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

- Interim  ☒ Final

Date of Interim Audit Report:  N/A
Date of Final Audit Report:  December 4, 2021

Auditor Information

<table>
<thead>
<tr>
<th>Name: Cynthia Swier</th>
<th>Email: <a href="mailto:cindy@preauditing.com">cindy@preauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: PREA Auditors of America</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: P.O. Box 1071</td>
<td>City, State, Zip: Cypress, TX 77429</td>
</tr>
<tr>
<td>Telephone: 713-818-9098</td>
<td>Date of Facility Visit: October 18-21, 2021</td>
</tr>
</tbody>
</table>

Agency Information

| Name of Agency: Texas Department of Criminal Justice |
| Governing Authority or Parent Agency (If Applicable): State of Texas |
| Physical Address: 861-B I-45 North | City, State, Zip: Huntsville, TX 77320 |
| Mailing Address: P.O Box 99 | City, State, Zip: Huntsville, TX 77342 |
| The Agency Is: ☒ State | ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☐ Municipal | ☐ County | | Federal |

Agency Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html
### Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Bryan Collier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:Bryan.Collier@tdcj.texas.gov">Bryan.Collier@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>936-437-2101</td>
</tr>
</tbody>
</table>

### Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Cassandra McGilbra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td><a href="mailto:Cassandra.Mcgilbra@tdcj.texas.gov">Cassandra.Mcgilbra@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone</td>
<td>936-437-5570</td>
</tr>
</tbody>
</table>

PREA Coordinator Reports to:
- Honorable Patrick L. O’Daniel
- Chairman of the Texas Board of Criminal Justice

Number of Compliance Managers who report to the PREA Coordinator: 6

### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Alfred D. Hughes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>3201 FM 929</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Gatesville, TX 76597</td>
</tr>
</tbody>
</table>

Mailing Address (if different from above):
- Same as above

The Facility Is:
- ☑ State
- ☐ Military
- ☐ Private for Profit
- ☐ Private not for Profit
- ☐ Municipal
- ☐ County
- ☐ Federal

Facility Type: ☑ Prison ☐ Jail

Facility Website with PREA Information: [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html)

Has the facility been accredited within the past 3 years? ☑ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):
- ☑ ACA
☐ NCCHC
☐ CALEA
☐ Other (please name or describe)
☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
A Division Level Operational Review was conducted at the unit in May 2017. These reviews are conducted by each functional area proponent at least every three years.

Warden/Jail Administrator/Sheriff/Director

Name: Bruce Armstrong
Email: Bruce.Armstrong@tdcj.texas.gov
Telephone: 254-865-6663 ext. 3100

Facility PREA Compliance Manager

Name: Joshua Knoch
Email: Joshua.Knoch@tdcj.texas.gov
Telephone: 254-865-6663 ext. 3240

Facility Health Service Administrator ☐ N/A

Name: Richelle Aus (Interim)
Email: Riaus@utmb.edu
Telephone: 254-8565-6663

Facility Characteristics

Designated Facility Capacity: 2984
Current Population of Facility: 2963
Average daily population for the past 12 months: 2868
Has the facility been over capacity at any point in the past 12 months? ☐ Yes ☒ No
Which population(s) does the facility hold? ☐ Females ☒ Males ☐ Both Females and Males
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range of population:</td>
<td>20-87</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>3 years 5 months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>G1-G5, P2-P4, MH, MD, NR</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>1136</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1135</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>845</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>☐ Federal Bureau of Prisons&lt;br&gt;☐ U.S. Marshals Service&lt;br&gt;☐ U.S. Immigration and Customs Enforcement&lt;br&gt;☐ Bureau of Indian Affairs&lt;br&gt;☐ U.S. Military branch&lt;br&gt;☐ State or Territorial correctional agency&lt;br&gt;☐ County correctional or detention agency&lt;br&gt;☐ Judicial district correctional or detention facility&lt;br&gt;☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)&lt;br&gt;☐ Private corrections or detention provider&lt;br&gt;☐ Other - please name or describe: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>654</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>318</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>3</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>Medical – 72 Windham – 11 College - 2</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>101</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**Physical Plant**

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>21</th>
</tr>
</thead>
</table>

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

<table>
<thead>
<tr>
<th>Number of inmate housing units:</th>
<th>10</th>
</tr>
</thead>
</table>

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

<table>
<thead>
<tr>
<th>Number of single cell housing units:</th>
<th>3</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of multiple occupancy cell housing units:</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of open bay/dorm housing units:</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</strong></td>
<td>546</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</strong></td>
<td>☐ Yes ☐ No ☒ N/A</td>
</tr>
<tr>
<td><strong>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</strong></td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</strong></td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

**Medical and Mental Health Services and Forensic Medical Exams**

| **Are medical services provided on-site?** | ☒ Yes ☐ No |
| **Are mental health services provided on-site?** | ☒ Yes ☐ No |
| **Where are sexual assault forensic medical exams provided? Select all that apply.** | ☒ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: ) |

**Investigations**

<table>
<thead>
<tr>
<th><strong>Criminal Investigations</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</strong></td>
<td>Office of Inspector General (OIG) - 150</td>
</tr>
<tr>
<td><strong>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</strong></td>
<td>☐ Facility investigators ☒ Agency investigators ☒ An external investigative entity</td>
</tr>
<tr>
<td><strong>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</strong></td>
<td>☐ Local police department ☐ Local sheriff’s department ☐ State police ☐ A U.S. Department of Justice component</td>
</tr>
<tr>
<td>Administrative Investigations</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</strong></td>
<td>44</td>
</tr>
</tbody>
</table>
| **When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by:** Select all that apply | ☒ Facility investigators
☐ Agency investigators
☒ An external investigative entity (OIG) |
| **Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS:** Select all that apply (N/A if no external entities are responsible for administrative investigations) | ☐ Local police department
☐ Local sheriff’s department
☐ State police
☐ A U.S. Department of Justice component
☒ Other (please name or describe: Office of the Inspector General (OIG))
☐ N/A |
Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for the Alfred D. Hughes Unit, Texas Department of Criminal Justice (TDCJ) in Gatesville, Texas was conducted on October 18-21, 2021, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Cynthia Swier, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor. The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The previous PREA audit was conducted by PREA auditor Noelda Martinez on October 22-24, 2018. The previous auditor conducted the audit with 4 exceeds standards and 41 met standards. There were no standards found non-compliant.

Prior to the on-site for the current audit, the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was very responsive related to any questions the auditor had during this review. The auditor also conducted an internet search of the Hughes Unit prior to the on-site portion of the audit. The search revealed several links for information regarding the facility itself and how to contact inmates housed there. There were no negative press articles found regarding this unit.

Prior to the on-site phase of the audit, the Warden ensured the audit posting was placed throughout the facility. The auditor received an emailed PREA audit announcement which was posted in English and Spanish on September 3, 2021, which is within the required time frame prior to the audit. The auditor received four letters of correspondence from inmates at the facility. Two of the letters were received from the same inmate. The auditor did interview all three of these inmates while on-site. These interviews are included in the breakdown of inmate interviews.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the first day of the audit (2923) the PREA auditor handbook indicated that at least 50 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen by the auditor at random and the selections were varied across gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were also selected at random by the auditor across varying factors, when possible. Inmate interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaires.

The table following the inmate listings depicts the breakdown of inmate interviews:

1. Youthful Inmates (if any)
2. Inmates with a Physical Disability
3. Inmate who are Blind, Deaf or Hard of Hearing
4. Inmates who are Limited English Proficient (LEP)
5. Inmates with a Cognitive Disability
6. Inmates who identify as Lesbian, Gay, or Bisexual
7. Inmates who identify as Transgender or Intersex
8. Inmates in Segregated Housing for High Risk of Sexual Victimization
9. Inmates who reported Sexual Abuse
10. Inmates who reported Sexual Victimization During Risk Screening

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Youthful Inmates (if any)</td>
<td></td>
</tr>
<tr>
<td>2. Inmates with a Physical Disability</td>
<td></td>
</tr>
<tr>
<td>3. Inmate who are Blind, Deaf or Hard of Hearing</td>
<td></td>
</tr>
<tr>
<td>4. Inmates who are Limited English Proficient (LEP)</td>
<td></td>
</tr>
<tr>
<td>5. Inmates with a Cognitive Disability</td>
<td></td>
</tr>
<tr>
<td>6. Inmates who identify as Lesbian, Gay, or Bisexual</td>
<td></td>
</tr>
<tr>
<td>7. Inmates who identify as Transgender or Intersex</td>
<td></td>
</tr>
<tr>
<td>8. Inmates in Segregated Housing for High Risk of Sexual Victimization</td>
<td></td>
</tr>
<tr>
<td>9. Inmates who reported Sexual Abuse</td>
<td></td>
</tr>
<tr>
<td>10. Inmates who reported Sexual Victimization During Risk Screening</td>
<td></td>
</tr>
</tbody>
</table>
Random Inmates (Total) | 29
--- | ---
Targeted Inmates (Total) | 25
Total Inmates Interviewed | 54

Breakdown of Targeted Inmate Interviews:

- Youthful inmates | 0
- Inmates with a physical disability | 1
- Inmates who are blind, deaf or hard of hearing | 1
- Inmates who are LEP | 1
- Inmates with a cognitive disability | 2
- Inmates who identify as lesbian, gay, or bisexual | 2
- Inmates who identify as transgender or intersex | 4
- Inmates in segregated housing for high risk of sexual victimization / suffered prior abuse | 0
- Inmates who reported sexual abuse | 6
- Inmates who reported sexual abuse during risk screening | 8
- Total number of targeted interviews | 25

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen by the auditor at random and varied across gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from both day, admin and night shifts were interviewed. Interviews were conducted using the Interview Guide for a Random Sample of Staff supplemented by the Interview Guide for Specialized Staff. The following table with the staff listings depicts the breakdown of staff interviews:

Specialized staff:

- Agency contract administrator
- Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates, if any
- Education staff who work with youthful inmates, if any
- Program staff who work with youthful inmates, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (Human Resources) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff (Total)</td>
<td>23</td>
</tr>
<tr>
<td>Total Staff Interviewed</td>
<td>35</td>
</tr>
<tr>
<td>Breakdown of Specialized Staff Interviews:</td>
<td></td>
</tr>
<tr>
<td>● Intermediate or higher level staff</td>
<td>1</td>
</tr>
<tr>
<td>● Medical and mental health staff</td>
<td>3</td>
</tr>
<tr>
<td>● Non-medical staff involved in cross-gender strip searches</td>
<td>0</td>
</tr>
<tr>
<td>● Human resources staff</td>
<td>1</td>
</tr>
<tr>
<td>● SANE staff</td>
<td>0</td>
</tr>
<tr>
<td>● Volunteers and contractors who have contact with inmates</td>
<td>4</td>
</tr>
<tr>
<td>● Investigative staff</td>
<td>1</td>
</tr>
<tr>
<td>● Victim advocates</td>
<td>1</td>
</tr>
<tr>
<td>● Staff who perform screening for risk of victimization</td>
<td>2</td>
</tr>
<tr>
<td>● Staff who supervise inmates in segregated housing</td>
<td>3</td>
</tr>
<tr>
<td>● Incident review team</td>
<td>1</td>
</tr>
<tr>
<td>● Designated staff member charged with monitoring retaliation</td>
<td>1</td>
</tr>
<tr>
<td>● First responder, security staff</td>
<td>1</td>
</tr>
<tr>
<td>● First responder, non-security staff</td>
<td>1</td>
</tr>
<tr>
<td>● Line staff who supervise youthful inmates</td>
<td>0</td>
</tr>
<tr>
<td>● Education and program staff who work with youthful inmates</td>
<td>0</td>
</tr>
</tbody>
</table>
The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Bobby Lumpkin (Agency Head Representative)
- Bruce Armstrong (Warden)
- Ms. Cassandra McGilbra (Agency PREA Coordinator “PC”)
- Joshua Knoch (PREA Compliance Manager “PCM”)
- Ms. Allison Dunbar (Agency Contract Administrator)

The on-site portion of the audit was conducted on October 18 through October 21, 2021. The auditor had an initial briefing with facility leadership and explained the audit process, the daily schedule, expectations and answered any questions. After the initial briefing, a tour of the facility began at approximately 10:00 am. The tour included all areas associated with the Alfred D. Hughes Unit, to include, all housing units, intake, medical and mental health, restrictive housing, dental, visitation, administration, loading dock, work and program areas (chapel, respite areas, food service area, laundry, maintenance, barber shop, masonry, commissary, garment factory, education classrooms, skill craft) and common areas (outdoor recreation area, gymnasium, weight rooms and offices/support staff areas). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, posted PREA Audit Notice, privacy for inmates in housing units, announcement of cross-gender (“female on the wing”) announcement and other factors as indicated in the below standard findings. The tour was completed at approximately 3:00 pm. Inmate interviews were conducted on October 18, 2021 in the morning and evening as well as all day on October 19, 2021. The staff interviews were conducted all day on October 20, 2021 and completed on the morning of October 21, 2021. During the audit, the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. The auditor conducted a review of documentation, records, files, and investigations in the morning of the last day of the audit, as well as into the afternoon. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 654 staff assigned. The auditor reviewed a random sample of personnel and training records that included individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for volunteers and contractors who have contact with inmates were sampled randomly across functional service areas. Personnel and training files were selected for those staff with whom the auditor conducted random interviews and, as such, the files selected were an unbiased random sample.

**Inmate Files.** On the first day of the onsite phase of the audit, the inmate population was 2923. A total of 61 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection as well as the inmates informally interviewed during the audit tour. The inmate records reviewed included documentation of PREA education, intake forms, risk screenings, re-assessments and medical / mental health referrals (if needed).

**Medical and Mental Health Records.** During the past year, there were 51 incidents of inmate’s who reported sexual abuse at the facility. All of these reports were found to be unsubstantiated or unfounded with the exception of one substantiated. The auditor reviewed the mental health records for these inmates to ensure they were seen within the required fourteen days. Five of the inmates required a forensic examination which was conducted at a local hospital.
Grievances. In the past year, the facility received 41 grievances that were identified as PREA grievances. The auditor reviewed these grievances, and all of these reached the final decision within 90 days after being filed.

Incident Reports. There were 84 instances of sexual abuse / sexual harassment allegations filed by inmates during the previous twelve months. An incident report was completed on all of these and were reviewed by the auditor.

Investigation Files. During the previous twelve months, there were 84 (33 Sexual Harassment and 51 Sexual Abuse) allegations reported and investigated at the facility. The auditor reviewed all the facility investigative reports regarding these allegations to ensure all components were included from the investigating authority (Office of the Inspector General).

<table>
<thead>
<tr>
<th></th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
<th>Unfounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual</td>
<td>0</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inmate-on-inmate sexual</td>
<td>1</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>harassment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff-on-inmate sexual</td>
<td>1</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff-on-inmate sexual</td>
<td>0</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>harassment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Allegations</td>
<td>2</td>
<td>58 (4 still active w/OIG)</td>
<td>24 (2 still active w/OIG)</td>
</tr>
</tbody>
</table>

Following the end of the on-site audit, the auditor conducted an internet search of the local hospital which conducts SAFE / SANE exams for the Hughes Unit. A review of the hospital website indicates the services provided. The auditor also contacted Families in Crisis which is a local provider that provides victim advocacy and emotional support services for the inmates at the Hughes Unit.

Facility Characteristics

The Alfred D. Hughes Unit is a state prison under the authority of the Texas Department of Criminal Justice and is in Gatesville, Texas in Coryell County. The prison is named after Al Hughes who was a self-employed realtor and CEO of the Savings and Loan in Round rock Texas. He was appointed to the Texas Board of Corrections on February 28, 1985 by former Governor White. He was appointed Board Chairman on August 8, 1985. He served on the Board until May 6, 1988. The facility was commissioned to be built in 1988 and officially opened in February of 1990. The facility comprises 390 acres and houses adult male inmates and has a rated capacity of 2984. The facility prison population has a mix of custody levels G1 – G5, Restrictive Housing and Safekeeping. The facility is also the Regional Medical Facility for the Gatesville area. The mission of the Alfred D. Hughes Unit is to provide a safe and secure environment for offenders and staff while maintaining custody and control of offenders.

The Senior Warden of the facility is Bruce Armstrong. Sergeant Joshua Knoch is the designated PREA Compliance Manager (PCM). There is a total of 579 security staff, 104 non-security staff, nine Windham (contract) education employees and 48 medical / mental health (UTMB) contract staff, totaling 740 employees. The facility’s average daily population is 2868 with an average stay of approximately 3 years / 5 months. The physical plant of the Alfred D. Hughes Unit comprises 21 buildings containing 10 housing units. The facility contains three single cell housing units, five multiple occupancy cell housing units, two open bay dorm style housing units, and 546 segregation cells.
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.

Summary of Audit Findings

Standards Exceeded

| Number of Standards Exceeded: | 7 |
| List of Standards Exceeded:   | 115.17, 115.31, 115.33, 115.41, 115.42, 115.43, 115.51 |

Standards Met

| Number of Standards Met: | 38 |

Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:   | N/A |

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan, February 2019
3. Executive Directive ED-03.03, Safe Prisons Program
4. Post Order PO-07.150, Unit Safe Prisons / PREA Manager
5. Facility Organizational Chart
6. Board Policy BP-0.02.09, Prison Rape Elimination Act Ombudsman Policy Statement
7. Safe Prisons / PREA Operational Manual 06.01, Unit Safe Prisons / PREA Program Awareness Training

Interviews:
1. PREA Coordinator (PC)
2. PREA Compliance Manager (PCM)

Findings (By Provision):
115.11 (a): The agency has a comprehensive PREA Policy: Safe Prisons/PREA Plan as well Executive Orders, Post Orders, Administrative Directives and numerous other policies and procedures that supplement the PREA Plan. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address “Preventing” sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address “Detecting” sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address “Responding” to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates (including notification of licensing agencies), incident reviews and data collection. This policy is consistent with the PREA standards and outlines the agency’s approach to sexual safety.

115.11 (b): The agency’s organizational chart reflects that the PREA Coordinator (PC) position is an upper-level position and is agency-wide. The Executive Order confirms the PC responsibilities. The PREA Coordinator is identified as the PREA Ombudsman, who reports to the Texas Board of Criminal Justice. The PC was interviewed and reported that her primary job responsibility is PREA compliance. She stated that she has direct access to Executive Leadership and can implement policies and practices as necessary to ensure sexual safety requirements.
The facility has a staff member responsible for ensuring PREA compliance (Unit Safe Prisons PREA Manager – USPPM). The facility organizational chart confirms a staff member is responsible for PREA compliance and that staff member reports to the Warden. The interview with the Compliance Manager indicated he has sufficient time to coordinate the facility’s PREA compliance. Staff consistently stated during interviews that the PCM was constantly training and educating them on PREA through various methods such as verbal discussions, memos, etc. The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the organizational chart.

Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and PCM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

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

**115.12 (a)**

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

**115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ 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)*

**Documents:**

1. Pre-Audit Questionnaire
2. Administrative Directive AD-02.46, *Employees of Private Businesses and Governmental Entities Contracting with the TDCJ*
3. Contracts for Confinement of Inmates

**Interviews:**
1. Agency Contract Administrator

**Findings (By Provision):**

115.12 (a): The agency has 37 contracts related to the confinement of inmates: ten secure, eight reentry and 19 transitional treatment centers. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).

115.12 (b): The agency has 37 contracts related to the confinement of inmates: ten secure, eight reentry and nineteen transitional treatment centers. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).

Based on the review of AD-02.46, the PAQ and the language within the agency’s contracts, this standard appears to be compliant.

**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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)
- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
6. Employee and Visitor Log (Showing Unannounced Rounds)
8. Post Order – PO-07.005, *Sergeant of Correctional Officers*
11. Post Order – PO-07-003, *Captain of Correctional Officers*
15. TDCJ Hughes Unit Staffing Plan
16. Hughes Unit Shift Rosters

**Interviews:**

1. Warden
2. PREA Compliance Manager
3. PREA Coordinator
4. Intermediate-Level or Higher-Level Facility Staff

**Site Review Observations:**

1. Staffing Levels
2. Security Rosters for all Shifts – Unannounced rounds documented on all shifts

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnout rosters for each state operated unit. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the facility’s maximum capacity (2984). Each shift has a building Lieutenant and a building Sergeant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. A dorm rover is responsible for two dorms each shift, while a floor rover is responsible for security of all dorms and areas on that specific floor. Additional officers are assigned to other areas to include: recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. Interviews with the Warden and the PC confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis.

115.13 (b): The facility indicated in the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to off unit medical transports, inmates being required to be under direct observation and staff deployed to work overtime at another facility. The SOPM-08.01 indicated on page 2 that all deviations from the staffing plan are required to be documented on the back side of the security roster. A review of a sample of security rosters indicated that any deviations were documented on the back of the roster and that the Warden was required to approve any deviations via email. The interview with the Warden indicated that all deviations are documented on the back of the daily rosters and that anytime a deviation occurs the Warden was required to obtain approval through the Region Office. These approvals by the Regional Director were reviewed and copies provided to the auditor.

115.13 (c): The staffing plan was reviewed and a statement of participation was signed by the Regional Director, the Warden, the Security Operations Warden, the PREA Coordinator and the Staffing Coordinator for Security Operations on May 6, 2021. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit’s deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. SOPM 08.06 and the Safe Prison/PREA Plan, page 10-11, describe the required annual review. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary.

115.13 (d): The SAFE Prison/PREA Plan, page 9, section B, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted by the building Sgt., Lt. and/or Captain and are documented at the bottom of the shift turnout roster. It was noted during the on-site audit that rounds are documented in the housing unit log books as “PREA Rounds.” Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds daily. A review of the PAQ supplemental documentation as well as a review of the shift rosters on-site indicated that supervisory rounds were being made and documented on all shifts. Additionally, the SAFE Prisons/PREA Plan prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interviews, supervisory staff indicated that they deviate their times and locations to prohibit staff from alerting other staff about the rounds.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-11.52, SOPM 08.06, SOPM 08.01, the staffing plan, the security rosters, documentation of unannounced rounds, observations made during the tour and interviews with supervisory staff, this standard appears to be compliant.

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)*

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan, February, 2019
3. Unit Classification Procedure UCP-4.19, Youthful Offenders
4. Unit Classification Procedure UCP-16.15, State Jail Youthful Offenders
5. SJYOP-01.02, February 2017, Separation of Youth
Interviews:
1. Warden
2. PREA Compliance Manager

Site Review Observations:
1. Observations in Housing Units Related to Age of Inmates – None under the age of 18

Findings (By Provision):

115.14 (a): The Safe Prisons/PREA Plan page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for Youthful Inmates. Policies indicates that youthful offenders shall not be placed in housing units where the youthful offender will have sight, sound or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area or sleeping quarters. While the agency does house youthful inmates, the Hughes Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (b): The Safe Prisons/PREA Plan, page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for youthful inmates. Policies indicates that when youthful offenders are outside of the housing areas, correctional staff shall maintain sight and sound separation between youthful offenders and adult offenders as well as provide direct supervision when youthful offenders and adult offenders have any sight, sound or physical contact. While the agency does house youthful inmates, the Hughes Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (c): The Safe Prisons/PREA Plan page, 10, section C, indicates that the agency (TDCJ) shall make best efforts to avoid placing youthful offenders in isolation for the purpose of maintaining sight and sound separation. It also indicates that daily large muscle exercise and legally required special education services required to comply with the standard shall not be denied except in exigent circumstances. Additionally, youthful inmates shall have access to other programs and work opportunities to the extent possible. While the agency does house youthful inmates, the Hughes Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Unit Classification Procedures 4.19 and 16.15, CPOM 01.01, daily population reports and observations made during the tour this standard appears to be compliant.

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)
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.15 (b)</td>
<td>Does the facility always refrain from conducting cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (b)</td>
<td>Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☒ NA</td>
</tr>
<tr>
<td>115.15 (c)</td>
<td>Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (c)</td>
<td>Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☒ NA</td>
</tr>
<tr>
<td>115.15 (d)</td>
<td>Does the facility have policies 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?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (d)</td>
<td>Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (e)</td>
<td>Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (e)</td>
<td>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?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>115.15 (e)</td>
<td>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?</td>
<td>☒ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>
115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.22, Offender Searches
4. Post Order PO-07.006, Administrative Segregation Officer
5. Post Order PO-07.023, Cellblock Officer
6. Post Order PO-07.027, Dorm Officer
7. On-the-Job Training (OJT) Program Procedures Guide
8. Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program In-Service Training Curriculum
9. Correctional Training and Staff Development (CTSD) Safe Prisons / PREA Program Supervisor In-Service Training Curriculum
10. Safe Prisons / PREA Operations Manual, 02.05, Cross-Gender Searches and Log
11. Executive Directive ED-01.21, Policies and Procedures System
13. Correctional Training and Staff Development (CTSD) Pre-Service Training Block 1, Legal Responsibilities: Contraband and Searches
15. Staff Training Records
16. Correctional Institutions Division, Alfred Hughes, American Correctional Association, Statement of Fact regarding Cross-gender Searches and Logs, July 2021

Interviews:
1. Random Staff
2. Random Inmates
3. Transgender/Intersex Inmates

Site Review Observations:
1. Observations of Privacy Barriers in Bathroom Areas
2. Observation of Absence of Female Inmates  
3. Observation of Cross Gender Announcement Postings  

Findings (By Provision):

115.15 (a): The Safe Prisons/PREA Plan, page 9, section B as well as AD-03.22, page 2, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months and that the facility does not conduct these types of searches in general. Interviews with staff indicated that inmates are strip searched by male staff only. Interviews with inmates indicated that none had been naked in front of female staff.

115.15 (b): AD-03.22, page 2, prohibit staff from conducting cross gender pat searches of female inmates. The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply to the Hughes Unit. A review of the daily population report for the previous twelve months as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (d): The Safe Prisons/PREA Plan, page 9, section B as well as Post Orders 07.006, 07.023 and 07.27, indicate that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes via privacy barriers. Interviews also confirm that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor observed postings on the door of all housing units reminding opposite gender staff to announce their presence prior to entering. When the audit team entered a housing unit during the tour staff announced, “female in the dorm”. The auditor observed that all dorms had showers with some form of privacy barrier. Additionally, there were several portable privacy barriers which were constructed out of PVC pipe and placed in each bathroom for privacy. The restrictive housing had toilets within the cell, however the cell had a solid door with a small window for safety and security. The shower areas in this dorm had a barrier across the front for privacy.

115.15 (e): The Safe Prisons/PREA Plan, page 16 and AD-03.22, page 2, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with transgender inmates indicated that they had never been searched for the sole purpose of determining their genital status.

115.15 (f): The Safe Prisons/PREA Plan, page 33 and AD-03.22 page 2 indicate that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The Contraband and Searches Training, page 8-15 as well as the Safe Prisons/PREA Program In-Service Training, page 4-6 and 9-11 outline these professional and respectful search techniques. The PAQ indicated that 100% of security staff had received this training. A review of a random sample of training records indicated that staff had received the PREA training, which included a video on searches. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.22, Post Order PO-07.006, Post Order PO-07.023, Post Order PO-07.027, the Safe Prisons/PREA Program In-Service Training, the Contraband and Searches In-Service Training, a random sample of staff training records, observations made during the tour to include the presence of opposite gender announcement postings, privacy barriers, shower curtains and the opposite gender announcement as well as information from interviews related to inmate privacy in the bathroom as well as staff’s training on professional and respectful searches indicate this standard appears to be compliant.
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

### 115.16 (b)

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

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

### 115.16 (c)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan, September 2019
3. Intake Procedures 1.10, Initial Orientation
8. Administrative Directive AD-06.25, Qualified Interpreter Services – American Sign Language
10. Intake Procedures 6.05, Intake Processing of Inmates in Need of an Interpreter
11. Administrative Directive AD-04.25, Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking
12. Security Memorandum SM-05.50, Qualified Spanish Interpreter Guidelines
13. Language Assessment Scale (LAS) example
14. Health Services Liaison Facility Types List
15. Qualified Spanish Interpreters in TDCJ Administrative Offices and in Selected Parole Offices
16. Staff Translator List – Other than English or Spanish
17. Language Line Instructions
18. Language Line Quick Reference Guide
19. TDCJ Correctional Institutions Division, Region VI Inter-Office Communications, Spanish Interpreter List / Spanish Speaking Inmates List, July 2021

**Interviews:**
1. Agency Head
2. Inmates with Disabilities
3. LEP Inmates

**Site Review Observations:**
1. Observations of PREA Posters in English and Spanish

**Findings (By Provision):**

**115.16 (a):** The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. Interviews with the Agency Head and inmates who have a disability indicated that inmates receive PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of LEP inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text and in bright colors.

**115.16 (b):** The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list that is utilize by the facility for any inmates who are LEP. They can also utilize Pacific Interpreters, a service they can call that will translate information between the staff member and LEP inmate. Policy and interviews indicate that the agency’s PREA information is available in numerous formats to include; written (English and Spanish), video, American Sign Language, etc. and that PREA information is available throughout the facility in English and Spanish. Interviews with the Agency Head and inmates who are LEP indicated that inmates received PREA information in a format that they can understand. Additionally, the auditor was able to utilize staff interpreters during the audit. A review of a sample of files for LEP inmates indicated that they received PREA information and they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

**115.16 (c):** The Safe Prisons/PREA Plan, page 21, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with a random sample of staff indicated that inmates are not utilized to translate for PREA purposes. Staff indicated that they had a list of staff they could utilize to translate in these circumstances. Interviews with LEP inmates indicated that other inmates were not utilized to translate for them or provide assistance. The facility also provided a list of staff both at the facility and in the agency of staff who speak and can translate in languages other than English.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-04.25, AD-06.25, CMHPCM G-51.1, CMHPCM E-37.05, the staff translator list, the Safe Prisons/PREA Program brochure, the observations made during the tour to include the PREA signage as well as interviews with the Agency Head and LEP inmates indicates that this standard appears to be compliant.
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 who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)
- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan, February 2019
3. Executive Directive PD-75, Applicants with Pending Criminal Charges or Prior Criminal Convictions
4. Executive Directive PD-73, Selection Criteria for Correctional Officer Applicants
5. Executive Directive PD-56, Request for and Release of Employment Information or Documents
6. Employment Applicant Supplement for Agency Applicants PERS 598
7. Employment Application Supplement PERS 282
8. Texas Department of Public Safety FACT Clearinghouse Applicant Detail Example
9. TDCJ Staff Development Lesson Plan, *Fingerprinting*
11. TTUHSC Standard Operating Procedure SOP#: CRM-SAFE-SOP-1.00, *Prison Elimination Act (PREA)*
12. Example of Background Check
14. Explanation of Criminal Background Process
15. TDCJ Human Resources, Employment Section, Applicant Criminal Background Checks, August 2018
16. Example of Verification on Former Employee
17. Executive Directive ED-02.29, *Records Management*
18. TDCJ Records Retention Schedule
19. Personnel Files of Staff
20. Contractor Background Files
21. Volunteer Background Files
22. TDCJ Standard or Supplemental Safe Prisons / PREA Training, Employee Acknowledgement Form (10 signed staff forms)
23. TDCJ Staff New Hires List (July 2020 – June 2021)

Interviews:
1. Human Resource Staff

Site Review Observations:
1. Employee Personnel Files
2. Contractor Personnel Files

Findings (By Provision):
**115.17 (a):** The Safe Prisons/PREA Plan, page 27, section 1 as well as Executive Directive PD-75, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. A review of personnel files of staff indicated that all staff are asked about the above incidents in their application. Additionally, all staff and contractors have a criminal background completed prior to being authorized to work at the facility.
115.17 (b): The Safe Prisons/PREA Plan, page 27, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

115.17 (c): The Safe Prisons/PREA Plan, page 39, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of personnel files indicated 100% of the random sample reviewed had a criminal background completed initially and annually thereafter. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). Human Resource staff indicated that all staff are required to have a criminal background check before they are hired and that all law enforcement agencies are contacted related to information on any prior substantiated allegations of sexual abuse or resignations while under investigation.

115.17 (d): The Safe Prisons/PREA Plan, page 39, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been three contracts at the facility within the past twelve months. Of those contracts, 100% of the staff have had a criminal background check prior to enlisting services. A review of a random sample of contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.17 (e): The Safe Prisons/PREA Plan, page 39, outlines the system that is in place to capture criminal background information. The agency utilizes the FACT process. All staff and contractors are fingerprinted and anytime an individual in this system is arrested the TDCJ is immediately notified. This system is more efficient than annual background checks as it is live information and the agency is notified immediately and able to terminate employment. All staff have an annual background completed each year in addition to the FACT process. The interview with Human Resource staff confirmed that all staff and contractors are entered into the FACT system and that any arrests are immediately reported to the agency.

115.17 (f): The Safe Prisons/PREA Plan, page 38, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution, been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of personnel files of staff indicated that all staff were asked about the above incidents in their supplemental application. Additionally, the interview with Human Resource staff confirmed that these questions are contained on the employment application supplement that is required for all applicants.

115.17 (g): The Safe Prisons/PREA Plan, page 38, indicates that material omissions regarding sexual misconduct or the provision of materially false information is grounds for termination. Human resource staff confirm that any false information or omissions would result in an employee or contractor being terminated.

115.17 (h): Executive Directive PD-56 indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. Human resource staff indicated that this information would be provided when requested.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-56, PD-75, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant and is rated as exceeds.
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)

Documents:
1. Pre-Audit Questionnaire

Interviews:
1. Interview with the Agency Head
2. Interview with the Warden

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology – cameras are only in G building

Findings (By Provision):
115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any modifications to the facility since August 20, 2012. During the tour, the auditor did not observe any renovations, modifications or expansions.
115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. SOPM-07.02 indicates that prior to new installation the Surveillance Systems Coordinator must coordinate with the PCM to ensure the facility’s ability to protect inmates from sexual abuse. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any upgrades or installation of video monitoring technology. Cameras were noticed by the auditor throughout the facility and observation was also made of the video feed at various locations throughout the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
• Has the agency documented its efforts to provide SAFE or SANEs? ☒ Yes ☐ No

115.21 (d)

• Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

• If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

• Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

• As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

• As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

• If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ N/A

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 always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ N/A

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)*

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.03, *Evidence Handling*
4. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01, *Sexual Assault / Sexual Abuse*
5. TDCJ Office of the Inspector General, Operational Procedures Manual OIG-04.05, *Offender Sexual Assault Investigations*
7. Offender Victim Representative (OVR) Training
8. Rape Crisis Center MOU for Emotional Support Services with Families in Crisis, Inc.
9. Safe Prisons / PREA Operations Manual 05.01, *Sexual Abuse Response and Investigation*
10. Community Victim Advocate / Rape Crisis Center Solicitation Letters, 2018, 2019, 2020
11. Correctional Institutions Division, Prison Rape Elimination Act / PREA, Statement of Fact
12. TAASA Service Directory
13. Texas Department of Criminal Justice, Correctional Institutions Division, Safe Prisons PREA Plan
15. Correctional Managed Health Care, Urgent / Emergent Care Record (Inmate Record with PII Redacted) (4 Inmate Records)
16. TDCJ Correctional Institutions Division Region VI Inter-Office Communications, Inmate Victim Representatives, July 2021, Training Records

**Interviews:**
1. Random Staff
2. PREA Compliance Manager
3. Inmates Who Reported Sexual Abuse

**Findings (By Provision):**

**115.21 (a):** AD-16.03, Evidence Handling, and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations. Interviews with random staff indicated they are aware of evidence protocol, however they do not collect evidence, rather the OIG does. They indicated they were aware of how to preserve evidence.

**115.21 (b):** AD-16.03 and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as the Safe Prisons/PREA Plan this was developed appropriate for youth and was adapted from the DOJ’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents”.

**115.21 (c):** The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The PAQ indicated that during the previous twelve months, there have been five forensic exams conducted. The PAQ indicated that these were completed at the local hospital that provides a
SANE/SAFE or a qualified medical practitioner. An interview was conducted with an inmate who had a forensic exam and stated that it was conducted at the local hospital.

115.21 (d): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff member to provide advocacy services. The facility has a MOU in place with The Families in Crisis Center in Gatesville, Texas. This community provider partners with the Hughes Unit to provide advocacy services. Contact was made with executive director of this community provider who verified the specifics of the MOU and the services that are provided to the Hughes Unit, when necessary. Mental Health staff and OVR staff are the qualified staff members at the facility who provide advocacy services also. Interviews with the inmates and staff indicated the OVR is available to provide advocacy services if needed or requested. Posters were noted in the facility which displayed the 24/7 crisis hotline number for the community provider. Inmates interviewed were aware of this information. The hotline number cannot currently be accessed from the inmate phones in the dorm, however, this is in the process of being addressed and corrected by the phone provider. Inmates and staff both stated to the auditor that they are able to request the use of a phone by staff when they need to call phone numbers that are not on their approved calling list. The executive director of this community provider explained to the auditor that the crisis hotline is answered by staff during regular business hours, and by volunteers after business hours. The volunteer and community provider staff advocates accompany the victim to the hospital if there is a sexual assault exam. A review of the MOU also specified the responsibilities of the advocates and that they are required to complete a volunteer application and complete the required volunteer training and background screening.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. Mental Health Staff and OVR staff are the qualified staff members at the facility who provide advocacy services when necessary. The facility also has a MOU in place with Families in Crisis Center in Gatesville. This community provider partners with the Hughes Unit to provide advocacy services. Contact was made with executive director of this community provider who verified the specifics of the MOU and the services that are provided to the Hugh Unit, when necessary. Interviews with the inmates and the OVR staff indicated the OVR is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested. Posters were noted in the facility which displayed the 24/7 crisis hotline number for the community provider. Inmates interviewed were aware of this information. The executive director of this community provider explained to the auditor that the crisis hotline is answered by staff during regular business hours, and by volunteers after business hours. The volunteer and community provider staff advocates also go to the hospital if there is a sexual assault exam, to accompany and support the victim. The volunteer and community provider staff advocates also provide emotional support, crisis intervention, information and referrals as well as supporting the victim during investigatory interviews. A review of the MOU also specified the responsibilities of the advocates and that they are required to complete a volunteer application and complete the required volunteer training and background screening.

115.21 (f): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (g): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (h): SPPOM 02.02 outlines the requirements for offender victim representatives. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative Training and include mental health practitioners, sociologists, chaplains, social workers and case managers. The volunteer and staff of the community provider are required to be trained in the standard response to a victim’s report of or request for help related to sexual abuse. Each of these volunteers and community provider staff members undergo security clearances and training in accordance with the TDCJ Volunteer Services Plan. The Families in Crisis Center is required by the MOU to send a
qualified Victim Advocate to provide services to the victim of alleged sexual abuse. TDCJ agrees to provide training to the community provider staff on functions related to the TDCJ sexual abuse response processes as part of the MOU.

Based on a review of the PAQ, The Safe Prisons/PREA Plan, OIG-04.05, AD-16.03, SPPOM 02.02, Offender Victim Representative Training, copies of the MOU with The Families in Crisis Center and information from interviews with the PREA Compliance Manager, and interview response from inmates, this standard appears to be compliant.

**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 the policy 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)*

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons / PREA Operations Manual SPPOM 05.05, *Completing the Offender Protection Investigation*
8. Incident Reports
9. Investigative Reports
10. Administrative Directive AD-02.15, *Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*
11. Safe Prisons / PREA Operations Manual 05.01, *Sexual Abuse Response and Investigation*
12. TDCJ Hughes Unit – Alleged Sexual Abuse Allegations
13. List of Sexual Abuse Investigations
14. TDCJ Safe Prisons / PREA Program, Offender Notification Brochure of Opening a Criminal Case

**Interviews:**
1. Agency Head
2. Investigative Staff

**Findings (By Provision):**

**115.22 (a):** SPPOM 05.05, pages 1-2, OIG-04.05, AD-16.20, PD-29 and the Safe Prisons/PREA Plan, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The OIG is notified of all allegations of sexual abuse and harassment. If the allegation requires an administrative investigation, the supervisor or Warden will ensure an Administrative Incident Review is completed promptly. All allegations will be forwarded to the OIG for investigation. The PAQ indicated that there were eight allegations reported within the previous twelve months. A review of documentation confirmed there were eight allegations reported. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility or criminally by the Office of the Inspector General. The interview also indicated all criminal investigators had received specialized investigator training.

**115.22 (b):** Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy regarding investigations is published on the agency’s website:

**115.22 (c):** Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.

**115.22 (d):** Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations.
in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.

115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, SPPOM 05.05 pages 1-2, OIG-04.05, AD-16.20, PD-29, BP-01.07, the Safe Prisons/PREA Plan, Texas Government Code 493.019, the agency’s website and information obtained via interviews with the Agency Head and Investigators, this standard appears to be compliant.

### TRAINING AND EDUCATION

**Standard 115.31: Employee training**

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. Executive Directive PD-29, Sexual Misconduct with Offenders
4. Executive Directive ED-12.10, Training Records and Database
5. Security Memorandum SM-02.25, On the Job Training Program
6. TDCJ Standard or Supplemental Safe Prisons / PREA Training, Employee Acknowledgement Form (10 signed staff forms)
7. Training Lesson Plans
Interviews:
1. Interview with Random Staff

Findings (By Provision):
115.31 (a): PD-29 and the Safe Prisons/PREA Plan, page 33-35 indicate that all staff are required to receive PREA training at least every two years. A review of the three PREA training curriculums confirm that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training weekly at shift turnout and monthly at pre-turnout. The PCM ensures that staff are trained on a different section of PREA monthly. Interviews with random staff confirmed that they had received PREA training within the previous twelve months and that they continuously receive PREA training. The staff were exceptionally knowledgeable on PREA.

115.31 (b): The Safe Prisons/PREA Plan, page 33-35 and SM-02.25, page 16, indicate that the training shall be tailored to the gender of the offenders at the unit of assignment and that the employee shall receive additional training when transferring to a unit with offenders of a different gender. The facility houses only male inmates and as such the staff receive training tailored to male inmates. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of staff training records indicated that 100% of those reviewed received PREA training.

115.31 (c): The PAQ indicated that 654 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings staff are provided PREA information at shift turnouts. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. ED-12.10 indicates that training courses are approved through the TDCJ training database. Employees are required to enroll and complete courses through this database. If the training is a classroom setting, the trainer of the class or designee is required to ensure the course is entered into the database. Additionally, a supplemental training record is kept for all classroom style training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, ED-12.10, SM-02.25, the PREA video transcript, the numerous PREA Training Curriculums, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard.

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. Executive Directive PD-29, Sexual Misconduct with Offenders
8. Sample of Contractor Training Records
8. Sample of Volunteer Training Records
9. Texas Tech University Health Sciences Center, Annual PREA Policy Packet Training
10. National PREA Resource Center, PREA Health Care Standards, Powerpoint
11. Texas Tech University Health Sciences Center, Annual PREA Policy Packet Training, New Contractor and Volunteer Orientation PREA Policy Packet
12. Texas Tech University Health Sciences Center, TBUHC Managed Care PREA Contractor and Volunteer Orientation Training Packet
13. Texas Tech University Health Sciences Center, TBUHC Managed Care PREA Annual Training Packet
14. Texas Tech University Health Sciences Center, TBUHC Managed Care PREA Contractor and Volunteer Annual Training Packet
15. Texas Tech University Health Sciences Center, TBUHC 4th Quarter March-May PREA Compliance Instrument and SAFE Prisons PREA Plan
16. Texas Tech University Health Sciences Center, TBUHC New Team Member Orientation PREA Policy Packet
17. Texas Tech University Health Sciences Center, TBUHC 2nd Quarter December-February PREA Policy Packet
18. Texas Tech University Health Sciences Center, TBUHC 3rd Quarter March-May PREA Local Unit Annual Training
19. Texas Tech University Health Sciences Center, Prison Rape Elimination Act (PREA) Training
20. Texas Tech University Health Sciences Center, Standard Operating Procedure #CRM-SAFE-SOP-100, Prison Rape Elimination Act (PREA)
21. University of Texas Medical Branch (UTMB) CMC NEO Schedule
22. University of Texas Medical Branch (UTMB), Institutional Handbook of Operating Procedures, Policy 03.05.05, Training and Development
24. UTMB Part 4 PREA Specialized Training
25. UTMB Department of Education and Professional Development, Safe Prison Sexual Assault
26. TDCJ Volunteer Services, Handbook for Volunteers, January 2018
27. TDCJ Letter of Orientation for Special Volunteers
28. TDCJ Rehabilitation Programs Division, Volunteer Training Facilitators Guide
29. TDCJ Volunteer Services Plan
30. TDCJ Volunteer Services, Acknowledgement of Volunteer Training / Orientation
31. 2020 Volunteer Training / Orientation Schedule
32. Administrative Directive AD-02.46, Employees of Private Businesses and Governmental Entities Contracting with the TDCJ
33. Administrative Directive AD-07.35, Administration of Volunteer Services
34. Correctional Managed Health Care Policy Manual, Number C-19.1, Continuing Education / Staff Development
35. Correctional Managed Health Care Policy Manual, Number C-25.1, Orientation Training For Health Services Staff
36. TDCJ Video Script, Safe Prisons / PREA in Texas, Educational DVD for Staff, Volunteers and Contractors, August 5, 2013
37. PERS 631 Medical PREA Training – Contract Staff (30)
38. Education PREA Training – Contract Staff (14)
39. Email Statement Regarding Volunteer Training and Signed Acknowledgements from 2019 (40)

Interviews:
1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):
115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PAQ indicated that 186 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the contract staff and volunteer confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as the volunteer handbook (pages 12-13). Both the training and the handbook provide information on the agency’s zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. Interviews with contractors and volunteers indicated that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

115.32 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that 100% of those reviewed had signed the TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation. This form documents that they received and understood the training.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program, a review of a sample of contractor and volunteer training records as well as and interviews with contractors and a volunteer indicate that this standard appears to be compliant.

**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 the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

• Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

• Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

• Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prison/PREA Operations Manual SPPOM 02.03, Safe Prisons / PREA Program Postings and Brochures
4. Safe Prison/PREA Operations Manual SPPOM 06.02, Offender Sexual Abuse Awareness Training
5. TDCJ Correctional Institutions Division, Intake Procedures 1.10, Initial Orientation
6. TDCJ Offender Orientation Handbook, February 2017
8. TDCJ Staff Who Speak a Language Other than English or Spanish, February 2016
9. TDCJ Safe Prisons Offender Video Transcript, Offender Orientation
10. Offender PREA Video Training Roster
11. Unit Classification Procedure 5.00, Orientation Procedures
13. Administrative Directive, AD-04.25, Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking
14. Administrative Directive, AD-06.25, Qualified Interpreter Services – American Sign Language
15. Correctional Managed Health Care Policy Manual CMHCPM G-51.1, Offenders with Special Needs
16. Security Memorandum, SM-05.50, Quality Spanish Interpreter Guidelines

Interviews:
1. Interview with Intake Staff
2. Interview with Random Inmates
Site Review Observations:
1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):
115.33 (a): Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 02.03 outline the requirement for inmates to receive PREA education, specifically information on the agencies zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 1,136 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the offender orientation handbook as well as the Safe Prisons/PREA Program brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmate at intake. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. The auditor observed during the tour, the intake area and was provided an overview of the intake process. Inmates were provided with a handout/brochure and were also asked the risk screening questions during this time. A video of the PREA education is playing in the intake area on a loop while the inmates are waiting to be processed into the facility. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random inmates that were interviewed indicated that they received PREA information at the time of intake.

115.33 (b): The Safe Prisons/PREA Operations Manual 06.02 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Sexual Abuse/PREA Awareness video will be show to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agencies policies and procedures related to prevention, detection and response. The PAQ indicated that 5,949 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100%. Staff indicated that numerous inmates receive education prior to the 30 days and as such inmates who are there less than 30 days have also received the PREA comprehensive education. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. Interviews with the intake staff and random inmates confirmed that all inmates receive comprehensive PREA education via a video.

115.33 (c): A review of a sample of inmate records indicated that 100% of those sampled received comprehensive PREA education. All inmates that are received by the facility receive PREA training and education. Interviews with intake staff indicate all inmates receive PREA education.

115.33 (d): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The agency has a staff translator list that is utilized by the facility for any inmates who are LEP. They can also utilize the language line, a service they can call that will translate information between the staff member and LEP inmate. A review of a sample of LEP inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in Spanish.

115.33 (e): Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness education sign-in roster. This information is then entered into the offender’s individual treatment plan. A review of inmate’s files indicate that all inmates have been provided comprehensive PREA education.
The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program Brochure and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Safe Prisons/PREA Operations Manual 02.03, the Safe Prisons/PREA Operations Manual 06.02, Intake Procedures 1.10, the offender orientation handbook, the Safe Prisons/PREA Program Brochure, E.37.5 (Interpretive Services), G-51.5 (American Sign Language), the staff translator list, the safe prisons offender video transcript, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates, this facility exceeds this standard.

**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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

**115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

**115.34 (c)**

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

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. 2013 Operational Procedures Manual OIG-02.15, Training Procedures
4. Investigator Training Records (46)
5. Board Policy, BP-01.07, Inspector General Policy Statement
6. Safe Prisons / PREA Program, Conducting a Thorough Investigation
7. TDCJ Correctional Training and Staff Development, Sergeants, Food Service and Laundry Managers Academy, Conducting a Thorough Investigation
8. Office of the Inspector General, Training Section Lesson Plan, 3201, Sexual Assault Investigative Topics
9. Executive Directive PD-97, Training and Staff Development
10. Administrative Directive AD-16.03, Evidence Handling
11. Correctional Managed Health Care Policy Manual, C-25.1, Orientation Training for Health Services Staff
12. Office of the Inspector General, Training Section Lesson Plan, 2029, Interview and Interrogation
14. OIG NIC PREA Training Test Results
15. OIG Roster NIC PREA Training 2021

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums: Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. A review of investigator training records indicated that all OIG investigators have completed the National Institute of Corrections (NIC) specialized investigator training. The PCM who completes administrative investigations and the OIG investigator both received specialized training. The OIG investigator indicated they received specialized training through the Texas Rangers as well as the NIC training.

115.34 (b): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums: Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. The training curriculums included the following: 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 criminal prosecution. A review of investigator training records indicated that all OIG investigators have completed the National Institute of Corrections (NIC) specialized investigator training. The PCM who complete administrative investigations and the OIG investigator both received specialized training. The OIG investigator indicated they received specialized training through the Texas Rangers as well as the NIC training.
training through the Texas Rangers as well as the NIC training. The OIG investigator confirmed that all the aforementioned topics were included in his training.

115.34 (c): The PAQ indicated that currently there are 150 investigators who complete criminal PREA investigations and 44 investigators who complete administrative investigations. The PAQ indicated that all have received specialized training. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and all administrative investigators have received specialized training through the agency. The interviews with investigative staff indicated that they received specialized training and it was documented.

115.34 (d): The PAQ indicated that currently there are 150 investigators who complete criminal PREA investigations that work for the Office of the Inspector General. This office is independent of the TDCJ. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and are required to receive this training prior to conducting sexual abuse investigations.

Based on a review of the PAQ, OIG-02.15, Safe Prisons/PREA Investigation Training Curriculum, Sexual Assault Investigation Topics Curriculum, a review of investigator training records as well as interviews with investigative staff, indicate that this standard appears to be compliant.

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes □ No □ NA

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 or the agency does not employ medical staff.)  ☒ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  ☒ Yes  ☐ No  ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  ☒ 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)*

Documents:
1. Pre-Audit Questionnaire
2. Correctional Managed Health Care Policy Manual CMHCPM C-25.1, *Orientation Training for Health Services Staff*
4. Administrative Directive AD-16.03, *Evidence Handling*
5. Correctional Managed Health Care Policy Manual CMHCPM C-19.1, *Continuing Education / Staff Development*
7. National PREA Resource Center, *PREA Health Care Standards* PowerPoint
8. PREA: Part 4, *Specialized Training for Medical and Mental Health Staff* PowerPoint
10. Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact, *Specialized Training: Medical and Mental Health Care*

Interviews:
1. Interview with Medical and Mental Health Staff
Site Review Observations:
1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): Correctional Managed Health Care Policy Manual C-25.1, requires that all medical and mental health care staff complete an orientation within 90 days. The orientation includes security, classification and health care topics and specifically discusses the detection, assessment and response to offender/victim sexual abuse and sexual harassment. Medical and mental health services are provided through the University of Texas Medical Branch (UTMB). The Managed Care PREA Annual Training is required to be completed within the first quarter by all staff and includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 72 medical and mental health staff and that 100% of these staff received the specialized training. A review of medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that they had received the PREA specialized training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. Inmates are transported to a local hospital (Baylor Scott and White Health), where nurses with specialized training completes the forensic medical examination. Senate Bill 1191 requires these nurses to have received specialized training prior to conducting these exams. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of sample training documents for medical and mental health care staff confirm that staff who complete the specialized training are required to complete a post text quiz and that a certificate is printed showing the test score and completion of the training. The certificate of completion is added to each staff members training file.

115.35 (d): All medical and mental health care staff are considered contractors. The PAQ indicated that contractors who have contact with inmates have been trained on their responsibilities under the facility’s policies and procedures on sexual abuse and sexual harassment. The PREA training provided to medical and mental health staff is the initial NEO Training: Safe Prisons/Sexual Assault. Additionally, all contractors are required to view the Safe Prisons/PREA in Texas training video and sign that they understand the information received. A review of sample training documents for medical and mental health care staff indicated that 100% of those reviewed completed and signed the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received PREA training.

Based on a review of the PAQ, CMHCPM C-25.1, the Managed Care PREA Annual Training, the NEO training, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)
▪ Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

▪ Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

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

115.41 (c)

▪ Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

▪ Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

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

115.41 (e)
• In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)
• Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)
• Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

• Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

• Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

• Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01, Offender Assessment Screening
4. TDCJ, Correctional Institutions Division 5.06, Intake Procedures
5. Offender Assessment Screening (Attachment E)
6. Inmate Assessment and Re-Assessment Records
7. Correctional Institution Division Prison Rape Elimination Act / PREA, Statement of Fact, Screening For Risk of
   Victimization and Abusiveness
8. Correctional Managed Health Care Policy Manual (CMHCPM) E-35.1, Mental Health Appraisal for Incoming
   Offenders
9. Correctional Managed Health Care Policy Manual (CMHCPM) A-09.01, Privacy of Care
11. TDCJ Offender Intake Processing, Psychological Screening Interview, CL-69

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):
115.41 (a): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates
will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive
toward other inmates. During the tour, the auditor observed the intake area, however this area is not where the risk
screening occurs. The risk screening is conducted in a private office setting, typically with the PREA Compliance
Manager (Safe Prisons Staff). Interviews with random inmates confirm that they were asked questions either the same
day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened
at intake and that the offender assessment screening form is completed.
115.41 (b): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 1135 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate files confirmed that this screening ordinarily takes place within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment E and E-1 indicated that inmates answer yes or no questions with one being multiple for gender identity/sexual preference and that many of the questions can be confirmed through a review of the inmate’s file.

115.41 (d): A review of Attachment E and E-1 indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate’s own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included.

115.41 (e): A review of Attachment E and E-1 confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. Interviews with intake staff confirm that these criteria are considered and utilized to determine if the inmate is a potential predator and how to house accordingly.

115.41 (f): SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for the inmate’s risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 1259 inmates were reassessed within 30 days. The PAQ indicated that 1259 inmates’ length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the risk screening indicated that inmates are reassessed between 15 and 30 days. Interview with random inmates indicated that they were asked the risk screening questions typically on the first or second day. A review of a sample of inmate files who had been housed at this facility for a more extended period of time indicated that inmates are being reassessed within the 30-day timeframe.

115.41 (g): SPPOM 03.01, page 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that inmates are re-assessed by UCC and also in the event of new information arising or incidents occurring which may indicate a change in the inmate’s risk need. Interviews with random inmates indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of inmate files indicated that inmates are being reassessed.

115.41 (h): The Safe Prisons/PREA Plan, pages 19-20, as well as the SPPOM 03.01, page 2, indicates that inmates would not be discriminated for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate’s own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening. Interviews with random inmates confirmed that they have never been disciplined for not answering any screening questions.

115.41 (i): The Safe Prisons/PREA Plan, pages 19-20 as well as the SPPOM 03.01, page 2, as well as the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the
information obtained during the risk screening is only assessable to the Compliance Manager, the Major and other supervisors. The Compliance Manager keeps the risk screening in files that are securely locked and staff only use this information to keep inmates safe through assignment of housing, work and programs.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, Attachment E and E-1, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that the facility exceeds this standard.

**Standard 115.42: Use of screening information**

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes □ No

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes □ No □ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes □ No □ NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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)*

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. Safe Prisons/PREA Operations Manual SPPOM 03.01, Offender Assessment Screening
4. Safe Prisons/PREA Operations Manual SPPOM 03.02, Special Population Processing and Review
5. TDCJ Unit Classification Procedure UCP 4.00, Offender Housing Assignments
7. Offender Assessment Screening (Attachment E & E-1)
8. Sample of Risk Based Housing Documents
9. Sample of Transgender/Intersex Reassessments
10. Inmate Housing Assignments/Logs
11. Administrative Directive AD-04.18
12. Correctional Managed Health Care Policy Manual CMHCPM G-51.11, Treatment of Offenders with Intersex Conditions or Gender Dysphoria, Formerly Known as Gender Identity Disorder
13. Correctional Managed Health Care Policy Manual CMHCPM E-35.1, Mental Health Appraisal for Incoming Offenders
15. TDCJ Correctional Institutions Division, Classification Plan, April, 2018

Interviews:
1. Staff Responsible for Risk Screening
2. PREA Coordinator
3. PREA Compliance Manager
4. Transgender/Intersex Inmates
5. Gay, Lesbian and Bisexual Inmates

Site Review Observations:
1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):
115.42 (a): Unit Classification Procedure 4.00, AD-04.17, pages 6-8 and SPPOM 03.01, indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the Compliance Manager and staff responsible for the risk screening indicated that he information is used to make housing determinations and job assignment determinations. Interviews confirmed that inmates at high risk of victimization would not be authorized work assignments or program/education assignments with inmates at high risk of being sexually abusive. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together.
115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicates that all offender risk assessments are reviewed by the PCM, Major and/or Warden to determine the safest housing, work and program assignments and they would not be placed in the same dorm. The PCM and the Major are involved with all housing of inmates who are at high risk of victimization or high risk of being sexually abusive.

115.42 (c): The Safe Prisons/PREA Plan, page 19, indicates that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place and that this occurs at the agency’s reception centers where inmates arrive. The interview with the PCM indicated that these housing determinations are typically made on a case by case basis. The type of program the inmate is required to participate in is a huge factor in the housing area, however safety and security are also taken into consideration when assigning housing dorms based on program assignments. Interviews with transgender inmates indicated that they were all asked about their safety by staff at the facility and they all did not believe they were placed in a housing unit strictly for LGBTI inmates.

115.42 (d): SPPOM 03.02, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The PAQ indicated that this practice is taking place. Transgender and Intersex inmates are seen by a Committee twice a year and all inmates are reassessed within 15 - 30 days of their arrival. The interview with the PC and staff responsible for the risk screening indicated that transgender and intersex inmates are seen by classification every 30 days or sooner if needed to review their safety, security and assignments.

115.42 (e): SPPOM 03.02, indicates that the inmate’s own views with respect to his or her safety is given serious consideration. The PAQ indicated that this practice is taking place. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety during the assessments and this information is given serious consideration. The interviews of transgender/LGBT inmates indicated all were asked about their own view with respect to their safety and they felt that the facility housed them appropriately.

115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering from one another via barriers. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. All transgender/LGBT inmates interviewed indicated that they can shower separately.

115.42 (g): The PAQ and a review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various dorms throughout the facility. The interviews with the PC and PCM confirmed that LGBTI inmate are not placed in one specific housing unit. Interviews with inmates who identified as LGBTI indicated that they did not feel they were placed in any specific dorm based on their sexual preference and/or gender identity.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01 and 03.02, AD-04-17, Unit Classification Procedure 4.00, a review of inmate housing assignments, a review of transgender and intersex inmate’s assessments and information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, indicates that this facility exceeds this standard.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

• If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

• If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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 restrictive housing because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. TDCJ Restrictive Housing Plan, August 2019
4. I-203 Form
5. TDCJ Safe Prisons / PREA Program, Offender Protection Investigation
6. TDCJ Protective Safekeeping Plan, July 2015
7. TDCJ Restrictive Housing Log, I-188 form
8. Administrative Directive, AD-04.63, Transient Status Offenders

**Interviews:**
1. Interview with the Warden

**Site Review Observations:**
1. Observation of Housing Units – Restrictive Housing

**Findings (By Provision):**

**115.43 (a):** The Safe Prisons/PREA Plan, page 18-19, and the Restrictive Housing Plan, page 11 indicate that the agency does not place inmates at high risk for sexual victimization in involuntary restrictive housing unless an assessment of all available alternatives have been made and no alternative is available to separate the inmate from likely abusers. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. Inmates at the facility are only placed on a restrictive housing status due to high risk of sexual victimization and until an alternate housing can be arranged.
115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The I-203 form documents the placement and restrictions for inmates on a segregated status.

115.43 (c): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in restrictive housing due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. A review of the inmates’ housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. Many of these inmates were moved to alternate housing within a few days of placement in restrictive housing. Interview with the Warden indicated that this is standard practice.

115.43 (d): The Offender Protection Investigation form documents the basis for the concern for the inmates’ safety and why no alternative means of separation could be arranged. A review of the inmates’ housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. Many of these inmates were moved to alternate housing within a few days of placement in restrictive housing. Interview with the Warden indicated that this is standard practice.

115.43 (e): The Restrictive Housing Plan, page 11, indicates that if an inmate was placed in restrictive housing due to risk of victimization they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven day for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. A review of the inmates’ housing assignment for those who have alleged sexual abuse indicates that they were not held in restrictive housing status for 30 days. Many of these inmates were moved to alternate housing within a few days of placement in restrictive housing. Interview with the Warden indicated that this is standard practice.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan, the I203 Form and the Offender Protection Investigation Form, observations from the facility tour related to any restrictive housing areas as well as information from the interview with the Warden indicates that this facility exceeds this standard.

### REPORTING

#### Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No
115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. TDCJ Offender Orientation Handbook, February 2017
4. TDCJ PREA Ombudsman Office Brochure
5. PREA Posters
6. TDCJ Board Policy BP-03.91, Uniform Offender Correspondence Rules
7. Executive Directive ED-02.10, Prison Rape Elimination Act Complaints and Inquiries
8. TDCJ Safe Prisons / PREA Operations Manual SPPOM 02.03, Safe Prisons/PREA Program Postings and Brochures
9. Correctional Institution Division, Prison Rape Elimination Act / PREA, Statement of Fact, Inmate Reporting
10. Executive Directive PD-29, Sexual Misconduct with Offenders
11. Sample Email on Sealed and Uninspected Mail to PREA Ombudsman, August 2018

**Interviews:**
1. Random Staff
2. Random Inmates
3. PREA Compliance Manager

**Site Review Observations:**
1. Observation of PREA Reporting in all Housings Units – PREA Ombudsman posters were in both English and Spanish in each unit

**Findings (By Provision):**

**115.51 (a):** The Safe Prisons/PREA Plan, page 20-21, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; on an inmate request (I-60 form), via sick call, via grievance, by calling or writing the PREA Ombudsman or by having any family member or friend report the allegation to the Office of the Inspector General, PREA Ombudsman or any facility staff member. During the tour, it was observed that information pertaining to how to report PREA allegations to the PREA Ombudsman and the OIG was posted in all housing units. Interviews with a sample of inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most inmates indicated that they would ask to speak to the PCM, fill out an I-60 or tell a family member or friend. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways (those indicated above) to report sexual abuse and sexual harassment.

**115.51 (b):** The Safe Prisons/PREA Plan, page 20-21, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage confirm the agency provides information and phone number for the outside entity reporting method. The outside entity is the PREA Ombudsman’s Office. This office is separate from the Texas Department of Criminal Justice. During the tour, it was observed that information pertaining on how to report PREA allegations to the PREA Ombudsman’s Office was posted in all housing units. Inmates can have a third party call 936-437-5570 or can write to P.O. Box 99, Huntsville, TX 77342. The interview with the PC indicated that the outside entity would receive the allegation and would immediately relay the reported information back to the facility. Interviews with a sample of inmates confirm that they are aware of the outside reporting mechanism and that the information is posted in their housing area.

**115.51 (c):** The Safe Prisons/PREA Plan, page 20-21, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with a sample of inmates confirm that they are aware of the methods available for reporting. Interviews with a sample of staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

**115.51 (d):** The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman’s Office. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, to the OIG directly or to the PREA Ombudsman’s Office.
Based on a review of the PAQ, Safe Prisons/PREA Plan, the offender orientation handbook, the PREA Ombudsman brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the PCM, random inmates and random staff, this facility exceeds this standard.

**Standard 115.52: Exhaustion of administrative remedies**

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

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<tr>
<th>115.52 (a)</th>
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<tr>
<td>• 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</td>
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<th>115.52 (b)</th>
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<td>• 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</td>
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<td>• 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</td>
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<th>115.52 (c)</th>
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<tr>
<td>• Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA</td>
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<tr>
<td>• Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA</td>
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<th>115.52 (d)</th>
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<td>• Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA</td>
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<td>• 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</td>
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an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

115.52 (g)

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. TDCJ Administrative Directive AD-03.82, Management of Offender Grievances
4. TDCJ Offender Grievance Operations Manual OGOM 9.00, Third Party Grievance
5. TDCJ Offender Grievance Operations Manual, Appendix B, Instructions on How to Write and Submit Grievances
7. Offender Orientation Handbook
8. Sexual Abuse Related Grievance Codes Log of Sexual Abuse and Sexual Harassment Allegations (169)
9. TDCJ Board Policy BP-03.77, Offender Grievances
10. TDCJ Offender Grievance Form, Step 1, Form I-127, Appendix F - sample
11. TDCJ Offender Grievance Operations Manual OGOM 4.00, Grievance Time Limits
12. TDCJ Offender Grievance Operations Manual OGOM 1.04, PREA Allegations

Interviews:
1. Inmates Who Reported Sexual Abuse

Findings (By Provision):
115.52 (a): The Safe Prisons/PREA Plan, AD-03.82 and OGOM 9.00, are the policies related to inmate grievances. The PAQ indicated that the agency is not exempt from this standard.

115.52 (b): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use
the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that sexual abuse or sexual harassment grievances had been submitted in the previous twelve months.

115.52 (c): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that 41 sexual abuse grievances had been submitted in the previous twelve months.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there have been 41 grievances of sexual abuse filed in the previous twelve months. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that 41 sexual abuse grievances had been submitted in the previous twelve months. These grievances reached final decision within 90 days of being filed.

115.52 (e): AD-03.82, OGOM Appendix U and OGOM 9.00, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. A review of the grievance log indicated that 41 sexual abuse grievances had been submitted in the previous twelve months. Seven of these grievances indicated that they was filed by a third party and that the inmate declined third party assistance.

115.52 (f): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision will document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log indicated that 41 sexual abuse grievances had been submitted in the previous twelve months. None of these grievances indicated that the inmate was at substantial risk of imminent sexual abuse.

115.52 (g): The Safe Prisons/PREA Plan, page 22, indicates that the inmate may be disciplined for filing a grievance in bad faith. The PAQ indicated that one inmate had been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the grievance log and sample grievances indicated that 41 sexual abuse grievances had been submitted in the previous twelve months and one resulted in disciplinary action against the inmate for having filed the grievance in bad faith.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, OGOM, OGOM 9.00, OGOM Appendix U, the offender orientation handbook, the grievance log, sample grievances and information obtained from interviews with inmates, this standard appears to be compliant.
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? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- 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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. Texas Association Against Sexual Assault (TAASA) Service Directory
Interviews:
1. Random Inmates
2. Inmates Who Reported Sexual Abuse

Site Review Observations:
1. Observations of Victim Advocacy Information

Findings (By Provision):

115.53 (a): The Safe Prisons/PREA Plan, page 12, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. The PAQ indicated that inmates were provided mailing addresses and phone numbers and that they enabled reasonable communication with these services in as confidential a manner as possible. A review of TAASA brochure indicated that the facility does provide inmates a mailing address and phone numbers for TAASA. TDCJ also has a MOU with Families in Crisis to provide emotional support services for victims of sexual abuse. Additionally, the facility offers emotional support through their on-site OVRs. Inmates have access to the TAASA number by requesting through staff to call. The Families in Crisis can be contacted through a 24/7 crisis hotline. The inmates can also contact the PREA Ombudsman’s office. Interviews with random inmates and inmates who reported sexual abuse indicated that they were familiar with the process of having emotional support services, but they weren’t 100% certain that the facility offered them. Most inmates indicated they believed that they would be provided this information if they asked and they thought it would be confidential. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. A review of the PAQ as well as the offender orientation handbook indicated that inmates were informed about confidentiality and that all calls on the inmate phones were recorded. The MOU with Families in Crisis includes language which requires that the community provider maintain confidentiality of communications related to sexual abuse as required by law and PREA standards. Other information provided by the victim might not be considered confidential. Threats of harm to self or others will be reported to the appropriate TDCJ contact. Interviews with random inmates and inmates who reported sexual abuse indicated that they were familiar with the process of having emotional support services, but they weren’t 100% certain that the facility offered them. Most inmates indicated they believed that they would be provided this information if they asked and they thought it would be confidential.

115.53 (c): The agency has entered into a MOU with the Families in Crisis to provide local advocacy services which include providing inmates with confidential emotional support services related to sexual abuse. This community provider makes available victim advocates for inmates of the TDCJ Hughes Unit. A copy of the MOU has been obtained and reviewed by the auditor and contact was also made with the executive director of the community provider to verify the information included in the MOU. The director and the facility both stated that the inmates at this time are not able to call the Center directly from the inmate phones due to Securus requiring a pin # and only numbers that are on the inmate’s approved phone list are authorized. The director and the facility administration both stated,
however, that this is in the process of being updated to allow the inmate phones to enter a code which will bypass the pin # requirement. Inmates are allowed to make phone calls to this or any provider by requesting this from staff.

Based on a review of the PAQ, the Safe Prison/PREA Plan, Texas Association Against Sexual Assault Prison Rape Brochure, the offender orientation handbook, the MOU with the Families in Crisis, observations from the facility tour related to PREA signage and posted information and interviews with random inmates and inmate who reported sexual abuse, and interviews with staff and the community provider, this standard appears to be compliant.

### Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

**Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire
2. TDCJ Offender Orientation Handbook, February 2017
3. PREA Posters
5. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*, February 2019
6. TDCJ Safe Prisons / PREA Operations Manual, SPPOM 04.02, *Receiving Allegations of Sexual Abuse from an Outside Agency*
7. TDCJ Executive Directive, ED-02.10, *Prison Rape Elimination Act Complaints and Inquiries*
8. TDCJ Board Policy, BP-02.09, *Prison Rape Elimination Act Ombudsman Policy Statement*
9. TDCJ Executive Directive, ED-02.03, *Ombudsman Program*

**Findings (By Provision):**

**115.54 (a):** The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the general information guide for families of offenders and PREA posters as well as the agency’s website (www.tdcj.texas.gov/tbcj/prea.html or www.tdcj.texas.gov/ks_offender.html) confirms that third parties can report on behalf of an inmate. Third parties can report via the PREA Ombudsman’s office, the OIG or reporting directly to the facility Warden.
Based on a review of the PAQ, the offender orientation handbook, the general information guide for families of offenders, PREA posters and the agency’s website this standard appears to be compliant.

![OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT](image)

**Standard 115.61: Staff and agency reporting duties**

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

### 115.61 (a)

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

### 115.61 (b)

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

### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)
• Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
4. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders
5. TDCJ Safe Prisons/PREA Operations Manual SPPOM 05.0, Sexual Abuse Response and Investigation
6. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse
9. Human Resources Code Chapter 40, Department of Family and Protective Services; Child Welfare and Protective Services
10. TDCJ State Jail Youthful Offender Program SJYOP 02.03, Requirement to Contact Department of Family Protective Services (DFPS)
11. Texas Administrative Code, Title 40 Social Services and Assistance, Part 19 Department of Family and Protective Services, Chapter 705 Adult Protective Services, Subchapter A Definitions, Rule 705.103 *How is abuse defined?*

Interviews:
1. Random Staff
2. Medical and Mental Health Staff
3. Warden
4. PREA Coordinator

Findings (By Provision):

**115.61 (a):** The Safe Prisons/PREA Plan, page 23, AD-16.20, pages 3-4 and PD-29, pages 4-5, outline the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with random staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

**115.61 (b):** The Safe Prisons/PREA Plan, page 23 and the SPPOM 05.01, page 4, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information unless they were required to complete an Inter-Office Communication (IOC) which is a written report of the incident.
115.61 (c): The Safe Prisons/PREA Plan, page 23, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform inmates of the limits of confidentiality.

115.61 (d): CMHCPM G-57.1 indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, the Department of Family and Protective Services would be notified. 115.61 (e): AD-16.20, pages 3-4, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Office of the Inspector General. The PAQ along with the interview with the Warden confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported to the Office of the Inspector General.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-16.20, PD-29, SPPOM 05.01, CMHCPM G-57.1 and interviews with medical, mental health, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.01, Sexual Abuse Response and Investigation
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.03, Time Frames Associated with Offender Protection Investigations
5. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
6. TDCJ Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents
7. TDCJ Hughes Unit – Alleged Sexual Abuse Allegations (52)

Interviews:
Findings (By Provision):

115.62 (a): SPPOM 05.01 and 05.03, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. Interviews indicated that if an inmate is having issues with other inmates, that the facility would make appropriate housing changes, if necessary. The interviews with the Agency Head and Warden indicated that any inmate at risk would be removed from the situation immediately and an investigation would commence. The offender’s job assignment, housing assignment and programming assignments would be reviewed. The inmate may be moved to a different dorm, moved to a new facility or be placed in safekeeping status. Interviews with random staff indicated that they would immediately remove the inmate from the situation.

Based on a review of the PAQ, SPPOM 05.01 and 05.03 and interviews with the Agency Head, Warden and random staff indicate that this standard appears to be compliant.

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.0, Reporting Allegations of Sexual Abuse to Other Confinement Agencies
4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 04.02, Receiving Allegations of Sexual Abuse from an Outside Agency
5. TDCJ Board Policy BP-01.07, Inspector General Policy Statement
5. Unit Demonstration – Notifications and Response of Allegations Received to Other Facilities (7)
7. TDCJ Safe Prisons/ PREA Operations Manual SPPOM 05.05, Completing the Offender Protection Investigation
8. Unit Demonstration – Notifications and Response of Allegations Received from Other Facilities (5)
9. TDCJ Safe Prisons / PREA Operations Manual 05.01, Sexual Abuse Response and Investigation
10. List of Sexual Abuse Investigations (52)
11. Report of Alleged Abuse to/from other Facilities (2)

**Interviews:**
1. Agency Head
2. Warden

**Findings (By Provision):**

115.63 (a): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Unit Safe Prisons PREA Manager (USPPM) will notify the Safe Prisons PREA Management Office (SPPMO), who will then notify the appropriate office of the outside agency. The PAQ indicated that during the previous twelve months, the facility had one inmate report that they were abused while confined at another facility. Notification was made in compliance with the standard.

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has had one inmate report that they were abused while confined at another facility. The notification was received within the required 72 hour period.

115.63 (c): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has had one inmate report that they were abused while confined at another facility. The notification for this incident was made and documented.

115.63 (d): The Safe Prisons/PREA Plan, page 25 and SPPOM 04.02, indicates that if the facility receives information from another agency head that an inmate alleges they were sexually abuse while housed at the facility, the allegation will be reported to the PREA Ombudsman and the Office of the Inspector General. The PAQ indicated that during the previous twelve months, the facility has had one allegation of sexual abuse from other facilities. This allegation was investigated according to PREA standards.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 04.01 and 04.02 and interviews with the Agency Head and Warden, as well as review of the reported incidents from and to other facilities, this standard appears to be compliant.

**Standard 115.64: Staff first responder duties**

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

115.64 (a)
Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.01, Sexual Abuse Response and Investigation
4. TDCJ Administrative Directive AD-16.03, Evidence Handling

Interviews:
1. Security Staff and Non-Security Staff First Responders
2. Inmates Who Reported Sexual Abuse

Findings (By Provision):
115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been 51 allegations of sexual abuse. All random staff interviewed were well versed first responder duties. All staff indicated they would separate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. Of the 51 allegations, there were 13 instances in which a security staff member was the first to respond in which they separated the alleged victim and abuser. In the past 12 months there were 27 allegations in which staff were notified within a time period that still allowed for the collection of physical evidence.

115.64 (b): The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01 describe staff first responder duties. Specifically, it requires that non-security staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been 51 allegations of sexual abuse. There were no instances in the past 12 months in which the first responder was a non-security staff. Interviews with first responders (security and non-security) confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM 05.01 and interviews with first responders this standard appears to be compliant.

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons / PREA Program, Sexual Abuse Coordinated Response Plan
3. Rape Crisis Center Solicitation Letters 2018-2020
4. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
5. TDCJ Safe Prisons / PREA Operations Manual, SPPOM 05.01, Sexual Abuse Response and Investigation
**Interviews:**
1. Warden

**Findings (By Provision):**

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response and the interview with the Warden, this standard appears to be compliant.

**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)*

**Documents:**
1. Pre-Audit Questionnaire
3. TDCJ Executive Directive PD-29, *Sexual Misconduct with Offenders*

**Interviews:**
1. Agency Head
Findings (By Provision):
115.66 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency’s behalf.

115.66 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency’s behalf.

Based on a review of the PAQ and the interview with the Agency Head, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

▪ Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

▪ Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

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

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

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes □ No

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes □ No

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes □ No

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes □ No

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes □ No

 Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes □ No

115.67 (d)

 Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes □ No

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 5.08, 90-Day Monitoring for Retaliation
6. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders
5. Attachment N.S. 90 Day Monitoring Form (Staff)
6. Attachment N.O. 90 Day Monitoring Form (Inmates)

Interviews:
1. Agency Head
2. Warden
3. Designated Staff Member Charged with Monitoring Retaliation
4. Inmates Who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the Warden, the PREA Compliance Manager and the Major are responsible for monitoring for retaliation.

115.67 (b): SPPOM 02.04, outlines the agency’s protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim work changes for inmates, placement in safe keeping or protective custody, if necessary and emotional support services. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. As previously stated, all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline.

115.67 (c): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. As previously stated, all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as shift change, removal or discipline.
115.67 (d): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. The agency has a policy that outlines the procedure and does have two forms that are utilized, Attachment N.O. and Attachment N.S. to ensure all requirements are met and staff and inmates are safe from retaliation. Additionally, as previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they review the inmate for at least 90 days and would perform a minimum of three in-person status checks. A review of the files for inmate’s who have made a sexual abuse or harassment allegation indicated that the retaliation reviews were completed for all of the inmate files reviewed.

115.67 (e): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency’s protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. Interviews with the Agency Head and Warden indicated that they would employ the same protective measures as stated previously related to staff and inmates to include, housing changes, administrative action, removal of staff and/or disciplinary action.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 02.04, SPPOM 05.08, Attachment N.O., Attachment N.S. and interviews with the Agency Head, Warden and staff charged with monitoring for retaliation, as well as a review of the completed retaliation monitoring forms, this standard appears to be compliant.

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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ, Protective Safe Keeping Plan, July 2015
4. Protective Safe Keeping Plan Attachments A-E
5. TDCJ, Restrictive Housing Plan, August 2019
6. TDCJ, Administrative Directive AD-04.63, Transient Status Offenders

Interviews:
1. Warden
2. Staff who Supervise Inmates in Segregated Housing
Site Review Observations:
1. Observations of the Restrictive Housing Unit

Findings (By Provision):
115.68 (a): The Safe Prisons/PREA Plan, page 18-19, indicates any use of restrictive housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were placed in involuntarily restrictive housing for zero to 24 hours or longer than 30 days. During the tour, it was observed that the restrictive housing unit did not house any inmates who alleged sexual abuse or harassment. The interview with the Warden indicated that inmates who alleged sexual abuse would never be placed in restrictive housing longer than necessary to secure alternate housing. The interview with staff who supervise inmates in restrictive housing indicated this, as well. Interviews with inmates who had reported a sexual abuse indicated that they were not housed involuntarily in restrictive housing and that their housing was adjusted to provide them safety.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Protective Safekeeping Plan, Attachments A-E and the interview with the Warden and staff who supervise inmates in restrictive housing and interviews with inmates who reported a sexual abuse, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

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

115.71 (c)
- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

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

115.71 (e)
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

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

115.71 (h)
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

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

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Office of the Inspector General, Operational Procedures Manual OIG-04.05, Offender Sexual Assault Investigations
4. TDCJ Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents
5. TDCJ Administrative Directive AD-16.03, Evidence Handling
6. TDCJ Executive Directive ED-16.41, Use of Polygraph Examinations in Administrative Investigations
9. TDCJ Board Policy BP-01.07, Inspector General Policy Statement
11. Investigator Training Records

Interviews:
1. Investigative Staff
2. Inmates Who Reported Sexual Abuse
3. Warden
4. PREA Coordinator
5. PREA Compliance Manager

Findings (By Provision):
115.71 (a): The Safe Prisons/PREA Plan, page 25, section A4, states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There were 51 allegations of sexual abuse at the facility for the previous twelve months. The investigations were reviewed for the criteria. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that currently there are 150 OIG investigators and 44 facility investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the OIG investigators receive the NIC investigator training as well as training through the Texas Rangers. The facility investigators received specialized training through the agency.

115.71 (c): Operational Procedural Manual 04.05, describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including physical evidence, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were 51 allegations of sexual abuse at the facility for the previous twelve months. The investigations were reviewed and included physical and electronic evidence collection as well as interviews. The interviews with investigative staff confirmed that an investigator would respond immediately, would require the victim to be taken for a “rape kit” and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable.

115.71 (d): The Safe Prisons/PREA Plan, page 28, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. The interview with the OIG investigator confirmed that she would gain rapport first and would consult with the prosecutor prior to the interview.

115.71 (e): The Safe Prisons/PREA Plan, pages 28-29, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the OIG investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. Also, interviews with inmates who reported a PREA allegation confirmed that they were not required to take a polygraph test or anything equivalent.

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. Fifty-one administrative investigations were conducted in the previous twelve months. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. A review of the investigations indicates that all of the aforementioned information is included as part of the investigative file.

115.71 (g): All of the sexual abuse and sexual harassment allegations are reported to the OIG. A review of the facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the OIG Investigator confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for prosecution since the last PREA
The interview with the OIG investigator confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred.

**115.71 (i):** The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The retention schedule is found in a document from September 2020. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained.

**115.71 (j):** The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the OIG investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody.

**115.71 (k):** The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations.

**115.71 (l):** The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations. Interviews with the Warden, PREA Coordinator, PREA Compliance Manager and Investigative Staff indicated that the agency and the OIG have a great relationship and that information is shared from the OIG through their liaison (PC).

Based on a review of the PAQ, the Safe Prisons/PREA Plan, OIG-04.05, investigative reports, training records and information from interviews with the Agency Head, Warden, PREA Coordinator, PREA Compliance Manager, and investigative staff, and an inmate who reported sexual abuse, this standard appears to be compliant.

### 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)*

**Documents:**
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons / PREA Plan*, February 2018
3. Safe Prisons / PREA Program, *Conducting a Thorough Investigation*, PowerPoint
4. TDCJ Correctional Training and Staff Development, Sergeants, Food Service and Laundry Managers Academy, 
Conducting a Thorough Investigation, September 2019 Lesson Plan

Interviews:
1. Investigative Staff

Findings (By Provision):
115.72 (a): The Safe Prisons/PREA Plan, page 28 and the PREA Investigations Training, page 6, describes the 
administrative investigation process. Specifically, it indicates that the agency does not impose no higher standard than 
a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are 
substantiated. A review of the records indicated that 51 sexual abuse administrative investigations were completed 
within the previous twelve months. Interviews with investigative staff confirmed that all administrative investigations 
only require a preponderance of evidence to make a substantiated finding.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the PREA Investigations Training and information from 
the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

115.73 (d)

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

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

115.73 (e)

• Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. Safe Prisons/PREA Operations Manual SPPOM 05.05
4. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.10, Reporting Sexual Abuse Criminal Case Status to Offenders
5. TDCJ Safe Prisons / PREA Program, UCC Notification of OPI Outcome, SPPOM 05.05, Attachment M
6. TDCJ Safe Prisons / PREA Program, Staff-on-Offender Sexual Abuse Investigative Worksheet, SPPOM 05.11, Attachment F
7. Investigative Reports
8. TDCJ Safe Prisons / PREA Program, Offender Protection Investigation, SPPOM 05.05, Attachment J
9. TDCJ Hughes Unit – Alleged Sexual Abuse Allegations (52)
10. TDCJ Safe Prisons / PREA Program, Offender Notification Brochure of Opening a Criminal Case (16)

Interviews:
1. Warden
2. Investigative Staff
3. Inmates Who Reported Sexual Abuse

Findings (By Provision):
115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 and SPPOM 05.10 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were 51 criminal or administrative investigations completed within the previous twelve months. The notifications from these investigations were reviewed. The documents reviewed indicated that the inmates were notified of the outcome of the investigation via memo. The interviews with the Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. Interviews were conducted with inmates who had filed an allegation of sexual abuse and/or sexual harassment. These inmates stated to the auditor that they were notified of the outcome of the investigation. Documentation of this was noted in the investigation files of these inmates.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of the investigation to PREA Coordinator who in turn provides the memo to the facilities to notify the inmate. The PAQ indicated that there were six criminal or administrative investigations completed within the previous twelve months by an outside agency. The notifications were reviewed and indicated that the inmates were notified of the outcome of the investigation via memo.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there had been one substantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. The incident occurred in February 2020, which is outside of the timeframe for this audit, however, it was reported and investigated by the OIG within this audit time frame. The employee resigned in March 2020 which was also outside of the audit period time frame. The inmate who had made the allegations was notified that the staff member had left employment at the facility.

115.73 (d): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which a staff member was indicted in the previous twelve months.

115.73 (e): The Safe Prisons/PREA Plan, page 28, describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were 58 notifications made during the audit period. The OIG notifications are in addition to the facility notifications. The documents reviewed indicated that the inmates were notified of the outcome of the investigation via memo.
115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05, SPPOM 05.10, notifications and information from interviews with the Warden and investigative staff and inmates who had reported a sexual abuse or sexual harassment, this standard appears to be compliant.

**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)*

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
5. Windham School District, Windham Board Policy WBP-07.15, Sexual Misconduct with Offenders
7. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders
8. TDCJ Hughes Unit – Alleged Sexual Abuse Allegations (52)

Interviews:

Findings (By Provision):

**115.76 (a):** The Safe Prisons/PREA Plan, page 31, PD-22, pages 42, 49, 52 and 54, and WBP-07.44, pages 7-8, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

**115.76 (b):** The Safe Prisons/PREA Plan, page 39, indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were one staff member who violated the sexual abuse and sexual harassment policies. This staff member resigned prior to termination for violating the sexual abuse and sexual harassment policies. The incident occurred in February 2020 and the staff member resigned in March 2020 which is outside of the time frame for this audit, however, the OIG completed the investigation in March 2021 which is within the requested time frame for this audit. Due to the staff member resigning, no disciplinary sanctions were imposed.

**115.76 (c):** The Safe Prisons/PREA Plan, page 39, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there were one staff member who violated the sexual abuse and sexual harassment policies. This staff member resigned prior to termination for violating the sexual abuse and sexual harassment policies. The incident occurred in February 2020 and the staff member resigned in March 2020 which is outside of the time frame for this audit, however, the OIG completed the investigation in March 2021 which is within the requested time frame for this audit. Due to the staff member resigning, no disciplinary sanctions were imposed.

**115.76 (d):** The Safe Prisons/PREA Plan, page 39, indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there were one staff member who violated the sexual abuse and sexual harassment policies. This staff member resigned prior to termination for violating the sexual abuse and sexual harassment policies. The incident occurred in February 2020 and the staff member resigned in March 2020 which is outside of the time frame for this audit, however, the OIG completed the investigation in March 2021 which is within the requested time frame for this audit. Due to the staff member resigning, no disciplinary sanctions were imposed.

The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-22 and WBP-07.44, this standard appears to be compliant.
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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Executive Directive PD-29, Sexual Misconduct with Offenders
4. TDCJ Volunteer Services Plan
5. TDCJ Rehabilitation Programs Division, Volunteer Training Facilitators Guide, Volunteer Training, Lesson Plan
6. TDCJ Volunteer Services, Acknowledgment of Volunteer Training / Orientation, Appendix F
7. TDCJ Chaplaincy Department, Chaplaincy Manual 13.03, Ecclesiastical Endorsement
8. Email Regarding PREA Violations by Contract Staff – Texas Tech Medical, June 2016
9. Email Regarding PREA Violations by Contract Staff – Volunteers, June 2016
10. Email Regarding PREA Violations by Contract Staff – Windham School District, June 2016

Interviews:
1. Warden

Findings (By Provision):
115.77 (a): The Safe Prisons/PREA Plan, pages 39-40, PD-29, page 6 and the Volunteer Services Plan, page 22, describe the process for corrective action for volunteers and contractors. Specifically, it states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies (Texas Board of Nursing,
Texas Department of Aging and Disability Services and Texas Board of Physicians). The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates.

115.77 (b): PD-29, page 6 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, their supervisor or organization would be contacted to report the misconduct and the allegation would be reported and investigated.

Based on a review of the PAQ, Safe Prisons/PREA Plan, PD-29, the Volunteer Services Plan and information from the interview with the Warden, this standard appears to be compliant.

**Standard 115.78: Disciplinary sanctions for inmates**

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

115.78 (a)

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

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No
115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Correctional Institutions Division, Disciplinary Rules and Procedures for Offenders, August 2019, English and Spanish
4. Correctional Managed Health Care Policy Manual CMHCPM A-08.01, Decision Making for Serious Mentally Ill Patients
5. TDCJ Sex Offender Rehabilitation Programs SOTP 01.04, Referral from Other Sources

Interviews:
1. Warden
2. Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The Safe Prisons/PREA Plan, page 31 and the Disciplinary Rules and Procedures for Offenders, describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months.

115.78 (b): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates’ disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been
any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.78 (c): The Safe Prisons/PREA Plan, page 31 and CMHCMP A-08.01, describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate’s mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable. Prior to any discipline the inmate would be seen by mental health and the mental health staff would complete a form indicating if the inmate’s mental health contributed to the actions.

115.78 (d): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits.

115.78 (e): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. There have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, CMHCMP A-08.01 and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

**MEDICAL AND MENTAL CARE**

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse
5. Correctional Managed Health Care Policy Manual CMHCPM E-35.1, Mental Health Appraisal for Incoming Offenders
6. Correctional Managed Health Care Policy Manual CMHCPM H-61.1, Confidentiality and Release of Protected Health Information
6. Medical/Mental Health Documents
7. TDCJ Safe Prisons / PREA Operations Manual SPOM 03.01, Offender Assessment Screening
8. TDCJ Safe Prisons / PREA Program Attachment E, Offender Assessment Screening
9. TDCJ Safe Prisons / PREA Program, Attachment E-1, Offender Assessment Screening
10. Texas Department of Criminal Justice State Jail Youthful Offender Program SJYOP 02.03, Requirement to Contact Department of Family Protective Services (DFPS), February 2017
11. Correctional Managed Health Care, Urgent / Emergent Care Record (Inmate Record with PII Redacted) (4 Inmate Records)

**Interviews:**
1. Staff Responsible for Risk Screening
2. Medical and Mental Health Staff

**Site Review Observations:**
1. Observations of Risk Screening Area

**Findings (By Provision):**
115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for inmates identified who disclosed prior sexual victimization revealed that inmates were seen by mental health, typically within a week. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization, they are seen by mental health within fourteen days.

115.81 (b): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2 describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. No inmates were identified who previously perpetrated sexual abuse.

115.81 (c): Interviews with medical and mental health staff confirmed that referrals are generated if a screening indicates that an inmate has previously been a victim of sexual abuse or perpetrated a sexual abuse, whether it occurred in an institutional setting or in the community. Medical and mental health staff confirmed that an inmate is offered a follow-up meeting with practitioners within 14 days of the inmate screening.

115.81 (d): The Safe Prisons/PREA Plan, pages 19-20, describes medical and mental health screenings related to sexual abuse. Specifically, it states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff but rather other staff, as necessary, to make housing, program, safety and security decisions. The PREA Compliance Manager and the Major were the main staff who have access to this information. During the tour, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting.

115.81 (e): The Safe Prisons/PREA Plan, pages 19-20 and CMHCPM G-57.1, describes medical and mental health screenings related to sexual abuse. Specifically, it states that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months.
Based on a review of the PAQ, Safe Prisons/PREA Plan, CMHCPM G-57.1, CMHCPM E35.2, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

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

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

**115.82 (a)**

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

**115.82 (b)**

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  ☒ Yes ☐ No

**115.82 (c)**

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

**115.82 (d)**

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

### Auditor Overall Compliance Determination

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*
Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons/PREA Plan, February 2019
3. TDCJ Safe Prisons / PREA Operations Manual SPPOM 05.01, Sexual Abuse Response and Investigation
4. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse
5. Correctional Managed Health Care Policy Manual CMHCPM A-01.01, Access to Care
6. TDCJ, Referral to Mental Health Services, I-214
7. Correctional Managed Health Care, Urgent / Emergent Care Record (Inmate Record with PII Redacted) (4 Inmate records)

Interviews:
1. Medical and Mental Health Staff
2. Inmates Who Reported Sexual Abuse
3. Security Staff and Non-Security Staff First Responders

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The Safe Prisons/PREA Plan, page 13, describes inmates’ access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health area consisted of a few offices. All areas were private and allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours.

115.82 (b): SPPOM 05.01, page 4 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the inmate would be transported to the nearest hospital emergency room that had medical staff qualified to conduct forensic medical examinations. The interviews with first responders indicated the inmate would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the inmate the required medical attention. During the past 12 months, there have been five instances in which inmates were transported to the local hospital for a forensic exam. Documentation of this is also in the investigative files. The facility has a MOU with Baylor Scott and White Health (a local hospital) for outside medical services to include forensic exams. A review of the website for this hospital describes the forensic services that are provided both to citizens in the community and to correctional facilities in the area.

115.82 (c): The Safe Prisons/PREA Plan, page 13 and CMHCPM G-57.1, describe inmates’ access to emergency medical and mental health treatment. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The Safe Prisons/PREA Plan, page 13, describes inmate access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. Interviews with inmates who reported a sexual abuse stated that they were not charged for any services they received.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, Correctional Managed Health Care Policy Manual G-57.1 and information from interviews with medical and mental health care staff as well as interviews with inmates indicated that this standard appears to be compliant.

**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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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)

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1, Sexual Assault / Sexual Abuse
4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1, Continuity of Care

Interviews:
1. Medical and Mental Health Staff
2. Inmates Who Reported Sexual Abuse
3. Security Staff and Non-Security Staff First Responders

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):
115.83 (a): The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health area consisted of a few offices. All areas were private and allowed for adequate confidential.

115.83 (b): The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims...
will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency’s custody. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. Interviews with inmates who reported sexual abuse or harassment indicate that they were offered and some received mental health counseling services.

115.83 (c): The Safe Prisons/PREA Plan, page 14, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The Safe Prisons/PREA Plan, page 14, indicates female offenders who have been sexually victimized while incarcerated are offered pregnancy tests. However, this provision does not apply as the facility does not house female offenders.

115.83 (e): The Safe Prisons/PREA Plan, page 14, indicates female offenders who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to pregnancy related medical services. However, this provision does not apply as the facility does not house female offenders.

115.83 (f): The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHCPM G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B.

115.83 (g): The Safe Prisons/PREA Plan, page 13, describes inmates’ access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. Interviews with inmates who reported sexual abuse or sexual harassment indicated that they were not charged for any services they received.

115.83 (h): The Safe Prisons/PREA Plan, page 14, indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical and mental health staff confirm that offender-on-offender abusers would be offered mental health services.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual G-57, Correctional Managed Health Care Policy Manual E-44.1, and information from interviews with medical and mental health care staff as well as inmates indicate that this standard appears to be compliant.
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)*

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, *Safe Prisons/PREA Plan*, February 2019
3. TDCJ Administrative Directive AD-02.15, *Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*
4. Administrative Incident Review Form
5. TDCJ Safe Prisons / PREA Manual SPPOM 02.0, *Role of the Unit Investigation Team*
6. Instructions for Reporting Alleged Sexual Abuse and Sexual Harassment
7. TDCJ Correctional Institutions Division, Region VI Inter-Office Communications, Unit Investigative Team List (UIT)

Interviews:
1. Warden
2. PREA Compliance Manager
3. Incident Review Team

Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that there were 33 reviews which were completed within the previous twelve months.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that 33 reviews were completed within the previous twelve months.

115.86 (c): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials. A review of the investigative files indicated that incident reviews are conducted.

115.86 (d): The administrative incident review form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The Warden or supervisor submits this report to the Regional Director within ten days and to the Agency Head within 20 days. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will adjust the staffing if necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again.

115.86 (e): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.
Based on a review of the PAQ, Safe Prisons/PREA Plan, Administrative Directive AD-02.15, Administrative Incident Review Form, completed Administrative Incident Review forms and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

**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)*
Findings (By Provision):

115.87 (a): The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (b): The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. A review of collected data confirmed that the agency aggregates sexual abuse data at least annually.

115.87 (c): The Safe Prisons/PREA Plan, page 36, section I, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (d): The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents. At the facility level data is collected through reports. Agency wide it is collected through data from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. This data is included in the annual report and is reported in the Survey of Sexual Victimization as outlined by the Department of Justice.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last one was submitted in 2020 for 2019 data.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 08.01 and the Survey of Sexual Victimization this standard appears to be compliant.

**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)*

**Documents:**

1. Pre-Audit Questionnaire
2. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
3. TDCJ Board Policy BP-02.09, Prison Rape Elimination Act Ombudsman Policy Statement
Interviews:
1. Agency Head
2. PREA Coordinator
3. PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head, PC and PCM confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed. The Agency Head indicated that the data is used to determine appropriate interventions, such as enhanced training, policy updates, infrastructure modifications etc. The data is also utilized to compile the annual report and to ensure that appropriate action is taken at every level of the organization. Additionally, the PC indicated that a monthly report is submitted from each facility that reviews all PREA components.

115.88 (b): The PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress. A review of annual reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action.

115.88 (c): The PAQ indicated that the agency’s annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that after it is approved, it is distributed as required by Texas statute and agency policy. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report as well as previous reports are available to the public online.

115.88 (d): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the annual report and the website, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, Calendar Year 2015, August 2016
3. TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, Calendar Year 2016, July 2017
4. TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, Calendar Year 2017, October 2018
5. TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, Calendar Year 2018, November 2019
6. TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, Calendar Year 2019, July 2020
8. TDCJ Correctional Institutions Division, Safe Prisons / PREA Plan, February 2019
9. TDCJ Executive Directive ED-02.29, Records Management

Interviews:
1. PREA Coordinator

Findings (By Provision):
115.89 (a): The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained by password protected technology.

115.89 (b): The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report, which includes aggregated data, is available to the public online.
115.89 (c): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.88 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted. A review of the agency’s website confirmed that data is available from 2009 to present.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the records retention schedule, annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

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

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle ☒ Yes ☐ No ☐ NA

115.401 (h)

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

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *Substantially exceeds requirement of standards*

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

☐ Does Not Meet Standard *Requires Corrective Action*

Findings (By Provision):

115.401 (a): The facility is part of the Texas Department of Criminal Justice. All TDCJ facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Texas Department of Criminal Justice. The TDCJ has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (b) – (m): The auditor had access to all areas of the facility: was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years,
or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

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

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

**Findings (By Provision):**

115.401 (a). The facility was previously audited on October 22-24, 2018. The final audit report is publicly available via their website: https://www.tdcj.texas.gov/divisions/arrm/rev_stan_pre.html

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**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.

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Cynthia Swier

Auditor Signature

December 4, 2021

Date