

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 25, 2017

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane Auburn, NY 13021			
Email: tome8689@me.com			
Telephone number: 315-255-2688			
Date of facility visit: May 24-26, 2017			
Facility Information			
Facility name: Beauford H. Jester Complex			
Facility physical address: Jester Road Richmond, TX 77406			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 281-277-3030			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Troy Simpson, Senior Warden			
Number of staff assigned to the facility in the last 12 months: Jester1-109, Jester 2-106, Jester 3-261			
Designed facility capacity: Jester 1-328, Jester 2-398, Jester 3-1131			
Current population of facility: Jester1-305, Jester 2-320, Jester 3-1082			
Facility security levels/inmate custody levels: FT/G1-G3, OT, MD, J2/G1, G2			
Age range of the population: 18-78 (range)			
Name of PREA Compliance Manager: J-1Tammie Allen, J-2 Lekisha Hunter, J-3 Stacy Lammers		Title: Unit Safe Prisons PREA Manager	
Email address: J-1 Tammie.Allen@tdcj.texas.gov, J-2 Lekisha.Hunter@tdcj.texas.gov, J-3 Stacy.Lammers@tdcj.texas.gov		Telephone number: J-1 281-277-3030 ext. 1158 J-2 281-277-3030 ext. 2214, J-3 281-777-7000 ext. 3318,	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North, Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville Texas, 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Bryan Collier		Title: Executive Director	
Email address: Bryan.Collier@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: Lori Davis		Title: Director, Correctional Institutions Division	
Email address: Lori.Davis@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Beauford H. Jester Complex was conducted on May 24-26, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 5 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival and also had the opportunity to visit the Texas Department of Criminal Justice (TDCJ) and State PREA Ombudsman Office websites.

This was the initial PREA audit for the Jester Complex, one of the 115 plus facilities within the Texas Department of Criminal Justice. The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the majority of the physical site was toured prior to the actual start of the PREA audit with the rest of the grounds being seen during the conduct of the audit. The entrance briefing for the PREA audit was held on May 24, 2017 with Senior Warden Troy Simpson, Assistant Warden B. Hayes, Assistant Warden L. Burgess, Major P. Demerson, Captain T. Chessher, Lt. L. Hunter (Unit Safe Prison PREA Manager), Tammie Allen (Unit Safe Prison PREA Manager), Stacy Lammers (Unit Safe Prison PREA Manager) and Vicke Mossbarger Regional Safe Prisons PREA Manager in attendance. The auditor gave a brief overview of the audit process and once it was completed the interview portion of the review began.

The auditor interviewed 61 offenders during the site visit. A list of random offenders from each of the housing units (34 offenders), offender disclosing prior victimization (11), offenders reporting allegations of sexual assault (3), a limited English speaking offender (1), offenders indentifying as gay, bisexual and transgender (10) and Segregated Housing Unit offenders (2) were interviewed.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Mental Health Administrator, Human Resources, Mid-Level Supervisor, Upper Level Supervisor, Intake Staff Orientation, Risk of Victimization Assessment, Segregation Supervisor, and Line Staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, Safe Prison PREA Manager (3), Facility Investigator, Office Of Inspector General Investigator and the Warden. The auditor reviewed the interviews of the Director's Representative, Safe Prisons PREA Coordinator, and the Contract Administrator prior to the audit. These interviews were conducted, in September 2016, by the Barbara King certified PREA auditor.

There were 13 PREA investigations conducted at the Jester Complex over the last 12 months The OIG determined in all of the 13 cases, elements of a crime did not exist so the cases received only administrative investigations.

At Jester 1 there were seven (7) PREA allegations made in the last twelve months. Five (5) alleging sexual abuse and two (2) alleging sexual harassment. Three (3) sexual abuse allegations involving offenders and two (2) sexual abuse allegations involving staff. The three (3) allegations against offenders were designated unsubstantiated and the two (2) allegations against staff were also determined unsubstantiated. Two (2) sexual harassment allegations were made against staff and were determined unsubstantiated after completion of those investigations.

At Jester 2 there was one (1) PREA allegation made over the last 12 months. This sexual abuse allegation was made against a staff member and was found unsubstantiated upon completion of the investigation.

At Jester 3 there were five (5) PREA allegations made in the last 12 months. Four (4) alleging sexual abuse and one (1) alleging voyeurism. Three (3) sexual abuse allegations involving offenders and one (1) sexual abuse allegation involving staff. Two (2) of the three allegations against offenders were designated unsubstantiated and one (1) allegation unfounded. The one (1) sexual abuse allegation against staff was determined unsubstantiated after the investigation. The one (1) voyeurism allegation made against staff was found unsubstantiated upon completion of the investigation.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of the PREA Policy providing valuable additional information available by clicking on the topic hyperlink.

The facility utilizes Ben Taub Hospital in the community should it be necessary for an offender to receive a forensic exam. There is a SAFE/SANE Nurse available if needed. A review of the last 12 months indicated no offender has needed to be sent for a forensic exam.

Training records (2014, 2015, and 2016) for all staff mandated PREA training were verified. The auditor also reviewed records for the one time additional training requirements for each Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

At the conclusion of the site visit at the Jester Complex, the auditor met with Senior Warden Troy Simpson, Assistant Warden B. Hayes, Assistant Warden L. Burgess, Major P. Demerson, Captain T. Chessher, Lt. L. Hunter (Unit Safe Prison PREA Manager), Tammie Allen (Unit Safe Prison PREA Manager), Stacy Lammers (Unit Safe Prison PREA Manager) and Vicke Mossbarger Regional Safe Prisons PREA Manager. The auditor let those in attendance know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Jester Complex is a three unit complex operated by the Texas Department of Criminal Justice (TDCJ). The units are Jester I, Carol Vance Unit (Jester II) and Jester III. The complex is four miles east of Richmond, Texas in Fort Bend County. Each unit is housed and staffed independently and serves three distinct populations.

Jester I Unit is a two story brick building constructed in 1932. Offenders are sentenced by the court to participate in this in-prison therapeutic community intended to assist substance abuse offenders in becoming an integral and successful part of society. These offenders are dually diagnosed with mental illness as the second area of concern. This program is operated by the Gateway Foundation. Offenders live in dormitory style units, which offer semi-privacy through a half wall that surrounds three quarters of the designated living area. The unit also contains office space, a food service area, a clinic, and rooms for programming.

The Carol Vance Unit (Jester 2) houses minimum custody offenders who volunteer to participate in a faith-based treatment program called Inner Change Freedom Initiative (IFI). The program is contracted with Prison Ministries, which also provides follow-up care in the community. One housing unit consists of a two-level celled housing block and the other housing areas are dormitory style with the same design as described above. The remainder of the facility includes a clinic, food service, laundry, visiting and program areas and a small armory is located in this unit.

Jester III Unit is a large single story building that houses male offenders and includes Assisted Disability Services (ADS). Services to the offenders include a medical clinic, infirmary, ADS, food service, laundry, visiting, mailroom, classification, administrative offices, gym, craft shop, chapel, school, library and 16 dormitories. Housing is dormitory style as described above. A separate area housed a now closed garment factory, which is expected to be turned into a special housing unit for disabled offenders. There are 30 cells in a two level segregation area. The levels of segregation include: pre-hearing detention, solitary confinement and transient offenders. This facility also has a Trustee camp attached to it. Offenders assigned to this part of the facility work outside the complex performing services such as care and training of the canine unit, maintaining the grounds, assisting with vehicle and plant maintenance.

SUMMARY OF AUDIT FINDINGS

On May 24-26, 2017 a site visit and PREA compliance audit was conducted at the Beauford H. Jester Complex. The final report was provided on June 25 , 2017. The final results of the audit of that Unit are listed below:

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The Safe Prisons PREA Plan, dated August 2014, is the primary comprehensive policy utilized in every facility within the Texas Department of Criminal Justice agency for sexual abuse and sexual harassment. Another agency policy, ED-03.03 (revision 3), further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment within each of its facilities.

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

As the Safe Prisons PREA Coordinator, Ms. Davis has six (6) regionally based Safe Prison/PREA managers who report directly to her and each of the regional directors where they are assigned. TDCJ has ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. Interview with the PREA Coordinator confirms she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. There is an open channel of communication between the PREA Coordinator as she communicates directly with the warden or staff as well as having direct access to the Executive Director,

As noted earlier there are three Safe Prisons PREA Managers at the Jester Complex (J-1 Tammie Allen, J-2 Lekisha Hunter, J-3 Stacy Lammers). The auditor had the opportunity to interview each of them. Each indicated during their interview that they had enough time during their work days to perform PREA responsibilities. Offenders and staff were well aware of who the Safe Prison Prea Manager was at each complex location. All three of these individuals were extremely knowledgeable about the PREA policies, PREA standards and the PREA process. All of them confirmed she has access to the Regional Safe Prisons PREA Manager as well as the Safe Prison PREA Coordinator.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for the Agency and the individual who supervises the employee contract monitor at each facility and oversee the fifteen private prisons within Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified auditor in September 2016. The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's primary responsibility is overseeing that the vendor is compliant with PREA Standards as well as TDCJ Policies and Procedures. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor would take immediate action to resolve the situation. All other concerns would be documented and feedback provided to the vendor; the contract monitor would continue to monitor the concerns until compliance is met. All 15 private facilities under contract with TDCJ have

completed their initial PREA Compliance Audit.

Standard 115.13 Supervision and monitoring

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

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

Each facility within TDCJ is required by SOPM 8.06 (Security Operations Program Manual) to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse.

The Warden and the three Safe Prisons PREA Compliance Managers were well aware of the plan at the Complex. During separate interviews each also indicated the plan is reviewed annually. The auditor did review documentation demonstrating that the plan was last reviewed in March 2016. The review is assessed with the Regional Director and the Agency Safe Prisons PREA Coordinator, Safe Prisons PREA Compliance Manager, Warden, Assistant Warden, and Central Office Security Staffing staff and forwarded to the Director with any recommendations if warranted. The Warden indicated in his interview and the facility provided documentation demonstrated that this plan takes into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. All posts at the Complex must be filled and any deviation to the staffing plan must be reported to the Warden.

There were deviations from the staffing plan during the last 12 months. These deviations were caused by, to include medical escorts, offender release transports, shift coverage between units, farm and maintenance security, and CDO (Constant Direct Observation) issues. These deviations are noted as required by policy. The Regional Director is also notified when there is any deviation to the plan.

Supervisors and upper level management, including the Warden, are required by policy to make unannounced rounds. The rounds are documented on the daily shift reports and in the housing unit log books. Interviews with staff and offenders confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervisory staff indicated during their interviews that unannounced rounds are accomplished by staggering the round times on a daily basis and locations to keep staff from notifying other staff. TDCJ also has a policy that prohibits staff from notifying other staff about supervisor rounds. Staff that do, face disciplinary sanctions.

Standard 115.14 Youthful inmates

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

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

There are no youthful offenders ever housed at the Jester Complex, therefore the standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy AD 03.22 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. This policy also restricts cross gender strip searches or cavity searches except in exigent circumstances. The random interviews conducted on all line staff and supervisors demonstrated their knowledge of this policy and specifically when they are allowed to conduct cross gender strip searches. The interview with the Warden, review of the file documentation and review of the Pre-Audit Questionnaire (PAQ), indicate that cross gender strip searches of offenders has not occurred anywhere on the Jester Complex

All three sites on the Jester Complex insure that inmates are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The Jester Complex has a minimal amount of surveillance equipment. All are utilized for exterior viewing, none are utilized on any of the Housing Units.

The auditor reviewed training records for 2014, 2015 and 2016. The review indicated all staff received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, never for the purpose of determining genitalia status as outlined in policy AD 03.22. Random staff interviews confirmed their knowledge of this policy requirement.

The auditor toured the facility for three days spending time in the living areas at all three facilities. Female staff were observed verbally announcing their presence upon entering the male offender living areas. Offenders also indicated females entering their living areas announce upon entering during their interviews.

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

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

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

The documentation provided to the auditor prior to arrival and interviews with the Complex Intake staff, the Warden and Unit Safe Prisons PREA Managers indicated offenders with disabilities and those who are limited English proficient receive information delivered in different formats, written, video, English, and Spanish.

The Jester Complex is required by policies AD-04.25 and AD-06.05 P:1-2 to takes appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Jester Complex utilizes staff to provide interpretive service including sign language if needed.

The auditor conducted an interview with a limited English speaking offender. This individual confirmed that Jester staff provided him information about sexual abuse and sexual harassment that he was able to understand.

During the site visit the auditor observed the entire intake process conducted on new arrivals to the institution. Each offender arriving at the Jester Complex receives a facility orientation pamphlet as he enters each of the three units. This booklet is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy as well. The provided information includes phone numbers and addresses offenders can contact to report allegations of sexual abuse or sexual harassment.

Standard 115.17 Hiring and promotion decisions

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

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

Hiring practices are outlined in agency policies PD-75, PD-73, PD-71, PD-27 and the Safe Prison PREA Plan. These policies specifically require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters one of TDCJ facilities regardless if he/she has contact with any inmate or not.

A State Identification Number (SID) is created for each employee/contractor fingerprint working at the Jester Complex. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor.

The current specific hiring policies prohibit hiring or promoting anyone who may have contact with inmates, enlisting the services of any contractor who also may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, been civilly or administratively adjudicated to have engaged in the activity is prohibited entrance into any TDCJ facility.

The Safe Prisons PREA Plan mandates employees disclose to the facility any sexual misconduct allegation made against them under PREA, amongst other things.

Standard 115.18 Upgrades to facilities and technologies

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

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

The Jester Complex has not had any substantial expansion or modifications or installed or updated any video monitoring equipment since August 20, 2012. There are currently six (6) cameras at the Jester Complex. None of these cameras are located in any of the living areas, or presenting any privacy concerns. SOPM 7.02 outlines the policy each institution in TDCJ must follow when relocating or adding any new video equipment. The interview with the Warden confirmed that the Jester Complex has no money in the budget to add any additional cameras, but if they do, he will take into account offender and staff safety along with soliciting input from the Unit Safe Prisons PREA Managers prior to selecting areas of placement.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Does Not Meet Standard (requires corrective action)

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All administrative Investigators at Jester 1, Jester 2 (Carol Vance Unit) and Jester 3 along with the criminal Investigator from the Office of Inspector General (OIG) adhere to investigation protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Every allegation of sexual abuse at the Jester Complex is reported to the Office of the Inspector General (OIG), the agency that has the legal authority to conduct criminal investigations, to determine if a crime has been committed. Regardless of whether the OIG is conducting a criminal investigation or not, the Jester Complex conducts an administrative investigation. The auditor interviewed the OIG Investigator and she confirmed that her training and practice follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.

Administrative investigations at the Jester Complex are conducted by specially trained Security Supervisors. Allegations involving staff must be conducted by a Captain or above, and those involving offenders are conducted by staff who have received the specialized training. The auditor conducted interviews with a sampling of the administrative investigators. Each indicated they utilize the protocols based on the most recent edition of the U.S. Department of Justice's publication. The auditor reviewed the training curriculum provided to these Investigators and it is taken from the NIC Sexual Abuse Investigations in Confinement Settings Training.

Any offender, at the Jester Complex, requiring a forensic exam is sent to the Ben Taub Hospital. The examinations are conducted at no expense to the offender, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFE or SANE nurse is not available, the examination is performed by other qualified medical practitioners. No offender from the Jester Complex was sent to any outside hospital for forensic examination in the last 12 months.

The Jester Complex provided the auditor with solicitation letters requesting victim advocate services for their offenders from a community rape crisis center without success. The facility does make available trained Offender Victim Staff Representatives to provide support to victims of sexual abuse. The auditor interviewed one of these staff advocates and verified the training she and the others receives. During the interview she indicated she could and would accompany and support the victim through the forensic medical examination process and investigatory interviews. Providing emotional support, crisis intervention, information, and referrals if necessary.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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The Safe Prisons PREA Plan is the primary policy, outlining both administrative and criminal investigations, for sexual abuse or sexual harassment. It mandates an administrative or criminal investigations be completed for all allegations of sexual abuse and sexual harassment in any TDCJ operated facility.

The Office of the Inspector General (OIG), a separate division of TDCJ, has the legal authority and is responsible by law to conduct all criminal investigations occurring within a TDCJ facility. Administrative investigations are conducted by facility specially trained staff. Interviews with both the OIG Investigator and three facility Investigators confirmed that an investigation is initiated on every allegation of sexual abuse or sexual harassment. As noted earlier, administrative investigations are conducted on all allegations regardless if the OIG conducts a criminal investigation or not.

There were 13 PREA investigations conducted at the Jester Complex over the last 12 months. The OIG determined in all of the 13 cases, elements of a crime did not exist so the cases received only administrative investigations.

At Jester 1 there were seven (7) PREA allegations made in the last twelve months. Five (5) alleging sexual abuse and two (2) alleging sexual harassment. Three (3) sexual abuse allegations involving offenders and two (2) sexual abuse allegations involving staff. The three (3) allegations against offenders were designated unsubstantiated and the two (2) allegations against staff were also determined unsubstantiated. Two (2) sexual harassment allegations were made against staff and were determined unsubstantiated after completion of

those investigations.

At Jester 2 there was one (1) PREA allegation made over the last 12 months. This sexual abuse allegation was made against a staff member and was found unsubstantiated upon completion of the investigation.

At Jester 3 there were five (5) PREA allegations made in the last 12 months. Four (4) alleging sexual abuse and one (1) alleging voyeurism. Three (3) sexual abuse allegations involving offenders and one (1) sexual abuse allegation involving staff. Two (2) of the three allegations against offenders were designated unsubstantiated and one (1) allegation unfounded. The one (1) sexual abuse allegation against staff was determined unsubstantiated after the investigation. The one (1) voyeurism allegation made against staff was found unsubstantiated upon completion of the investigation.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of the PREA Policy providing valuable additional information available by clicking on the topic hyperlink.

Standard 115.31 Employee training

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

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

TDCJ policy and practice place great importance on all training for everyone (Employees, Contractors and Volunteers) working at any of their institutions. The Safe Prisons PREA Plan is the primary PREA training blueprint to keep all offenders and staff informed and safe. This mandated training is required of every employee, contractor and volunteer.

It does not matter what title the employee has at the Jester Complex each is trained to respond to sexual abuse and sexual harassment. The auditor reviewed the pre-service and in-service curriculum. It covers the TDCJ zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Offenders rights to be free from sexual abuse and sexual harassment; Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; recognizing the dynamics of sexual abuse and sexual harassment in confinement; 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 relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Not only was this noted in policy and curriculum it was also confirmed during staff interviews. Non-security first responders, during they interviews confirmed that when responding after securing the offender, when necessary, secure the area, and would immediately contact a security staff member.

The Jester Complex staff not only receives PREA training annually (1.5 classroom hours) but uniform staff receive an additional 2 hours a month at pre-shift briefing. As noted earlier training records for 2014, 2015 and 2016 indicate the Jester Complex provided the mandated PREA training to all staff working at the Complex.

Standard 115.32 Volunteer and contractor training

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

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

Prior to entering any of the facilities at the Jester Complex all contractors and volunteers must receive the Safe Prisons PREA training prior to entering. The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016. These individuals signed documents indicating each has received and understood: the agency zero tolerance policy, prohibited behaviors, how and whom to report and consequences for policy violations. Interviews conducted on site with seven (7) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy.

Standard 115.33 Inmate education

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

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

Training is stressed with offenders no differently than it is with employees, contractors and volunteers. The Warden indicated that the proper training of all offenders is paramount to eliminating sexual abuse and sexual harassment making each of the facilities on the Complex safer for the offenders and staff.

All offenders arriving at each of the Complex institutions receives a copy of the Offender Orientation Manual (which he signs for) with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. In this document it also indicates that should the offender have any questions about anything related to PREA to contact the facility Unit Safe Prisons/PREA Manager.

TDCJ has policies in place that require the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. The offender is also required to watch the PREA video usually on the day of his arrival but no longer that 24 hours after he arrives. This video details the TDCJ policy on zero tolerance, how and whom to report any allegation to without fear of retaliation. The facility has a list of staff at the facilities, within the region and throughout the State for offender interpreters. Should they have a need where there is not an interpreter then the facility has the ability to provide services from a vendor.

Interviews conducted with the intake staff and interviews conducted with offenders confirmed that information is provided both verbally and in writing. The auditor did speak with a limited English speaking individual who indicated he was provided information he could understand about the agency zero tolerance policy and was informed on how and whom to report if it became necessary.

The auditor did confirm that offenders who were at the facility prior to the 2013 implementation of PREA education information provided on intake were brought to an area where they received the PREA required training and viewed the PREA video. The auditor interviewed random inmates who had been at the institution for decades and before the information was distributed to offenders upon arrival, and they indicated the facility presented PREA information to them.

Standard 115.34 Specialized training: Investigations

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

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

TDCJ has a policy in place requiring that all facility investigators receive specialized training in order for he/she to conduct any administrative sexual abuse allegations or sexual harassment cases. Each case is referred to OIG, however the facility conducts an administrative investigation on the allegation regardless if the OIG believes it rises to the level of a crime. Interviews conducted with the PREA Audit Report

OIG Investigators and one of the facility Investigators found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training curriculum based on NIC "Investigating Sexual Abuse in a Confinement Setting" which included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, and training involving interviewing, interrogating, and evidence collection. Participation and successful completion of this training was verified in the training records review completed during the site visit.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The University of Texas Medical Branch (UTMB) is the contract provider, providing all Medical and Mental Health services to offenders at the Jester Complex.

Correctional Managed Health Care policy C 25-1 requires that all full time and part time medical and mental health practitioners receive additional training, over the required employee Safe Prisons PREA training, covering 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 all allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated that this additional training was required of each of them over the mandated PREA training.

The auditor conducted interviews with both the Mental Health Services Administrator and the Medical Services Administrator who indicated that neither had part time workers but all of their full time staff had received this additional training. The auditor reviewed training documentation for medical and mental health staff while on site and confirmed their receiving it.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The TDCJ has a streamlined intake process and screening for sexual abusiveness and sexual victimization in each of the institutions it operates. That process is present in each of the three units at the Jester Complex. Any offender arriving receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other offenders by one the Unit Safe Prisons PREA Managers. If the offender arrives on a weekend or after hours the screening is accomplished no longer than 72 hours from the date the offender arrives. The auditor observed the intake process during the site visit.

Each offender while in the intake area is given an orientation pamphlet with PREA information in it. Most will see the PREA informational video in this area but if they do not, the Safe Prisons PREA Manager insures it is viewed the next morning. During normal business hours he is then brought to the Unit Safe Prisons PREA office, where he is questioned about his knowledge about PREA and the Safe Prison PREA Manager informs him about how and whom to report if necessary, support services available to him if he needs any and informs him to write to the Unit Safe Prisons PREA Manager. The Offender is then immediately assessed by the trained PREA Compliance Manager. She begins the assessment by asking the offender: (1) if he has a mental, physical, or developmental disability; (2)

the age of the offender; (3) the physical build of the offender; (4) Whether the offender has previously been incarcerated. (5) Whether the offender's criminal history is exclusively nonviolent; (6) Whether the offender has prior convictions for sex offenses against an adult or child; (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the offender has previously experienced sexual victimization; (9) the offender's own perception of vulnerability. The Unit Safe Prisons PREA Compliance Manager also determines if the inmate is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health Referral immediately completed and forwarded on behalf of the offender.

Upon completing this part of the assessment, the inmate is seen by medical staff and then brought before the Unit Classification Committee. Prior to his appearance before the committee, they are given his completed risk assessment, which they review along with his prior institutional records, pre-sentence investigation information and any other information they have on the offender. At his appearance before the Unit Classification Committee he is again reassessed for his risk of victimization or abusiveness and questioned about his vulnerability.

Interviews with the screening staff and the Unit Classification Committee Chief confirmed the policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews with random sample of offenders confirm offender's risk level is reassessed per TDCJ policy and this standard. These interviews also confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the offender has a mental, physical, or developmental disability; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability.

Information obtained during this screening process is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

Standard 115.42 Use of screening information

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

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

The use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive is detailed in the Safe Prisons/PREA Plan. According to interviews conducted with the Unit Safe Prisons PREA Compliance Manager and a member of the Unit Classification Committee all information obtained from the risk assessment screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

There are no dedicated housing units based on sexual identity at the Jester Complex. Interviews with offenders identifying as gay, bisexual or transgender (10 in total) indicated they were never placed on any housing unit except those designated for general population. Assessments for transgender and intersex offenders are done individually twice a year according to policy and staff interviews.

Standard 115.43 Protective custody

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

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

The placement of any offender, at high risk for sexual victimization in the involuntary segregated housing is prohibited 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. This mandate is outlined in the Safe Prisons PREA and Administrative Segregation Plan.

Interviews with the Warden and the Segregation Captain indicated that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Any restrictions would be documented on the Administrative Segregation Hearing Record Form. If a restriction occurred, it would be reviewed every twenty-four (24) hours.

As previously noted Jester 3 is the only facility on the complex with a segregation unit and according to the Warden, he has not placed an offender in involuntary segregated housing due to being at high risk for victimization in the last 12 months. The auditor observed and confirmed no offenders were in protective custody for protection from sexual abuse during the tour of the segregation unit.

Standard 115.51 Inmate reporting

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

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

Offenders at the Jester Complex are informed on arrival and given in writing, by the Safe Prison PREA Manager, the multiple internal ways for them to privately report any PREA allegation. Allegations by offenders can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). Posters observed in every offender access area of the Jester Complex directs offenders to report allegations directly to the Major, the Office of Inspector General (OIG), or the PREA Ombudsman. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries". The random interviews conducted with the offenders at the Complex revealed that they were well aware of these reporting venues if needed.

The PREA Ombudsman can be used by offenders at the Jester Complex to report sexual abuse to a public/private entity not part of the agency. The offender may make the sexual abuse allegations confidentially to the address indicated on the posters located throughout the facility on each of the housing units and in common areas. This mail is considered privileged correspondence.

Standard 115.52 Exhaustion of administrative remedies

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

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

Offenders at the Jester Complex and their family members and friends are allowed to file sexual abuse grievances/allegations as outlined in policy BP-3.77 Offender Grievances. The policy indicates that there are no time limits imposed on when an offender may submit a grievance regarding an allegation of sexual abuse. The policy further states any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to any staff member who is the subject of the complaint.

There were a total seven grievances (Jester 1- 0, Jester 2- 02, Jester 3- 05.) filed by offenders at the Jester Complex alleging sexual abuse during the past 12 months. The policy states that when a grievance alleging sexual abuse is filed, the Grievance Investigator notifies the Warden, the Unit Safe Prisons PREA Manager and OIG. The Grievance Office has 5 days to respond back to the offender with the findings. At the same time the grievance is being dealt by the grievance office a PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the facility Investigator or the Investigator from the OIG

Standard 115.53 Inmate access to outside confidential support services

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

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

The PREA standard and the Safe Prisons PREA Plan requires that offenders be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

The Jester complex provided the auditor with solicitation letters demonstrating the facility had tried to solicit services with any local outside victim advocates for emotional support services related to sexual abuse for their offenders. The auditor reviewed their written attempts. However they have made available on all housing units, ways to access the name, address and phone numbers for all State Victim Advocates. They inform the offenders that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

All of the random offenders interviewed at each institution indicated to the auditor that they aware of the outside support services because notices are posted for ways to access State and national contact information in each of the living areas and is available in the law library. The auditor did observe this information during the tour of the housing units.

Standard 115.54 Third-party reporting

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

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

During the tour of the visiting areas at each institution the auditor observed posters (provided in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of an offender. These notices are also posted in the visitor processing areas as well.

The TDCJ agency web page also has a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any offender through that link. Offenders disclosed to the auditor, during their interviews, that they were aware of this "third" party reporting.

Standard 115.61 Staff and agency reporting duties

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

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

Every staff member contractor and volunteer at the Jester Complex is required, by the Safe Prisons PREA Plan, to report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that they become aware of, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This is emphasized in the pre-service and in-service training each of them receives as well. During each of the random staff, contractor and volunteer interviews each acknowledged this reporting requirement. All those interviewed also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or officials.

Medical and Mental Health staff confirmed during their interviews that they are required, by the Safe Prisons PREA Plan, to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Standard 115.62 Agency protection duties

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

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

The Safe Prisons/PREA Operational Manual and the Safe Prisons/PREA Plan outlines to staff what action to be taken to protect offenders who are at substantial risk of sexual abuse.

During the site visit the auditor questioned random staff and the Senior Warden about the requirements of these two policies. In every response the safety of the offender at risk was paramount. All indicated they would find and secure the offender and notify their supervisor so that proper procedures could be followed. According to the Warden offenders may be placed in transient housing during a pending investigation. Offenders are placed in transient status in segregation for 72 hours pending the investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing.

The Warden, during his interview, specifically reinforced that segregation would not be an option he would use as a means of safeguarding a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately.

Standard 115.63 Reporting to other confinement facilities

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

- Does Not Meet Standard (requires corrective action)

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

The Safe Prisons PREA Plan mandates that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours. The Jester Complex has had no sexual abuse allegations reported to staff upon arrival. When each of the Safe Prison PREA Plan Managers were questioned, each indicated they would immediately notify the facility where the allegation was made the same day so an investigation could be initiated.

The complex also has had no instances where the Jester Complex was notified by another facility about an allegation of sexual assault occurring at one of their units.

Standard 115.64 Staff first responder duties

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

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

All staff, volunteers and contractors are trained as first responders for sexual abuse/harassment allegations at the Jester Complex. The random staff members, including non-custody staff interviewed, detailed what their duties as first responders were. Each of them indicated they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, insure 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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. As previously noted this is emphasized in the training each receives.

The non-custody staff the auditor interviewed stated that after securing the alleged victim, each would immediately contact a security person to take charge of the situation.

Standard 115.65 Coordinated response

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

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

The Jester Complex has a Sexual Abuse Allegation Procedures policy which covers the coordinated efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to any allegation of sexual abuse. Interviews with medical staff, mental health staff, investigators and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response. The Safe Prisons PREA Plan also has an Attachment G, which is a checklist filled out on every allegation of sexual abuse, ensuring each of these disciplines is notified and provided their appropriate response in the process.

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

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

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

Texas is a right to work state and does not have collective bargaining agreements. This standard is not applicable.

Standard 115.67 Agency protection against retaliation

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

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

There are four staff members at the Jester Complex that monitor retaliation. The Safe Prisons PREA Managers at each of the institutions monitor inmate retaliation and the Major for the Complex monitors staff retaliation. The Safe Prisons PREA Plan requires all offenders and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations be free from retaliation by other offenders or staff.

All four of them indicated that retaliation monitoring is periodic and continues for at least 90 days and longer if needed. During their interviews for inmate monitoring the managers look at the offender work assignments, disciplinary reports and evaluations and talking and meeting with the offender. The Major, during her interview, indicated she would monitor staff retaliation much in the same way (job assignments and evaluations). There has been no retaliation complaints at the Jester Complex made during the last 12 months. The auditor did review the monitoring documentation on the cases reported during the last 12 months.

Standard 115.68 Post-allegation protective custody

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

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

As noted in standard 115.43 the Jester Complex is prohibited, by their own policy (Safe Prisons PREA Plan) from utilizing segregation for the protection of any offender who alleged to have suffered sexual abuse unless no alternative is available. If it ever became necessary for an offender to be placed in segregation he must be provided with programs, privileges, education and work to the extent possible. The facility must document any denial of these items if they are not provided.

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

Standard 115.71 Criminal and administrative agency investigations

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

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

Criminal and Administrative Investigations are conducted by trained individuals as outlined in policies OIG-4.05 (Offender Sexual Assault Investigations) and TDCJ Safe Prisons PREA Plan. Allegations of sexual abuse are immediately reported to the Office of Inspector General Investigator for investigation to determine if a crime has been committed. Regardless of whether the OIG conducts a criminal investigation or not, investigators at the Jester Complex conduct an administrative investigation as well. The auditor reviewed the training records of both the facility investigators and the attendance of training by the OIG Investigator. As noted in Standard 115.34 each has received the specialized training required. During the interview with three of the Jester Complex Investigators, each informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Complex Investigators and the OIG Investigator indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

The auditor reviewed case files for the last twelve months. Investigator interviews (Facility and OIG) indicated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation according to the OIG and the Facility Investigators.

There were 13 PREA investigations conducted at the Jester Complex over the last 12 months. The OIG determined in all of the 13 cases, elements of a crime did not exist so the cases received only administrative investigations.

At Jester 1 there were seven (7) PREA allegations made in the last twelve months. Five (5) alleging sexual abuse and two (2) alleging sexual harassment. Three (3) sexual abuse allegations involving offenders and two (2) sexual abuse allegations involving staff. The three (3) allegations against offenders were designated unsubstantiated and the two (2) allegations against staff were also determined unsubstantiated. Two (2) sexual harassment allegations were made against staff and were determined unsubstantiated after completion of those investigations.

At Jester 2 there was one (1) PREA allegation made over the last 12 months. This sexual abuse allegation was made against a staff member and was found unsubstantiated upon completion of the investigation.

At Jester 3 there were five (5) PREA allegations made in the last 12 months. Four (4) alleging sexual abuse and one (1) alleging voyeurism. Three (3) sexual abuse allegations involved offenders and one (1) sexual abuse allegation involved staff. Two (2) of the three allegations against offenders were designated unsubstantiated and one (1) allegation unfounded. The one (1) sexual abuse allegation against staff was determined unsubstantiated after the investigation. The one (1) voyeurism allegation made against staff was found unsubstantiated upon completion of the investigation.

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

Standard 115.72 Evidentiary standard for administrative investigations

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

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

During the interviews with the facility investigators each indicated that they impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated as outlined in the Safe Prisons PREA Plan.

Standard 115.73 Reporting to inmates

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

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

Each offender at the Jester Complex who makes an allegation that they have suffered sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. These notification requirements are stipulated in the Safe Prisons PREA Plan and Safe Prison Plan Operations Manual 5.05. The auditor reviewed these notification documents for the last twelve months and was also informed by offenders that made allegations, that they had received result notifications during their interviews.

These policies further require that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged. There were no cases involving this conduct requiring this type notification within the last 12 months.

The determination of the investigative outcome is delivered to the offender at a classification hearing (UCC) and made part of his institutional record.

Standard 115.76 Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

All staff at the Jester Complex are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. This is clearly outlined in the General Rules of Conduct and Disciplinary Action Guidelines for Employees. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action.

No staff member has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months at the Jester Complex.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The auditor conducted seven (7) contractor/volunteer interviews at the Jester Complex during the site visit. Each of them indicated they were informed during their training of the agency zero tolerance policy and the consequences for any violation and their training was confirmed after review of their individual training records. Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This practice was confirmed during the Senior Warden interview.

No volunteer or contractor has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months at the Jester Complex.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Disciplinary sanctions for offenders guilty of sexual abuse and sexual harassment are outlined in TDCJ Safe Prisons PREA Plan. All offenders at the Complex are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on PREA Audit Report

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

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

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

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

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

As previously noted there are three institutions comprising the Jester Complex, each with its' own intake area and its' own Unit Safe Prison PREA Manager. Each of these three individuals are the primary risk assessment staff responsible to perform the assessment on each incoming offender. They indicated that anytime an inmate discloses or anytime it is noted somewhere in the inmate record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment as required by the Safe Prisons PREA Plan. The auditor interviewed eleven (11) offenders who had disclosed prior victimization and each had indicated that they were offered medical and intervention services with mental health.

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

Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This practice was also confirmed during the same interviews with these practitioners as information is password protected and shared only on a need to know basis.

Standard 115.82 Access to emergency medical and mental health services

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

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

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 in accordance with CMHC and the Safe Prison PREA policies. The auditor interviewed the Health Services Administrator and the Mental Health Administrator at the time of the site visit.

The Health Service Administrator indicated that no forensic exams are performed at the Jester Complex. Those offenders requiring this exam would be sent to Ben Taub Hospital in the community where prophylactic treatment for sexually transmitted diseases would be offered to victims of sexual abuse. He also indicated that the medications would usually be started at the hospital and continued at the facility. Treatment services provided to every victim is performed without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the last 12 month there were no offenders sent out for a forensic examination.

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

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

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

The Jester Complex offers medical and mental health evaluations and treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 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. Treatment services are provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. These policies are outlined in the Correctional Managed Health Care Manual G-57.1 policy and Safe Prisons PREA Plan and practice was confirmed during the Medical and Mental Health Administrator interviews. Also as previously noted interviews with offenders indicating victimization indicated they were offered medical and mental health referrals.

Standard 115.86 Sexual abuse incident reviews

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

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

Wardens at each TDCJ prison are required to conduct an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The review team at the Jester Complex consists of the Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed input from line supervisors, investigators, medical, and mental health practitioners. When reviewing each incident the team review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

The facility must implement recommendations of the review team that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on twelve (12) cases determined unsubstantiated. The one (1) unfounded cases was not

formally reviewed. The administrative incident review team reports were included in the investigation files for review. The Warden and Incident Review Team Member interviews indicated that during their reviews of each case all five elements including staffing, offender movements, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision in the area were taken into account.

Standard 115.87 Data collection

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

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

The Safe Prisons PREA Plan requires uniform data be collected for every incident of sexual abuse alleged to have occurred at any TDCJ operated facility using a standardized instrument and set of definitions. This incident-based sexual abuse data is aggregated at least annually. The incident-based data collected must include information to provide data requests in the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

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

Standard 115.88 Data review for corrective action

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

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

The Safe Prison PREA Plan requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as TDCJ as a whole, in collaboration with the OIG and PREA Ombudsman.

The PREA Ombudsman’s responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each TDCJ facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends.

The 2015 report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Warden and review of the facility’s monthly reports demonstrates the data collection process and corrective actions are performed by the facility.

Standard 115.89 Data storage, publication, and destruction

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

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

The Safe Prisons/PREA Plan requires TDCJ maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed.

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

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.

Thomas Eisenschmidt
Auditor Signature

June 25, 2017
Date