams are conducted at:	Huntsville Memorial and Conroe Medical Center. Depending on who has a SAFE/SANE Nurse on duty at the time of need.	
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Contractors-33 Volunteers - 24,514	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	14	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act on-site audit at the Holliday Unit in Huntsville, Texas was conducted October 23-25, 2017, by Thomas Eisenschmidt a United States Department of Justice Certified PREA Auditor for adult facilities. This was the second PREA audit for the Holliday Unit. The facility had a successful PREA audit in 2014. The auditor wishes to extend his deepest appreciation to Warden Richard Gunnels and the staff at the Unit for their professionalism, hospitality, and kindness. The auditor also wants to compliment Sergeant Daniel Olivarez Safe Prisons PREA Manager at the Holliday Unit for his hard work in organizing the files that were provided to the auditor in advance of the on-site audit. This assisted the audit and the auditor to move forward very efficiently.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA audit began with an entrance meeting being conducted on Monday, October 22, 2017 at 7:45 a.m. in the Facility Visiting Room. The following staff attended the entrance meeting: Senior Warden: Richard Gunnels, Assistant Warden: Debra Booker, Major: Bob Castleberry, Building Captains: Tom Smith, Roger Boyd and John Ragazincky, Administrative Separation Sergeant: Jessica Kearney, Operational Review Sergeant: Samantha Newman, Administrative Lieutenant: Deward Demoss, Chaplain: Thomas Merchant, Windham School: Frieda Spiller, Operational Support: Jasmine Maxie, Field Training Officer: Patti Uzoegbu, Tool/Key Control Officer Tad Frantzen Classification: Roshanda Ferguson, Commissary: Joyce Horton, Counsel Substitute: Shelly Soutter, Intake Sergeant: Marlin Douglas, Field Force Lieutenant Christopher Stephenson, Food Service Captain: Bonnie Shirley, Grievance: Angela Henderson, Intake Processing: Ava Sykes, Law Library: Casey Hyde, Mailroom: Denise Summers, Maintenance Supervisor: Julie Kuykendall, Medical: Joe Morgan, Jewel Archie, Necessities: Hansford Haley, Human Resources: Gregory Buescher, Safe Prisons / PREA Sergeant: Daniel Olivarez, Security Threat Group Sergeant: Brandi Carter, Unit Supply: Mark Becker

Following the entrance meeting, the tour took place. Accompanying the auditor on the tour were Senior Warden: Richard Gunnels, Assistant Warden: Debra Booker, Major: Bob Castleberry, Building Captains: Tom Smith, Roger Boyd and John Ragazincky and PREA Sergeant: Daniel Olivarez. While touring the Holliday Unit the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the agency's Zero Tolerance Policy and how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed camera placement, blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, offender program areas, work areas, and all other areas were toured. During the tour offenders and staff were questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities. All staff and offenders informally interviewed during the tour acknowledged receiving training/information for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

Once the tour was completed the auditor began the interview portion of the audit. Prior to the on-site visit the facility supplied a list of offender names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to the auditor. From these lists the auditor selected at random, a sampling of offender and staff to be interviewed. It was from these lists the auditor selected the targeted and random individuals to be interviewed. These random staff and offender interviews were conducted in private offices.

A total of 46 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 12 randomly selected correctional security staff members covering all shifts, 2 volunteers, 2 contract employees, 5 intermediate or higher level supervisors, 20 specialized staff members that have multiple roles that encompasses all specialized staff interviews. Since all staff at Holliday Unit is trained as first responders when questioned each was well versed in their areas of responsibility regarding responding to PREA allegations. Non-security staff questioned knew that once the offender was secured their next responsibility was to contact a security staff member.

There were 61 offender interviews conducted during the on-site visit. Twenty (20) offenders were randomly selected and twenty-two (22) were targeted. The targeted group consisted of eleven (11) acknowledging prior victimization, six (6) from the LGBTI community, two (2) segregation inmates and three (3) limited English. Each of the offenders interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during intake. The limited English proficient offenders interviewed confirmed receiving the PREA training and written materials in languages they could understand. During interviews with the offenders that had self-reported as being GB they all reported that staff treated them equitably before and after self-reporting and never placed in any housing specifically designated for any group.

The auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The main personnel files are kept in Huntsville. No staff is hired or allowed entrance until a thorough background check is completed. The training

records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received.

The auditor also selected and examined a sampling of offender files and observed documentation of the offender receiving PREA education, as well as documentation of risk screenings

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. Criminal investigative referrals were documented and proper referrals were made when warranted. All sexual abuse cases were referred to the Office of the Inspector General who evaluated each case to see if elements of a crime existed.

The Holliday Unit reported thirteen (13) PREA allegations made in the last twelve months. Eleven (11) alleging sexual abuse and two (2) alleging sexual harassment. The eleven sexual abuse allegations comprised three (3) involving staff and eight (8) allegations involving offenders. The three investigation of allegations against staff resulted in two being unsubstantiated and one being unfounded. The eight offender investigations resulted in seven (7) found unsubstantiated and one (1) unfounded. Four of the offender allegations were referred to OIG and one case is still pending. Because the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations if they are waiting on forensic lab results. There were two sexual abuse harassment allegations made and investigated at the Holliday Unit, both were against staff. The investigations found one unfounded and the other unsubstantiated.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. The following people were in attendance: Senior Warden: Richard Gunnels, Assistant Warden: Debra Booker, Major: Bob Castleberry, Building Captains: Tom Smith, Roger Boyd and John Ragazincky and Safe Prisons / PREA Sergeant: Daniel Olivarez

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Holliday Unit, an adult male transfer institution, is located in Huntsville, Texas. Huntsville is a city within Walker County, Texas and serves as the county seat. The city of Huntsville is approximately 71 miles north of Houston, Texas. The address is 295 IH-45, Huntsville, Texas, 77320. The facility was established in 1994 and is named in honor of the Reverend C.A. Holliday, an African-American community activist from Walker County. Governor John Connally appointed Reverend Holliday to the Texas Board of Prisons and was the first African-American to serve on the board.

As a transfer facility the Holliday Unit receives offenders sentenced to prison directly from the Courts. They average approximately 13,000 offenders a year with an average stay of approximately 20 days. The Holliday Unit follows the stated mission of the Texas Department of Criminal Justice, which is "to provide public safety, to promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime." The Holliday Unit also has a mission statement specific to the facility that states "The mission of the Holliday Transfer Facility is to "ACHIEVE" the mission of the agency.

The physical plant of the Holliday Unit contains 12 buildings. Housing Units A-F consists of open-bay dormitory style housing. Housing Unit G is a segregation unit containing 50 single-occupancy cells. Housing Unit K utilizes an open-bay bed configuration and is utilized as separation housing.

Additional space is provided for medical services, recreation, religious services, educational programs, food preparation dining, intake and processing commissary operations, maintenance, necessities distribution, necessities storage and distribution, laundry distribution, supply storage and administrative offices.

The Holliday Unit is encircled with a perimeter security fence. The Holliday Unit perimeter fence is a double fence reinforced at the top with razor wire. An additional roll of razor wire covers the ground in the area between the two fences. Four armed wall towers further protect the fence line.

Facility Demographics

Rated Capacity: 2,128

Actual Population: 2,066

Average Daily Population for the last 12 months: 2,000

Average Length of Stay: 30 days or less

Security/Custody Level: Inmate Custody Level: G1-3

Facility Security Level: (secure compound with perimeter fence)

Age Range of Offenders: 18-70

Gender: Male
Full-Time Staff: (422)
8 Administrative, 92 Support, 42 Program, 280 Security, 0 Other

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 3

Number of Standards Met: 40

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

PREVENTION PLANNING

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

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

- 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

- 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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The main PREA policy, utilized by the Texas Department of Criminal Justice (TDCJ) addressing zero tolerance of sexual abuse and sexual harassment of offenders within each of the institutions, is the Safe Prisons PREA Plan dated August 2014. This is the document that outlines the Agency approach to preventing, detecting, and responding to sexual abuse and sexual harassment in each of its facilities. This document also defines for staff and offenders' specific prohibited acts, staff reporting responsibilities, investigative responsibilities, risk assessment, support responsibilities and punishment for any violations to the plan.

In September of 2016 Barbara King, certified PREA auditor, interviewed Lorie Davis as the Agency Head designee. She is also the agency wide Safe Prisons PREA Coordinator. During her interview she described how the Director has committed TDCJ to providing a safe environment for staff and offenders by insuring the PREA standards remain a top priority. She informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

As the Safe Prisons PREA Coordinator, Ms. Davis has six (6) regionally based Safe Prison/PREA Managers who report directly to her and to each of the regional directors where they are assigned. TDCJ has ninety-one (91) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. The interview conducted with the PREA Coordinator confirmed she had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA Standards. Her position is found on the Agency organizational chart, reporting directly to the Director.

Sergeant Daniel Olivarez, Unit Safe Prison PREA Manager, is the PREA Compliance Manager at the Holliday Unit. He is very knowledgeable and was extremely helpful to this auditor during the visit at the institution. He

described his responsibilities in detail during his interview and informed the auditor he had sufficient time to accomplish all his PREA related work and had no specific problem{s} with any of the PREA standards. He also indicated he had direct access to Senior Warden Gunnels as well as the Regional PREA Manager for any issues, questions or suggestions that he might have with PREA. Staff and offenders at the unit were knowledgeable of him and his position as Safe Prisons PREA Manager position especially as the point of contact for any questions, concerns, reporting or information relating to PREA.

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

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

115.12 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for TDCJ and the individual who supervises the employee contract monitor at each contract facility and oversee the twelve private prisons within the Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified auditor in September 2016.

The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's is also responsible for insuring the vendor is compliant with PREA Standards as well as TDCJ Policies and Procedures. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided to the vendor. The contract monitor would continue to monitor the concerns until compliance is met. All 11 private facilities under contract with TDCJ have completed their initial PREA Compliance Audit.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Security Operations Program Manual (SOPM 8.06) requires that each institution within the Texas Department of Criminal Justice develop, document, and make their best efforts to comply on a regular basis with a staffing plan. This plan must provide for adequate levels of staffing and video monitoring (when available), to protect all offenders against abuse. The Holliday Unit does comply with this manual requirement.

During the site visit the auditor discussed and reviewed the unit-staffing plan with both Warden Gunnels and the Safe Prison PREA Manager Sergeant Olivarez. Both were familiar with this staffing plan and detailed the annual staffing review conducted in the Spring or early Summer of every year.

The auditor was provided reviews for years 2015, 2016 and 2017. These reviews are conducted with the Regional Director, the Agency Safe Prisons PREA Coordinator, the facility Safe Prisons PREA Compliance Manager, Warden, Assistant Warden, and a member of the Central Office Security Operations staff. Upon review by them the staffing review is then forwarded to the Agency Director with any recommendations if warranted. These annual reviews take into account; generally accepted detention practices, the physical plant, offender population and prevalence of substantiated and unsubstantiated sexual abuse allegations along with the placement of video enhancements. All positions (posts) at the Unit must be filled. Any deviations from the approved staffing plan must

be immediately reported to the Warden and/or Duty Warden who in turn is required to notify the Regional Director. The two major causes of these deviations at the Holliday Unit are outside emergency hospital transports and constant direct observation (suicide watch). The facility provided documentation to the auditor showing posts being closed, the reason and the notification to the Regional Director.

All supervisors and upper level management staff at the Holliday, including the Warden, are required to make unannounced rounds. The shift supervisor rounds must be documented on the daily shift reports (rosters) and in each of the housing unit logbooks. Interviews conducted with officers, offenders and mid-level supervisors confirmed that unannounced rounds are completed at random times and random locations on each shift.

The supervisory staff indicated during their interviews that their unannounced rounds are accomplished by staggering their round times and locations minimizing line staff ability to notifying other staff. TDCJ also has a policy that prohibits staff from notifying other staff about supervisor rounds. Staff is reminded at turn out that violations to this directive could lead to disciplinary sanctions.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Holliday Unit complies with the standard to the extent that there are no youthful offenders ever housed at the facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
X 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 X 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 X NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
X 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? X Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X 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? X 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? X 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? X 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? X Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

As noted earlier the Holliday Unit is an adult male institution. All searches conducted at the Unit must comply with Administrative Directive (AD) 03.22, Offender Searches. This policy is also part of the curriculum presented to custody staff at pre-service training, in-service training as well as turnout training. The policy and training restricts cross gender strip searches or cavity searches except in exigent circumstances and requires that each be approved and documented if performed.

The auditor questioned security staff, during interviews, about conducting offender strip searches. They were well aware of the Agency policy and its' requirements for these type searches if ever done. They indicated if it became necessary to conduct this type search the incident would be documented including the reason for it and who approved it. They further indicated to the auditor that strip-searching transgender and/or intersex offenders for the sole purpose of determining genitalia is prohibited. The Pre-Audit Questionnaire (PAQ) review and interview with Senior Warden Gunnels indicated that no cross gender strip searches or cavity searches were completed at the Holliday Unit during the last 12 months.

During the facility tour the auditor found living areas where the viewing of offenders using urinals was more than incidental. Warden Gunnels immediately began correcting the areas and completed the partitions prior to the issuing of the final report. The Holliday Unit has no cameras inside any of the facility general population living areas as noted earlier. There are eight (8) cameras in total located in the restricted housing unit with none creating privacy or cross gender viewing concerns.

The auditor did review staff training records for 2014, 2015 and 2016 with the Human Resources staff. The documentation showed all staff at the Unit received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. The staff that participated in the random interviews during the site visit also confirmed this training.

The auditor toured the facility spending a significant amount of time in all the living areas at the facility. A large percentage of the staff is female at this unit. Female staff was observed by this auditor verbally announcing their presence upon entering the male offender living areas. Offenders also confirmed this practice as well during random and targeted interviews.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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)? X Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X 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? X Yes No

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services) require each institution within the TDCJ to take appropriate steps to ensure offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

At the time of the site visit the facility had no blind, deaf or learning-disabled offenders for the auditor to interview. For offenders with any hearing impairment, the PREA video presentation is provided in writing. The auditor did have the opportunity to interview three offenders with very low English proficiency. The auditor sought out an interpreter and each of these offenders indicated they were provided PREA information that they could understand and also informed the auditor that they knew how to report any incident of sexual abuse or sexual harassment should it become necessary.

The Unit maintains a list of staff (local and statewide) who can provide interpretive service, including sign language, to the institution offenders if needed. The medical department (UTMB) at the facility also maintains a list of interpreters as well. They also have a contract with a company that provides interpretive services if needed.

Each offender arriving at the Holliday Unit receives a facility orientation booklet, available in Spanish and English. This booklet is not only an overview of the agency/facility rules and general information but it also details the Agency PREA policy as well. It outlines to the offenders how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All hiring and approved clearances allowing entrance into the Holliday Unit is accomplished through the Central Office (Human Resources Headquarters) in Huntsville, Texas. Both Headquarters HR and the Holliday HR staff follow guidelines issued in policies PD-75 (Applicants with Pending Criminal Charges or Prior Criminal Convictions), PD-73 (Selection Criteria for Correctional Officer Applicants), PD-71 (Selection Systems Procedures), PD-27 (Employment Status Pending Resolution of Criminal Charges or Protective Orders) and the Safe Prison PREA Plan.

These policies require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters any Texas facility regardless if he/she has contact with any offender or not. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. Anyone found with any of these conditions is prohibited entrance into all TDCJ facilities.

A State Identification Number (SID) is created for every employee and contractor fingerprint working at this Unit. A system checks daily to ensure all SIDs are entered in the system and it provides warrant checks every six months on each employee. A background check is generated in the month of their birth and six months after every year. The system also provides an automatic electronic notification to the agency when any criminal charge(s) is brought against an employee or contractor. In addition, the Safe Prisons PREA Plan and Standards of Employee Conduct mandates employees disclose, to the facility/agency, any sexual misconduct allegation (in fact all contact with police) made against them or face discipline for failing to do so.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

There has been no substantial expansion at the Holliday Unit since August 20, 2012. They updated video monitoring equipment in the Administrative Segregation Unit within the last three years. As noted earlier, the Unit has no cameras in the general population living areas. There are 8 cameras however within the Facility. These cameras are placed at the entrance of the facility, the rear gate area and in the Special Housing Unit as noted above. These Segregation Cameras were checked by the auditor and do not present any privacy or cross gender-viewing issues.

The Unit continues yearly to try and secure funds for electronic equipment. If they become successful they would be required to follow Security Operations Program Manual (SOPM), 7.02 (Security Surveillance Systems). This policy outlines what process each facility must follow when relocating or adding any new video equipment. At a minimum the facility must include the Safe Prison PREA Manager when determining locations as well as a review of prior incident locations. Warden Gunnels confirmed during his interview that the Safe Prison PREA Manager would indeed have a prominent role in the location process for any video equipment

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
x 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.) x 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.) x 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? x Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? x 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)? x Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? x 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? x Yes No
- Has the agency documented its efforts to secure services from rape crisis centers?
x 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? x Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? x 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.) x 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.] x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan mandates all investigations conducted within any TDCJ facility adhere to investigative and evidence protocols 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.

Texas Government Code 493.019, provides the legal authority to the Office of Inspector General (OIG) to conduct criminal investigations within all TDCJ facilities.

Training the Administrative and Criminal Investigators receive includes curriculum based on the National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings" training. Certified TDCJ instructors provide it and the subject matter of the course includes protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations" according to the documentation reviewed by this auditor. This mandated Investigator training is documented in each of the training records of those who completed the course. The interview conducted with one of these investigators detailed the training he received including the requirement that he follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The auditor also had the opportunity to interview Investigator Lacy Mericle from the OIG. She also detailed the sexual abuse investigative training for confined spaces she received. She also confirmed to the auditor that her training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations", interviewing victims, and use of Garrity and Miranda warnings. A copy of her training curriculum was also provided to the auditor.

Forensic examinations, for Holliday Unit victims of sexual assault, are provided by Huntsville Memorial Hospital or Conroe Medical Center. The site determination is made based on who has a SAFE or SANE Nurse on duty at the time of the need. Section 323.004 of Senate Bill 1191 requires any forensic exam conducted in the State of Texas must be conducted by a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) whenever possible. If a SAFE or SANE nurse is not available, a qualified medical practitioner must perform the examination. There were no offenders sent to either hospital for a forensic exam within the last 36 months.

The Holliday Unit has tried unsuccessfully to solicit services from a community rape crisis center. Documentation of the solicitations was provided to the auditor. The facility tries, at a minimum of every year, to secure the services of a rape crisis center. Because of this inability the Holliday Unit has trained Offender Victim Staff Representatives who provide support to victims of sexual abuse when needed. The auditor interviewed one of these staff advocates and verified the training she and the other trained staff advocates receive. She told the auditor the one time training included among other things the forensic exam process. The auditor was informed that this staff advocate could and would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary as outlined in the Safe Prisons PREA Plan.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

TDCJ Safe Prisons PREA Plan and the Office of the Inspector General policy 4.06 require that administrative and/or criminal investigations be conducted on every allegation of sexual abuse or sexual harassment occurring in an Agency facility. The Office of the Inspector General is a separate agency from TDCJ and is legally responsible to conduct all criminal investigations occurring within a TDCJ institution.

Holliday Unit investigations (administrative) must be conducted by trained facility staff for every non-criminal sexual abuse cases and all sexual harassment cases. During the site visit the auditor conducted interviews with an OIG Investigator and an Administrative Investigator. Both of these Investigators confirmed that investigations are initiated and completed on all allegations of sexual abuse or sexual harassment regardless of how the allegation was made or received (written, verbal, anonymous or third party). Administrative investigations are conducted on each allegation even if the OIG conducts a criminal investigation or not.

The Holliday Unit reported thirteen (13) PREA allegations made in the last twelve months. Eleven (11) alleging sexual abuse and two (2) alleging sexual harassment. The eleven sexual abuse allegations comprised three (3) involving staff and eight (8) allegations involving offenders. The three investigation of allegations against staff resulted in two being unsubstantiated and one being unfounded. The eight offender investigations resulted in seven (7) found unsubstantiated and one (1) unfounded. Four of the offender allegations were referred to OIG and one case is still pending. Because the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations if they are waiting on forensic lab results. There were two sexual abuse harassment allegations made and investigated at the Holliday Unit, both were against staff. The investigations found one unfounded and the other unsubstantiated.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.texas.gov/publications/index.html#PREA>). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

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

-
- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews conducted with the Agency Director and the Holliday Warden stressed the importance of staff training on the agency and at the institutional level especially as it relates to Safe Prisons and PREA. The zero tolerance training that each staff member, contractor and volunteer receives, pre-service and annually through in-service is derived from the Safe Prisons PREA Plan.

The auditor reviewed the pre-service and in-service curriculum that each Holliday staff receives. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Random staff interviews conducted during the site visit included both uniform and non-uniformed staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. Everyone at the Holliday Unit is trained as a first responder. The random staff interviewed detailed their response to abuse by telling the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. Non-security first responders, during their interviews, confirmed that they would immediately secure the alleged victim and then contact security staff.

All staff receive PREA in-service training annually (1.5 classroom hours). In addition uniform staff receive another two (2) hours a month at turn out.

The auditor reviewed Holliday Unit training records for 2014, 2015 and 2016. The Unit provided the mandated PREA in-service training to all staff working at the facility during those times. Only those who were out for long-term absence missed the training, but each is required to receive the training upon their return to duty.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As noted in the previous standard everyone at the Holliday Unit including contractors and volunteers must receive the Safe Prisons PREA training prior to be allowed entry into the facility. This is mandated by the Safe Prisons PREA Plan. Those who were at the facility prior to 2013 were required to attend PREA training during the 2013 training cycle. The auditor reviewed the training curriculum and training records for a sampling of contractors and volunteers for years 2014, 2015 and 2016. The documentation included signed statements indicating they received and understand the zero tolerance policy.

Interviews conducted on site with four (4) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? x Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? x Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? x Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? xYes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? x Yes No

115.33 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Offender training begins the minute they enter the Holliday Unit. Informational posters greet every offender as they leave the bus and enter the intake area informing him the facility has a zero tolerance policy for sexual abuse and sexual harassment. It makes the offender aware how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. The offender receives and signs for a copy of the Offender Orientation Handbook. This manual provides each offender with information again explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the offender have any questions about anything related to PREA, to contact the Unit Safe Prisons PREA Manager.

The offender is then required to watch the PREA video usually on his arrival day but no longer that 24 hours after his arrival. This video again details the TDCJ policy on zero tolerance, explaining to the offender, how and whom to report any allegation of sexual abuse/ harassment to, without fear of retaliation.

The Safe Prisons PREA Plan requires the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. PREA informational Signs (located in all areas accessible by offenders at Holliday) and the informational booklets were available in English and Spanish. The auditor interviewed three-limited English offenders who all indicated they received PREA materials in a language that they could understand. Each stated that they would know how to make a sexual abuse/harassment allegation if it became necessary. The Unit utilizes a list of staff (local and statewide) who can provide interpretive service including sign language if needed. The medical department (UTMB) also maintains a list of interpreters as well. They also have a contract with a interpretive service provider if needed

The random interviews conducted with offenders confirmed that PREA information was provided to them both verbally and in writing. The auditor also interviewed a member of the intake staff who confirmed that offenders who are deaf receive the PREA video narrative in writing. He was also aware of the facility memorandum listing staff and the languages that each was proficient in.

The auditor also conducted interviews with offenders assigned to the Unit prior to the 2013 implementation of PREA education information being provided to offenders provided at intake. According to them they were brought to a common area in each housing area where they received the required PREA training and viewed the PREA video.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] x 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).] x 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*)
- 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*)

Instructions for Overall Compliance Determination Narrative

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

"Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations". This is the stated requirement taken from the Safe

Prison/PREA Plan requiring all facility investigators receive specialized training in order for he/she to conduct any administrative sexual abuse allegations or sexual harassment investigation.

The auditor interviewed the Criminal Investigator and one of the Holliday Administrative Investigators. Both of them detailed the content of the Investigative training they received. The curriculum and training information they provided to the auditor included course topics on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The provided training records and course curriculum were reviewed for both the OIG Investigator and the Unit Investigators.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Medical and Mental Health service are contracted from the University of Texas Medical Branch (UTMB) at the Holliday Unit for the delivery of all Medical and Mental Health services to offenders. These contract employees are obligated to attend and receive the same zero tolerance training every employee at the Unit receives. This requirement is mandated by the Safe Prison PREA Plan and Executive Directive PD-29.

Correctional Managed Health Care policy C 25-1, further requires that all full time and part time medical and mental health practitioners receive additional training covering topics: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

The auditor conducted interviews with medical and mental health practitioners during the site visit. Both of them indicated that this additional training was required of their staff and all had received it. This one time training is not documented at the facility but the auditor was able to verify all medical and mental staff assigned to this unit had received it. There are no part time medical or mental health staff at the Holliday Unit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
x 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?
x Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? x 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?
x 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? x 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? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Every offender arriving at the Holliday Unit receives a risk screening for sexual victimization or sexual abusiveness toward other offenders by the trained Unit Safe Prisons PREA Manager. If the offender arrives on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival. The auditor had the opportunity to observe the intake process and risk assessment during the site visit.

The Holliday Unit is a transfer facility receiving and sending newly incarcerated offenders to other TDCJ facilities. During the prior 12 months approximately 12,600 offenders entered and transferred out of the Holliday Unit. Every offender arriving at the Unit receives an orientation booklet and a PREA pamphlet. Typically the offender views the PREA informational video during the intake process on day 1. Those that do not are shown the video the following day by Sergeant Daniel Olivarez, Unit Safe Prison PREA Manager. He also questions each offender about their knowledge regarding PREA and informs them about how and whom to report sexual abuse or sexual harassment if it becomes necessary. He lets each offender know that if they would require victim support services from outside the facility to immediately contact him. At the conclusion of this information exchange the risk assessment is conducted.

Prior to each assessment the Unit Safe Prison PREA Manager reviews all information the facility may have or have access to. He specifically looks for any abusiveness or prior victimization that may be noted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The Unit Safe Prisons PREA Manager also assesses if the offender is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the offender.

Most offenders are transferred out of the Unit within two (2) weeks, so the majority of them are not there long enough for a second assessment. Those offenders remaining longer than 30 days appear before the Unit Classification Committee who performs the second risk assessment. Prior to his appearance before this committee, the committee is provided with the offender's completed initial risk assessment form, which they review along with his prior institutional record, pre-sentence investigation information and any other information they have available to them.

The auditor conducted interviews with the screening staff and the Chief of Unit Classification. All confirmed the Safe Prisons PREA policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDCJ policies prohibit offenders being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

interviewed could not remember receiving the second assessment. The auditor reviewed their records and confirmed they were in fact completed and documented. These offender interviews also confirmed they are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Administrative Directive 04.17 (Offender Housing Criteria Procedures) and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions) require offender housing, bed, work, and education assignments are made at the offenders' appearance before the Unit Classification Committee. The Committees'

primary consideration and concern when making these assignments is keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive.

The auditor had the opportunity to interview the Chief of Unit Classification. She indicated she receives and reviews the risk assessment screening form from the Safe Prisons PREA Manager along with all pertinent documents or records of the offender prior to his appearance before the committee. During her review she indicated she performs a second risk assessment soliciting any safety concerns before determining the offenders housing, bed, work, education or program assignments. She indicated the committee's primary goal was keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. She also stated that if a transgender or intersex offender appears at the committee they take into consideration any safety concerns voiced by them prior to making any assignments.

There are no dedicated housing units based on sexual identity at the Unit. Interviews with offenders identifying as gay or bisexual (6 in total) indicated they were never placed on any housing unit except those designated for general population offenders. There were no transgender offenders assigned to the Holliday Unit at the time of the site visit.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Holliday unit is prohibited from placing anyone who may be at high risk for sexual victimization in protective custody unless an assessment of all available alternatives have been explored and there is no other available means to protect him. This prohibition is found in the Safe Prison PREA Plan (page 18). This policy further states that if this assessment cannot be completed immediately, the unit may only hold the offender in involuntary segregated housing for no longer than 24 hours.

Interviews conducted with Senior Warden Richard Gunnels and the Unit Segregation Supervisor indicated that for the last 12 months restricted housing had not been utilized for the placement of any offender who was at risk of victimization. They further indicated that if it did become necessary to utilize restricted housing for this purpose the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be documented on the Administrative Segregation Hearing Record Form.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? x 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? x 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? x 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? x 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? x Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
x 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 x No

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
x Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Every area of the facility offenders have access to at the Holliday Unit are posters informing them about how and whom to report allegations of sexual abuse and sexual harassment if confronted with it. These posters inform them to contact to the Unit Major, the Office of Inspector General (OIG), or the PREA Ombudsman. Contact addresses are provided for the PREA Ombudsman and the OIG

As noted in 115.41 every offender upon arrival is given a PREA pamphlet, shown the PREA video, and provided an offender orientation packet informing them of the multiple internal private ways they can privately report any PREA allegation, report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment or any staff neglect or violation of responsibilities that may have contributed to such incidents. They are told allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The General Information Guide for Families of Offenders booklet is available at the entrance of the Unit informing offender family or friends how they can report sexual abuse/sexual harassment on behalf of the offender if necessary.

The PREA Ombudsman is an independent office reporting directly to the chairman of the Texas Board of Criminal Justice. This is the private/public office, external to the Texas Department of Criminal Justice, to whom offenders assigned to the Holliday Unit may report abuse. The PREA Ombudsman office receives and immediately forwards any offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries".

The random interviews conducted with the offenders at the Unit revealed that they were well aware of the reporting venues available to them if needed.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Board Policy 3.77 (Offender Grievances) outlines the policy to be followed by staff and offenders at the Holiday Unit when an emergency grievance (any grievance alleging sexual abuse/harassment) has been filed by an offender. This policy states that there are no time limits imposed on when an offender or family member may submit a grievance regarding an allegation of sexual abuse. This policy further states any offender who alleges sexual abuse may submit a grievance without time limits, without submitting it to a staff member who is the subject of the complaint and without the grievance being referred to any staff member who is the subject of the complaint.

The grievance process further requires that when a grievance alleging sexual abuse is filed, the Grievance Investigator must notify the Warden, the Unit Safe Prisons PREA Manager and OIG. The grievance investigation must be completed within 5 days. At the same time the grievance office is investigating the grievance, a criminal and/or administrative PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the Grievance Coordinator, Facility Investigator, and the Investigator from the OIG.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Holliday Unit attempts at least annually to enter into an MOU with a Community Victim Advocate group without any success. Offenders are informed at orientation, in the inmate PREA booklet and periodically in the inmate newspaper that the names and addresses for all Statewide and National Victim Advocates Groups are available to them by requesting the information from the Safe Prisons PREA Manager. Offenders are informed that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

The Unit provided the auditor with solicitation letters demonstrating they have tried to solicit services from the local outside victim advocates to provide emotional support services related to sexual abuse for their offenders.

Most random offender interviews indicated they were aware of the outside support services because the information is found in the orientation packets provided to all offenders. Some of the random offenders indicated they were not aware of these support services because they were not interested in these type services. The Holliday Unit does not hold any offender for civil immigration purposes.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As noted in standard 115.51 the “General Information Guides for Families of Offenders” booklets are available at the entrance of both Units and in each of the facility visiting rooms. During the tour of the visiting area the auditor observed PREA posters (in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of any offender.

The TDCJ agency web page also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any offender through that link.

Offenders disclosed to the auditor during their interviews that they could have family or friends make a sexual abuse/harassment reports on their behalf when asked about how they could report allegations.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? X 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? x 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? x 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? x 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? x 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? x 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 NA

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan requires all staff members to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at the Unit or alleged to have occurred on another unit. The Plan requires reporting retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This practice is also emphasized to staff in the pre-service and in-service training each of them receives as well. Uniformed staff also receives additional training covering reporting obligations during their daily turnout training.

The auditor interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners. Each of them acknowledged their reporting requirements so an investigation can be initiated. They also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor was specific with this question during the 12 random staff interviews as well the interview with Senior Warden Gunnels. Each was specifically asked what action would they take once they became aware an offender was at substantial risk of sexual abuse. With respect to the random staff all indicated the safety of the offender at risk would be their priority concern. They all detailed their answers by informing the auditor that they're first response would be to find the person at risk. Once locating the offender they would then notify their supervisor for direction.

Senior Warden Gunnels informed the auditor he most likely would place the offender in transient housing during a pending Offender Protection Investigation (OPI) review. Offenders are typically placed in "transient status" in restricted housing for up to 72 hours pending the investigation completion. It may be extended for up to another 72 hours if needed for completion of the investigation but typically done within 72 hours. He further stated that

restricted housing would be his last option to safeguard a potential victim. He would transfer the inmate before that happened unless protection was immediately warranted.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan requires any allegation that an offender was sexually abused while confined at another facility requires the head of the facility that received the allegation to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours of the facility becoming aware of the allegation. The Holliday unit received two (2) sexual abuse allegations from offenders arriving at the Unit alleged to have occurred at other institutions reported to during the last 12 months. During the Safe Prison/ PREA Manager and Warden interviews both indicated they are required by policy to report to the facility where the alleged incident took place so an investigation could be initiated. In both instances the auditor was provided with the facility notification for each of the cases. The documentation indicated the notification was made within the 72 hours.

The Unit had one instance where they were notified by another facility about an allegation of sexual abuse alleged to have occurred at the Holliday Unit within the last 12 months.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
x 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? x 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? x 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? x 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? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Everyone (staff, volunteer, contractor) including those who may not have any contact with offenders is trained to respond to allegations of sexual abuse and sexual harassment. The uniform staff first responder training is more in depth outlining their responsibilities. The auditor questioned both uniform staff and non-uniform staff about their duties when responding to allegations of sexual abuse or sexual harassment.

The uniformed staff indicated they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

The non-custody staff informed the auditor that after securing/separating the alleged victim, they would immediately contact a security person to take charge of the situation.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Attachment G of the Safe Prisons PREA Plan, is a checklist filled out on every allegation of sexual abuse, ensuring each of the facility disciplines is notified and has provided their appropriate response to the allegations of sexual abuse. This Attachment G (Sexual Abuse Checklist) is the written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Interviews with medical staff, mental health staff, investigators and multiple supervisors confirmed they were knowledgeable of Attachment G and their responsibilities during a response.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Texas is a right to work state and does not have collective bargaining agreements. The agency has entered into no agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? x Yes No

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Safe Prisons PREA Manager monitors retaliation of offenders and staff at the Holliday Unit. During his interview he indicated all retaliation monitoring for staff and offenders is periodic and continues for at least 90 days and longer if required per the Safe Prisons PREA Plan.

He further indicated that while monitoring offenders he reviews offender work assignments, disciplinary reports and evaluations, bed changes and also meets with them to discuss any concerns they might have. When monitoring staff he stated he looks at the employee's work assignments, time off approvals, transfers, and evaluations. The auditor did review the 11 cases at the Unit that were completed within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with agency policy.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Holliday Unit is prohibited from utilizing restricted housing for the protection of any offender who alleged to have suffered sexual abuse unless no alternative is available. This restriction is outlined in the Safe Prison PREA Plan and further states that if it would ever become necessary for an offender to be placed in restricted housing for this purpose the facility must provide him with programs, privileges, education and work to the extent possible. Any time this cannot be accomplished the Unit they must document the specific denial of the item and reason it could not be provided.

In most cases, offenders are placed in transient status in special housing for up to 72 hours pending investigation completion; it may be extended for another 72 hours if required to complete the investigation. An Offender Protective Investigation (OPI) is started immediately upon staff becoming aware of the allegation. The Warden and the Special Housing Unit Supervisor confirmed that restricted housing has not been used for the placement of any victim of sexual abuse except as described above in OPI/transient status and would not be used to house victim offenders for protection after an alleged sexual assault.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] x 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).] x 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? x 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? x Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
x Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? x 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? x 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? x 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? X Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x 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? x 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? x Yes No

115.71 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan and policy OIG-4.05 (Offender Sexual Assault Investigations) outline when and how investigations into allegations of sexual abuse and sexual harassment are to proceed in any TDCJ facility. These policies require that trained investigators conduct all criminal and administrative investigations.

Every allegation of sexual abuse at the Holliday Unit must be immediately reported to the Office of Inspector General. A trained Investigator from that office will make a determination if elements of a crime exist. Regardless of whether the OIG office conducts a criminal investigation or not, a trained administrative investigator at the Unit conducts an administrative investigation.

The auditor reviewed the training records of both the facility investigators and the course outline of training received by the OIG Investigator. As previously noted in Standard 115.34 each has received the specialized training required by that standard. During the interview with one of the facility Investigator and with the OIG Investigator the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility Investigators indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

Investigator interviews (Facility and OIG) indicated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the Unit does not provide a basis for

terminating any investigation according to them and policy. The auditor reviewed case files for the last twelve months and found each file contained direct and circumstantial evidence.

The Holliday Unit reported thirteen (13) PREA allegations made in the last twelve months. Eleven (11) alleging sexual abuse and two (2) alleging sexual harassment. The eleven sexual abuse allegations comprised three (3) involving staff and eight (8) allegations involving offenders. The three investigation of allegations against staff resulted in two being unsubstantiated and one being unfounded. The eight offender investigations resulted in seven (7) found unsubstantiated and one (1) unfounded. Four of the offender allegations were referred to OIG and one case is still pending. Because the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations if they are waiting on forensic lab results. There were two sexual abuse harassment allegations made and investigated at the Holiday Unit, both were against staff. The investigations found one unfounded and the other unsubstantiated.

The retention time for investigation reports involving any sexual abuse/assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently, electronically.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.texas.gov/publications/index.html#PREA>). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

During the interview with the facility investigator he indicated that policy (Safe Prisons PREA Plan) and his training, the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? x Yes No

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Any offender at the Holliday Unit who makes an allegation that they have suffered sexual abuse must be informed of the investigation outcome in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This notification requirement is outlined in both the Safe Prisons PREA Plan and Safe Prison Plan Operations Manual.

This written determination of the investigative outcome, involving offender on offender allegations, is delivered to the offender at a classification hearing (UCC) and made part of his institutional record. The notifications involving offender and staff are delivered by the Warden and also becomes part of the offenders official record.

The Holliday Unit is further required by these two policies that following an offender's allegation that a staff member committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There was no cases requiring this notification during the last 12 months at the Holliday Unit.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Executive Directive PD-22 (General Rules of Conduct and Disciplinary Action Guidelines for Employees) and Executive Directive PD-29 (Sexual Misconduct with Offenders) requires any sexual misconduct involving any offender by staff, harassment and retaliating against any offender or staff for participating in an official investigation by staff, leads to dismissal as the presumptive disciplinary sanction. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose less severe disciplinary action.

There has been no such cases involving any staff member within the last 12 months

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse is to be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Senior Warden Gunnels confirmed that removal from his facility would be the practice for any violation. The auditor interviewed two contractors and two volunteers during the site visit at the Holliday Unit. All of them indicated they were familiarized with the agency zero tolerance policy and the consequences for any violation during their orientation. The auditor randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? x 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? x 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? x 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? x 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? x 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? x 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.)
x Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Disciplinary sanctions for any offender found guilty of sexual abuse or sexual harassment are outlined in the Safe Prisons PREA Plan and the Disciplinary Rules and Procedures for Offenders Manual. All offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.

The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

As previously noted there were no substantiated cases of sexual abuse in the last twelve months so there were no disciplinary sanctions imposed.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

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.) x 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? x 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?
x 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? x Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As previously noted in standard 115.41 a risk assessment for victimization and abusiveness is conducted on every offender arriving at the Holliday Unit. Safe Prison PREA Manager Sergeant Daniel Olivarez stated during his interview that anytime an offender discloses to him or anytime it is noted somewhere in the offender's record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. The Safe Prisons PREA Plan also makes this a requirement for each of their TDCJ facilities.

The auditor interviewed eleven (11) offenders who had disclosed prior victimization upon arrival at the Holliday Unit. Two (2) of them indicated they could not remember being offered services or not. At the conclusion of the interviews the auditor reviewed their official institutional record. During the risk assessment process if the inmates discloses prior victimization it is noted on the assessment form with a referral notice on the form which the

offender signs. In each of the two files, where the offender did not remember being offered, the assessment form did indicate each was offered follow up service and he signed the document.

Sergeant Olivarez also stated if the risk assessment or other information made available denotes that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Unit Safe Prison PREA Manager and the Medical Practitioner interviews indicated all information is shared only on a need to know basis only.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Correctional Managed Health Care Policy G-57.1 Sexual Assault/ Sexual Abuse requires every victim of sexual abuse receives 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. This policy is one of the many policies followed by the Medical Services Contractor (United Texas Medical Branch) at the Holliday Unit. UTMB provides all medical and mental health services to the offenders at the Holliday Unit.

Interviews conducted with some of the medical practitioners confirmed among other things every offender victim of sexual abuse is offered timely information about and timely access to sexually transmitted infections prophylaxis. If required it is typically started at the outside hospital and continued at the Unit with 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.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Medical and mental health evaluation and treatment must be provided to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The requirements for this are outlined in the Correctional Managed Health Care Manual policy G-57.1 and the Safe Prisons PREA Plan.

During the interviews conducted with the medical and mental health staff the auditor was informed that the evaluation and treatment includes, 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. They both also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

An incident review, referred to as an administrative review, is completed on every allegation of sexual abuse alleged to have occurred at the Holliday Unit unless the investigation determined the allegation was unfounded. This administrative review is typically completed by the Senior Warden, Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed line supervisors, investigators, medical, and mental health practitioners. The makeup and function of this team is found in the Safe Prisons PREA Plan.

This team meets at the completion of cases typically every month. The administrative review includes: (1) A review of the circumstances of the incident; (2) The name(s) of the person(s) involved; (3) Events leading up to and following the incident; (4) A consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) 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 was motivated or otherwise caused by other group dynamics at the facility; (7) An examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) An assessment of the adequacy of staffing levels in that area during different shifts; (9) An assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) Recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments. The Safe Prisons PREA Plan requires the facility to implement all recommendations that result from this review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on eleven(11) cases at the Complex determined unsubstantiated. The administrative incident review team reports were included in the investigation files for review.

The Warden, PREA Manager and Incident Review Team Member during their interviews indicated that the review also considers staffing, offender movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan and the Safe Prisons PREA Operations Manual require each facility, including the the Holliday Unit, to collect data for every incident of sexual abuse alleged to have occurred in the facility using the standardized DOJ instrument, Survey of Sexual Violence (SSV) 2012 and the set of definitions found in the Safe Prisons PREA Plan.

The policy also requires the incident-based sexual abuse data be aggregated annually and must include the information required by the Department of Justice in the standardized form Survey of Sexual Violence (SSV) 2012. The policy also requires that all available incident-based documents including any reports, investigation files, and sexual abuse incident reviews be maintained, reviewed, and collected as needed to complete the SSV.

The Agency and the PREA Ombudsman aggregate this incident based sexual abuse data that is produced annually by each facility. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons PREA Plan requires that TDCJ review data collected from each of its facilities in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, procedures, and training. It also requires that the Agency identify problematic areas, taking corrective action and prepare an annual report of findings and corrective actions for each facility. The responsibility to collect, aggregate and analyze this data is with the PREA Ombudsman and the Safe Prisons PREA Management Office.

Responsibilities include: collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each TDCJ facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal (TBCJ) Justice Chairman, TBCJ members, and TBCJ Executive Management; ensuring the TBCJ Chairman and TDCJ Executive Management are informed of any problematic and/or systemic trends.

The 2015 annual report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Senior Warden and a review of the facility's monthly reports to the Region demonstrated the data collection process and corrective actions reviews are performed by the Holliday Unit.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Safe Prisons/PREA Plan requires TDCJ maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including

incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Prior to publishing the annual report, all personal identifiers are removed.

The State of Texas Record Retention Schedule indicates records involving offender investigation case files and criminal investigations are permanently maintained electronically.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice did not complete a PREA Audit on all of their institutions within the first cycle as required by the standard. However the Agency currently had an audit conducted on all of their facilities. The initial audits did not start until 2014 because of how the Agency fiscal year is planned. The Agency has followed the Safe Prisons Plan since the early 2000.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Agency places completed audit reports on the Agency web site as required by the standard, It has provided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor.

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.

Thomas Eisenschmidt _____

December 5 ,2017 _____

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

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

