



PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: May 8, 2016

Auditor Information			
Auditor name: Amy Fairbanks			
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Email: fairbaa@comcast.net			
Telephone number: (517) 303-4081			
Date of facility visit: April 6-8, 2016			
Facility Information			
Facility name: Jester IV			
Facility physical address: 4 Jester Road Richmond, Texas 77406			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (281) 277-3700			
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: Alphonso James Jr			
Number of staff assigned to the facility in the last 12 months:			
Designed facility capacity: 550			
Current population of facility: 492			
Facility security levels/inmate custody levels: inpatient psychiatric care			
Age range of the population: 18-81, can house youthful offenders			
Name of PREA Compliance Manager: Frank Conigliaro		Title: Unit Safe Prisons PREA Manger	
Email address: Frank.Conigliaro@tdcj.texas.gov		Telephone number: (281) 277-3700	
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: Brad Livingston		Title: Executive Director	
Email address: brad.livingsston@tdcj.Texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			

Name: William Stephens	Title: Director, Correctional Institutions Division
Email address: william.stephens@tdcj.Texas.gov	Telephone number: 936-437-2170

AUDIT FINDINGS

NARRATIVE

On April 6-8, 2016, an audit was conducted at the Jester IV Unit, Texas Department of Criminal Justices, to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

The auditor met with administrative staff the morning of April 6, 2016 to discuss the events and expectations of the audit.

A complete tour of the facility was conducted on April 6, 2016. The following areas and operations were visited and observed: inmate housing areas, medical operations, intake operations, recreation, school/library and food service operations. Camera monitoring operations were also examined.

Documents reviewed before and during the audit included the completed PREA questionnaire, Safe Prison/PREA Manual, policies, procedures, contracts, training curriculums, staff training records, documentation from personnel files, contract/volunteer training records, memos of understanding, offender education materials, logbooks, shift rosters, classification review packets, meeting minutes, sexual abuse & harassment complaints and PREA investigations, risk assessments, accreditation reports, and population reports for the previous twelve months.

Formal staff interviews were conducted through random selection of staff from the staff roster during the audit as well as scheduled interviews with specialized staff. They were conducted with the following: The Warden, Asst. Warden, PREA compliance manager/intake staff/investigator (who completes risk screens and monitors for retaliation), medical staff (Health Services Nursing Supervisor, and one shift RN,) Mental Health Clinical Manager and two clinicians, human resources manager, 10 corrections officers from all areas and shifts of the Unit, (including one who would supervise youthful offenders), one other investigator (officer), Office of Inspector General Investigator (OIG), three supervisors (Captain, Lieutenant, Sergeant), teacher, supply clerk, and chaplain (who serves as the offender victim advocate).

Offender interviews were conducted by randomly selecting offenders from a housing roster provided the morning of the audit. In addition, other offenders were selected due to their unique circumstances. They were conducted with the following: 16 offenders including one female, one with limited intellect, one non-English speaking offender, one with a walker, one in a wheelchair, one classified as a victim, one who had initiated a PREA complaint, one openly homosexual and one transgender offender. There are no deaf offenders or blind offenders housed at this facility at the time of the audit.

The auditor was allowed free access to all areas of the facility, access to interview offenders and staff and to see any documentation requested. Posters were visible throughout the facility announcing the audit, providing the auditor's name and address. It was confirmed with facility staff that they were posted six weeks prior to the audit. Offenders indicated they were aware that there was an audit. No letters were received prior to the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

Jester IV Unit of the Texas Department of Criminal Justice (TDCJ) is located 4 miles east of Richmond, near Houston Texas. It is on land shared by three other Units. It was established in 1993 as a psychiatric facility for TDCJ. The mission of this facility is as follows:

“Jester IV Psychiatric Facility is dedicated to the care and treatment of offenders in the custody of the Texas Department of Criminal Justice, who are suffering from mental illness. ”

Males, youths, death row offenders and females can be housed at this facility. There are eleven housing areas. With some exceptions, there are basically four wings on each of three floors, two pods per floor. Mental health staff offices are located in the area between each pod. Each wing of a floor has approximately 10 beds, either single cells, two man cells or four man cells. There are four dayrooms on each pod to provide indoor recreation. There are 25 seclusion cells available. Offenders with any disabilities can be housed at this facility. Custody staff work two 12 hour shifts. Staff are required to conduct rounds at least every 15 minutes.

Medical staff are on site 24 hours per day. Medical and mental health staff are provided through a contract with University of Texas Medical Branch; education is provided by the Windham School District – a district exclusively within correctional facilities.

Count on the day of the audit was 479. There are 340 staff who may have offender contact.

SUMMARY OF AUDIT FINDINGS

The culture of this facility reflected during the time of the audit was that of care and custody. The unique needs of the population were addressed by both uniform and non-uniform staff. This was strongly indicated during the offender interviews, expressing trust in the staff and feeling safe in this facility.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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.

ED-03.03 Safe Prisons/PREA Program, Safe Prisons/PREA Plan, and the agency organizational chart provide documentation to support compliance with this standard. The Safe Prisons/PREA Plan is a 45-page manual outlining all aspects of the requirements of the PREA standards, demonstrating zero tolerance, and how to prevent, detect and respond to sexual abuse, sexual harassment.

The Agency PREA Coordinator is the Correctional Institution Division Director who answers to the Executive Director. Written responses to an interview conducted with on August 26, 2015 with William Stephens, Director Correctional Institutions Division, by Jeffrey Noble, demonstrated compliance with this standard, in regard to having sufficient authority and time.

The facility PREA manager is the Sergeant for the Safe Prison Department. He has one officer who also works with him. His duties related to PREA include the following: conducting administrative PREA investigations or reviewing them, monitoring the victims and predators, conducting intake risk screens, 30-day risk screens and “when warranted” screens. He monitors for retaliation. He also monitors the list for certified staff Spanish interpreters. He acknowledged having sufficient time and authority to coordinate activities. During the audit observations and review of all information supported the conclusion of compliance. Support for the PREA Manager and the standards by the Warden, Asst. Warden and Major was evident throughout the audit.

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)

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This standard is not applicable to this Unit. An interview with Agency Contract Administrator: Oscar Mendoza, Director Private Facility Contract Monitoring/Oversight Division was conducted on August 20, 2015 by Jeffrey B. Noble, certified PREA auditor, demonstrating compliance with this standard for the agency.

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)

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AD-11.52 Security Staffing states Security Systems shall be responsible for monitoring levels of security staffing on all state operated units. Security Systems shall conduct security staffing operational reviews for each unit, both state and privately operated, which includes the Private Facility Contract Monitoring/Oversight Division. In consultation with the PREA coordinator and unit administration, an annual review of shift rosters and staffing plans shall be conducted by Security Systems to ensure each unit complies, on a regular basis, with a staffing plan that provides adequate levels of staffing, and where applicable, video monitoring, to protect offenders from sexual abuse, in accordance with Security Systems Procedures Manual, SSP-08.06, “Security Systems Annual Review of Shift Rosters Procedures.” At the time of annual review, each staffing plan shall be evaluated to assess, determine, and document if adjustments to the resources the unit has available to ensure compliance with the staffing plan are necessary. It also requires and describes how deviations in the staffing plan are to be addressed and documented. The Safe Prisons/PREA Manual addresses the eleven required elements be addressed in the annual assessment.

Security Operations Procedures Manual 8.01 Turn Out Roster, 8.04 Explanation of Columns on Strength Report, and 8.05 Security Operations Annual Review of Turnout Rosters Procedures address specifically how staffing reviews are conducted.

Assignment rosters randomly selected from the most recent five months on the 8th were requested and reviewed; they demonstrated compliance. As overtime is authorized if they go below the Priority 1 staffing requirements, no deviations have been documented.

The Safe Prison/PREA Plan requires security supervisors at each unit to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders. In addition, it states, “Staff is prohibited from alerting other staff members when these rounds are occurring, unless the announcement is related to the legitimate operational function of the unit. Post Orders for the Major, Captain, Lieutenants and Sergeants requires frequent announced rounds of all areas of the facility.

Review of staffing requirements, with the given population, physical plant and procedures for active rounds, appears sufficient to provide adequate supervision. Interviews with the Warden, Major and investigator support a finding of compliance as well. Random checks of logbooks on five Pods demonstrated more than sufficient notations of supervisory rounds for both shifts. In addition, the requirement of supervisory rounds was documented in two other areas – staff rosters, and activity log. Random reviews supported compliance with the requirements of the standards.

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)

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Unit Classification Procedure (UCP) 4.19 defines youthful offenders as anyone 17 years old or younger. The Safe Prison/PREA Plan addresses the requirements of this standard regarding how youthful offenders are to be housed and monitored. It states the following:

Youthful offenders shall not be placed in a housing unit where the youthful offenders will have sight, sound, or physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters.

When youthful offenders are outside the housing areas, correctional staff shall:

- a. Maintain sight and sound separation between youthful offenders and adult offenders;**
- or**
- b. Provide direct supervision when youthful and adult offenders have sight, sound, or physical contact**

The TDCJ shall make best efforts to avoid placing youthful offenders in isolation for the purposes of maintaining sight and sound separation. Youthful offenders' daily large muscle exercise and any legally required special education services required to comply with this provision shall not be denied, except in exigent circumstances. Youthful offenders shall also have access to other programs and work opportunities to the extent possible.

In addition, CPOM 01.02 Separation of Youth clarifies that youth will be separated from adults for housing, dining and programming.

Youthful offenders can and have been housed at this facility. They are housed in one wing where there are placed in single cells. Windows are covered to provide privacy. When it is their time for day room or out of cell activity, the remainder of the floor is confined to their housing areas and the youthful offenders are released for movement. This was demonstrated when the auditor asked to have a female offender released from her cell for an interview (as the procedure is the same as that for youthful offenders).

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.

AD-03.22 Offender Searches addresses the requirements of this standard indicating that all cross-gender visual and pat down searches that are the result of exigent circumstances shall be documented through the Shift commander through an Inter-Office Communication (IOC). Female staff are authorized to pat down male offenders however male staff can only pat down female offenders in exigent circumstances. All cavity searches shall be documented, in accordance with 02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents," and shall be fully documented as to the participants, reasonable cause, and results. They are conducted by medical staff. It was reported that no exigent circumstances searches have occurred in the past 12 months.

The Safe Prison/PREA Plan also addresses the requirements of this standard. During the intake process, non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.

Knock and Announce email 4/3/2014 clarifies when opposite gender staff are required to announce their presence, in accordance with PREA clarifications. All staff and offender interviews confirm that opposite gender staff announce their presence. The first knock before entering the wing and announce. While the auditor made rounds of all living areas, it was apparent that the offenders in the cells heard the announcement based on their body language. Offender interviews confirm that opposite gender staffs are announcing their presence. Toilets and sinks are in the cells, located in a corner so that privacy can be afforded yet security maintained. There are two shower stalls on each wing located in a room separated by a door. The shower is grated to provide privacy but again afford security to know if the offender is in distress.

Training curriculum offers detailed instruction on how to conduct pat searches, reinforces policy stating that females should only be pat searched by a female, and requires searches of transgender or intersex inmates be conducted in a professional and respectful manner, and not in view of others.

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 Safe Prison/PREA Plan Operating Procedure 02.03 addresses the requirements of this standard, including that offenders will not be relied on for interpretation. The SPPM shall ensure the continuous display of English and Spanish of Safe Prisons/PREA Program posters and they will be visible throughout the unit, including staff and offender work areas adjacent to the unit, such as, transportation hubs, farm shops, etc.

AD-04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking assures all services are available to offenders who only speak Spanish. **AD-06.25** Qualified Interpreter Services – American Sign Language defines when and how a qualified interpreter will be provided for hard of hearing offenders, which ensures compliance with PREA education and reporting. **Correctional Managed Health Care Policy Manual G.51.1** Offenders with Special Needs addresses all other special needs such as mental illness, developmental challenges, physical challenges and chronically ill offenders.

All offenders are evaluated by medical and mental health staff upon arrival, at which time a management plan addressing any of their needs will be addressed. For staff to qualify as interpreters, they must be certified by a departmental process, which involves passing a test.

Interviews with the offenders supported the finding of compliance indicating that they're inability to speak English or physical condition has not prevented them from access to anything in the facility.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard, including contractors. In addition, the following policies support compliance with the standard requirements. **PD-27** Employment Status Pending Resolution Of Criminal Charges Or Protective Orders - Employees of the TDCJ are required to notify the TDCJ in accordance with the procedures in this directive upon being arrested, learning of an outstanding warrant of arrest, or when criminal charges are filed against them for a misdemeanor or felony offense; **PD-22** General Rules of Conduct And Disciplinary Action Guidelines For Employees Falsification of the State of Texas Application for Employment - Violation level I states, an employee is required to provide complete and accurate information on the employee's State of Texas Application for Employment and supporting documents. Dismissal shall be recommended for a level I violation; **PD-71** Selection System Procedures addresses background checks for inside and outside employment applicants; **PD-73** Selection Criteria for Correctional Officer Applicants; **PD 75** Applicants with Pending Criminal Charges or Prior Criminal Convictions also addresses contractors.

There are two differet full page checklists which are used when checking previous employment references, one for telephone references checks and another to be completed by the previous employer. Texas Government Code Sec. 552.023. Special Right of Access to Confidential Information governs the release of information. Employment applications asks questions required in the standard.

All new staff and promotions are handled centrally. Extensive background checks are conducted with a formal process for those who are already employees and those who are outside of the agency. Upon being hired, staffs are fingerprinted; the information system in the state will notify the agency when any of its employees have been arrested and fingerprinted (Automatic Arrest Notification System). In addition, staff background checks are conducted every six months; the centralized operations notifies the facility when a concern arises. Staff from this department confirmed this with an email and provided an example of this system to the auditor. Interview

with the Human Resources staff supported compliance; additional randomly selected information was requested that support the finding of compliance.

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 Safe Prison/PREA Plan addresses the requirements of this standard. In addition, SM 01.14 Operating and Monitoring Video Surveillance Systems ensures video surveillance systems are used to protect offenders. Security Surveillance Systems Security Operations Procedures Manual 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment also defines the use of videos to protect against assault, extortion, and sexual abuse in accordance with the TDCJ Safe Prisons/PREA Plan. Prior to the new installation of video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency Safe Prison/ PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency’s ability to protect offenders from sexual abuse. The unit warden shall review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The Unit Warden shall also collect any relevant information from the agency Safe Prison/ PREA compliance manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year.

Based on the interview with the Warden, these policies/procedures are being followed and enhancing camera monitoring has been evaluated and documented.

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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The Safe Prison/PREA Plan addresses the requirements of this standard. In addition, SPPOM 05.01 Sexual Abuse Response and Investigation states, responding to an allegation of sexual abuse requires a coordinated

effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). The following procedures provide a systematic notification and response process following a reported sexual abuse incident. AD 16 Evidence Handling provides detailed informative procedures to follow when an incident can result in a potential crime scene. Correctional Managed Health Care Policy G-57.01 states, If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. The offender/victim may have a TDCJ approved representative present during the forensic exam. It also requires that qualified SANE or SAFE medical professional conduct the exam.

S.B.A.No.A1191 “ An ACT relating to the duties of health care facilities, health care providers, and the Department of State Health Services with respect to care provided to a sexual assault survivor in an emergency department of a health care facility” supports the need for a victim advocate to anyone who has been sexually abused. SPPOM 02.02 Offender Victim Representative states that if a qualified victim advocate is not available, the following staff can be designated as qualified staff who can accompany the victim to the hospital: Mental Health, Chaplain, Sociologist, Social Worker, Case Manager. Appropriate training is required. The investigating entity is the Office of Inspector General (OIG) staff assigned to the facility who has peace officer authority and follows the TDCJ policies and requirements.

Fifty-six investigations from the previous 12 months were reviewed. One resulted in a forensic exam at the local hospital. This case remains open and has been referred to the (OIG) Investigator assigned to the facility who handles all criminal matters inside the facility.

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 Prison/PREA Plan addresses the requirements of this standard. It is available on the TDCJ website.

In addition, several policies provide support for a finding of compliance:

- ED 29 Sexual Misconducts with Offenders states, An employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following . . .
- SPPOM 05.05 Completing the Offender Protection Investigation - Suspected or reported staff-on-offender sexual abuse, sexual harassment, staff neglect, or violation of responsibilities, shall be reported in accordance with PD-29, Sexual Misconduct with Offenders and investigated in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual

Incidents. Staff may also report sexual abuse violations directly to the unit warden, the OIG, or the PREA Ombudsman. Information regarding the Ombudsman, and OIG are available on the website.

- **BP 01.07 Inspector General Policy Statement:** Pursuant to Texas Government Code § 493.019, the OIG is the primary investigative and law enforcement entity of the TDCJ. The investigators employed by the OIG shall be certified peace officers, as authorized by TCCP art. 2.12. Texas Department of Criminal Justice Office of the Inspector General Offender Sexual Assault Investigations outlines the agency's policy and procedures for investigating and documenting incidents of sexual assault.
- **AD 16.20 Reporting incidents/Crimes to the Office of the Inspector General.**
- **AD 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incident.**

Review of the fifty-six investigations, and interviews with the Office of Inspector General (OIG) staff and facility staff support compliance. All criminal matters are referred to OIG. All matters involving staff are referred to a Captain for an administrative investigation. Staff indicated they would report immediately to their supervisor and in addition, staff commented that they have found their supervisor to be responsive when contacted.

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)

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The Safe Prison/PREA Plan addresses the requirements of this standard. PD-97 ED Training and Staff Development ensures that staff receives 40 hours of training per year. PREA is addressed every year therefore exceeding the standards. It was reported that all staff have been trained; documentation was provided for randomly selected staff, demonstrating completion of the training and acknowledgment of understanding the training.

Safe Prison PREA Manual Procedure 06.01 ensures all staff will be knowledgeable regarding the requirements of the PREA standards all ten elements, and ED PD-29 Sexual Misconduct with Offenders addresses the requirements of staff, volunteers, contractors and vendors.

A review of the In service training module reflects a very informative curriculum, providing case histories and information regarding the depth of the correctional practices and reinforcement of how they can prevent PREA. There is a separate curriculum for each gender. Staff interviews demonstrated a sound knowledge of PREA and the standard requirements.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. As noted, contractual staff oversee medical, mental health, and educational services. PD- 29 Sexual Misconduct with Offenders, Training, Contract Employees states “Contract employees will attend an orientation session in accordance with PD-97. Training and Staff Development states that full time contractual employees attend the same training as other employees with offender contact. See requirements for 115.31.

PD-97 ED Training and Staff Development , for vendors, “The appropriate division director or designee shall provide a vendor with a copy of this directive, obtain the vendor's signature acknowledging receipt of the directive, and instruct the vendor to notify each of the vendor's employees accessing TDCJ premises or providing services to offenders of the provisions within this directive. “

For volunteers, “A volunteer shall be notified of the provisions within this directive by the TDCJ employee serving as the volunteer's supervisor and during the training conducted in accordance with the TDCJ Volunteer Services Plan”.

AD 07.35 Administration of Volunteer Services Procedures states, approved volunteers shall agree in writing on the TDCJ Acknowledgment of Volunteer Training/Orientation form (Volunteer Services Plan, Appendix F) to abide by TDCJ policies, to include security and confidentiality of all records and information, both written and verbal, which pertains to employees, offenders, ex-offenders, releases, and victim information.

Volunteer services are centralized. The approved lists contain over 27,000 names. Volunteers are provided a volunteer handbook, Texas Department of Criminal Justice Volunteer Service Plan (24 pages) that includes details regarding PREA.. At volunteer orientation, they watch a video regarding PREA. In addition, they received a detailed letter outline their expectations. Volunteers sign an acknowledgement sheet regarding understanding their role in regards to sexual abuse and sexual harassment and the consequences for participating in any related behavior.

AD 02.46 Employees of Private Businesses and Governmental Entities Contracting with the TDCJ states, All agreements shall contain requirements that the employees, consultants, independent contractors, agents, and volunteers (hereinafter, collectively referred to as “personnel”) of such private and governmental entities shall comply with certain TDCJ policies, procedures, regulations, and posted rules as the TDCJ and the contracting party agree are applicable to the services to be performed by such personnel. Additionally, such agreements shall specify guidelines for the relationship between personnel of the private businesses and governmental entities and the warden/department head for the unit/department where the personnel work or are present. All agreements shall be reviewed at time of renewal and updated as needed.

No volunteers were available to interview during the audit, four contractual staff were interviewed and supported a finding of compliance in accordance with the TDCJ policies and the standards.

Standard 115.33 Inmate education

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

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The Safe Prison/PREA Plan addresses the requirements of this standard. During the intake process, offenders are provided with educational information explaining the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual.

Within 30 days of intake, the USPPM ensures offenders are provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents in accordance with the SPPOM.

Offenders are provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. This is followed up on by medical and mental health staff (based on interviews with staff and offenders).

The USPPM states the Unit will maintain documentation of completion rosters in accordance with the TDCJ Records Retention Schedule and record the information in accordance with the TDCJ Individualized Treatment Plan Procedures Manual.

Educational posters and brochures regarding sexual abuse and sexual harassment prevention and reporting was displayed throughout the facility. Visible eye catching messages regarding PREA are painted on the walls.

Standard 115.34 Specialized training: Investigations

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard. In addition, PD-97 Training and Staff Development, and AD 16.03 Evidence Handling (which states, when a criminal act is committed on the premises of a TDCJ facility, the TDCJ shall ensure that evidence handling and crime scene protection/preservation

procedures are implemented in accordance with the guidelines outlined in this directive) also ensure compliance. Furthermore, BD 01.07 Inspector General Policy Statement, and OIG-04.05 Offender Sexual Assault Investigations support compliance.

Review of the training curriculum supports compliance as well. Documentation of completion for staff at Jester IV and the OIG inspector assigned to this facility, interviews with the PREA Manager and OIG inspector support compliance with this standard for both facility investigators and OIG investigators.

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 Safe Prison/PREA Plan addresses the requirements of this standard. In addition, CMHC C-25.01 Orientation for Health Services Staff states the following:

The orientation should focus on the similarities as well as the differences between providing health care in the community and the correctional setting. Topics presented in orientation include: security, classification, health care needs of the offender population, offender social system, organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Training includes a post test and was developed using NIC as a resource as well as the PRC. Documentation showing medical and mental health have received training was provided. Interviews with the medical and mental health staff (contractual staff) support a finding of compliance as well.

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 Safe Prison/PREA Plan addresses the requirements of this standard. Additional policies supporting compliance are AD 04.07 Offender Housing Assignment Criteria and Procedures, Ad 04.18 Offender Jobs: Assignments, Job Descriptions, Selection Criteria, Work Programs and Supervision, 4.01 Intake Procedures, SPPOM 03.01 Offender Assessment Screening, SSPOM 03.02 Special Population Review, and UCP 4.00 Offender Housing Assignments.

The Risk assessment is a three page long objective questionnaire that addresses all areas of the standard, including prior acts of violence.. It is completed by the Safe Prison Unit sergeant immediately upon assignment to the Unit. (This occurs after mental health staff have addressed the crisis needs that warranted the offender being transferred to this facility, typically less than 72 hours after arrival). This is used for the initial screen, follow up screen and when warranted screen. Offenders are asked verbally regarding the questions on the risk screen. Offenders will not be disciplined for not answering (confirmed by offender and staff interviews as well as policy). In addition, compliance was supported by the system in place used by the Safe Prisons Unit supervisor (PREA Manager)to continually monitor the location of sexual abusers and sexual victims in the Unit. An computerized offender management system is used to control dissemination of information; hard copies are appropriately secured in offender records, which has appropriate procerdures to ensure who does and does not get access.

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 Safe Prison/PREA Plan addresses the requirements of this standard. The Safe Prison/PREA sergeant monitors housing (which is designated by mental health program needs) and education participation; he has a system to continually monitor placement of those deemed aggressive and those deemed vulnerable. Offenders at this specialized Unit are not given work assignments unless it is an integral part of their therapy then it is supervised by mental health staff and does not result in offenders mixing with offenders from another housing wing.

Individualized determinations for placement occur as they are influenced by the specific mental health need of the offender. This includes for transgender offenders however, additional considerations are given such as housing wing and ability to be in a single cell.

There is one transgender inmate, no intersex inmates housed at this facility at the time of the audit. Offender and staff interviews support that the transgender offenders are allowed to shower separately, and their own views are given serious consideration - single cell housing. Jester IV, nor the TDCJ does not have a dedicated facility for transgender/intersex inmates. Based on review of the facility and interviews, the auditor supports compliance with this standard.

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 Safe Prison/PREA Plan addresses the requirements of this standard. There is no segregation housing at this facility. Offenders making allegations are transferred to the Transit floor to ensure separation; this floor provides a single cell placement until the investigation is completed. Programming is the same on this floor as it would be if housed on one of the other floors.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence.

“Offenders may report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents”.

Offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA ombudsman, which was supported by policy and offender interviews. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, Prison Rape Elimination Act Complaints and Inquiries.

ED 02.10 Prison Rape Elimination Act Complaints and Inquiries: “The Texas Board of Criminal Justice (TBCJ) established the PREA ombudsman's office to investigate and process PREA complaints and inquiries in accordance with BP-02.09, Prison Rape Elimination Act Ombudsman Policy Statement.” The Texas Department of Criminal Justice (TDCJ) shall establish guidelines for reporting complaints or inquiries from elected officials, the public, and offenders pertaining to allegations of sexual abuse and sexual harassment, and related TDCJ initiatives to the PREA ombudsman. BP 03.91 Uniform Offender Correspondence Rules “Special Correspondent” is any member of the Texas Board of Criminal Justice; the executive director; the deputy

executive director; any division directors, deputy directors, Prison Rape Elimination Act (PREA) ombudsman. AD 14.09 Postage and Correspondence Supplies ensure indigent offenders will be provided materials to mail letters. This information is also provided in the PREA brochure given to offenders.

The review of the 56 completed investigations also support a finding of compliance. Staff indicated they could report privately to anyone at the facility up to the Warden and could contact the Ombudsman's office if they felt that was the best recourse.

Standard 115.52 Exhaustion of administrative remedies

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard, noting that there will not be a time limit on grievances for sexual abuse, there will be a response within 90 days the offender will not have to attempt to resolve with staff involved, and the agency can discipline if a grievance is filed in bad faith. BP 03.77 Offender Grievances, Ad 03.82 Management of Offender Grievances includes direction for emergency grievances and third party grievances.

A review of the investigations showed that one was initiated due to a grievance. Staff and offenders interviews indicate they can get grievances through several avenues and indicated they had no problems with the grievance process.

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 Safe Prison/PREA Plan addresses the requirements of this standard. Addresses and phone numbers are posted for all agencies in the state that would function as an emotional support service for sexual abuse. The document providing names, addresses and telephone numbers to national, state and local rape crisis centers is also located in the library. Offender's phone calls are monitored and mail is searched going out. Staff report and have posted that contact can be initiated by calling or writing to have visits arranged that would then be

handled like an attorney visit providing privacy and confidentiality. All offenders are on a clinician's caseload. Interviews with clinicians support that they will assist with setting this up if in fact there appears to be any desire by the offender for this service. Otherwise, it can and is addressed in their treatment plan as directed by the offender's interest.

TDCJ continues to attempt to obtain an MOU with an agency that can provide services to this facility. TDCJ has been successful in setting up services for other Units in the Department.

Standard 115.54 Third-party reporting

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard. In addition, there is a PREA brochure, "General Information Guide for Families of Offenders" available that is distributed to offenders and family as well as information about the PREA Ombudsman. No third party investigations have been initiated in the previous 12 months based on a review of all the completed investigations.

Standard 115.61 Staff and agency reporting duties

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard in addition to the following: SSPOM 05.01 Sexual Abuse Response and Investigation; PD-29 Sexual Misconduct with Offenders, CPOM 02.05 Requirement To Contact Department of Family Protective Services; CMHC G 57.1 Sexual Assault/Sexual Abuse; CMHC 35-2 Mental Health Evaluation; and AD 16.20 Reporting Incidents/Crimes to the Office of the Inspector General.

Staff interviews and review of the 56 investigations support that staff will report all allegations, and report them immediately. Line staffs indicate that supervisors respond immediately to these reports. All staff interviews support knowledge and compliance with confidentiality. Medical and mental health staff interviews

acknowledge understanding of the limits on confidentiality. Investigations also show that mental health staff have and will report allegations made to them immediately. Staff interviews support knowledge of reporting requirements for offenders under the age of 18 but have not yet had to make such a report.

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 Prison/PREA Plan addresses the requirements of this standard. There is no segregation operation at this facility. Offenders making allegations are immediately separated and secured through use of the dayrooms, and other options available on each housing wing. They are then transferred to Transit floor to ensure separation; this floor provides a single cell placement until the investigation is completed. Programming is the same on this floor as it would be if housed on one of the other floors.

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 Prison/PREA Plan addresses the requirements of this standard as well as SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency. From review of the completed investigations for the previous 12 months, this facility had received allegations from offenders regarding sexual abuse/harassment from other Units on 15 occasions. They have not received allegations of sexual abuse/harassment from an outside source at their facility. Review of the documentation supports that the Warden and Safe Prison/PREA supervisor of the Unit received immediate notification via email. Investigations are conducted cooperatively however the Unit where the offender is located is responsible to ensure it is completed.

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.

Safe Prisons/PREA Operations Manual 05.01 indicates step by step what actions are to be taken. TDCJ OIG Procedures Manual 04.05 Offender Sexual Assault Investigations outline the steps taken for criminal investigations for offender sexual assaults and AD 16.03 Evidence Handling provides detailed informative procedures to follow when an incident can result in a potential crime scene.

Review of the investigations from the previous 12 months' support compliance with this standard. Security staff and non-security staff interviews demonstrated specific knowledge of these requirements and how they are accomplished at this facility.

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 Safe Prison/PREA Plan addresses the requirements of this standard. Safe Prisons/PREA Operations 05.01 provides a detailed, systematic step by step direction regarding what actions are to be taken.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. There are no collective bargaining units in the Texas Department of Criminal Justice; therefore, they are not restricted from disciplining staff and/or placing staff on a no-contact assignment.

Standard 115.67 Agency protection against retaliation

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard. SPPOM 02.04 Intervention Practices, SPPOM 05.08 90 day Monitoring for Retaliation, PD -29 Sexual Misconduct with Offenders prohibits retaliation in addition to PD 022 General Rules of Conduct and Disciplinary Action for Employees, ED -13 Sexual Harassment and Discourteous Conduct of a Sexual Nature and ED-31 Discrimination in the Workplace.

The Unit Investigation Team Sgt. monitors for retaliation, conducts frequent rounds and makes himself accessible to the offender population. This was expressed by offenders during their interviews indicating that they trust he will respond quickly, appropriately and effectively. He has gained the trust of this unique population.

Standard 115.68 Post-allegation protective custody

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard. There is no segregation operation at this facility. Offenders making allegations are transferred to Transit floor to ensure separation; this floor provides a single cell placement until the investigation is completed. Programming is the same on this floor as it would be if housed on one of the other floors.

Standard 115.71 Criminal and administrative agency investigations

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

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

The Safe Prison/PREA Plan and Safe Prisons/PREA Operations Manual. 05.05 Completing the Offender Protection Investigation & 05.11 Completing the Staff-on-Offender Sexual Abuse Investigative Worksheet also address the requirements of this standard. A review of the investigator training curriculum and the OIG investigator curriculum further demonstrates compliance.

PD-29 Sexual Misconduct with Offenders, OIG 05.15 Statements and Confessions, OIG 05.10 Property and Evidence Control, OIG 03.72 Retention –PREA, The Texas Record Retention Schedule, AD-16.20 Reporting Incidents/Crimes to the Office of Inspector General, AD 16.03 Evidence Handling, AD 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, and OIG 04.05 Offender Sexual Assault Investigations also support compliance.

OIG 02.15 Training Procedures, Specialized Training, states, “In addition to the TCOLE mandatory training requirements for sexual assault investigations, OIG investigators will receive in-service training that specifically relates to sexual assaults within the prison facilities as well as modifications to the Prison Rape Elimination Act (PREA) standards.”

BP 01.07 Inspector General Policy Statement, “The mission of the OIG is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment and certain regulations and policies of the TBCJ and the TDCJ, the laws of the State of Texas and the Constitution and laws of the United States, as are applicable”.

Interviews with the investigator/supervisor for the Prison Safe/PREA unit and OIG investigator, as well as review of the 56 completed investigations support a finding of compliance.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The Safe Prison/PREA Plan and Safe Prisons/PREA Operations Manual and investigator training curriculum address the requirements of this standard. Review of the 56 completed investigations support a finding of compliance.

Standard 115.73 Reporting to inmates

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard in addition to SPPOM 05.01 Reporting Sexual Abuse Criminal Case Status to Offenders. Offenders receive the findings during the Unit Classification Review in person, or are provided a written notification that is in compliance with the requirements of the standard if it involved a staff person. Documentation reviewed supported compliance.

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.

General Rules of conduct and Disciplinary Action (74 pg. employee handbook), PD 13 Sexual Harassment and Discourteous Conduct of A Sexual Nature, AD 16.2 Reporting Incidents/Crimes to the Office of the Inspector General and PD-29 Sexual Misconducts with Offenders address the requirements of this standard. The facility reports that no staff have been disciplined for sexual abuse or harassment. The auditor neither saw nor heard anything to dispute this statement.

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 Safe Prison/PREA Plan addresses the requirements of this standard as well as PD- 29 Sexual Misconduct with Offenders. The facility reports that no contractors or volunteers have been disciplined for sexual abuse or harassment. The auditor neither saw nor heard anything to dispute this statement.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. Sex Offender Treatment Programs are available but they are not required to participate as a condition of other programming or benefits.

Special Procedures for Certain Categories of Offenders Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or psychiatric patients. The applicable procedures are specified in the Developmentally Disabled Plan and the Correctional Managed Health Care Policy Manual. These procedures shall be followed when dealing with developmentally disabled offenders or psychiatric.

CHMC E 35.01 Mental Health Appraisal for Incoming Offenders states , “Further decisions regarding treatment plans, housing, work assignment, disciplinary restrictions and TDCJ programming are based upon the comprehensive Mental Health Evaluation (MHE) as well as by other TDCJ entities such as the Substance Abuse Treatment Program, the Sex offender Treatment Program, the Windham School district and the TDCJ Classification Division.

In accordance with these policies, disciplinary actions at this facility area all addressed through mental health treatment plans, and Unit Classification Committee; there is no segregation placement or disciplinary detention.

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

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

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

The Safe Prison/PREA Plan addresses the requirements of this standard. In addition, the following policies support compliance: CMHC 09.01 Privacy of Care; CMHC Confidentiality and Release of Information; CHMC I 70.1 Informed Consent; E-35-1 Mental Health Appraisals for Incoming Offenders; CHMC, E 35.-2 Mental Health Evaluation; CPOM 02.05 Requirement to Contact the Department of Family Protective Services; and CPOM 05.05 Completing the Offender Protection Investigation.

The Safe Prisons/PREA supervisor conducts the intake interviews and completes Mental Health referrals for offenders who indicate they have experienced victimization or perpetration. Questions are clear and specific pertaining to juvenile experiences and adult experiences in a confinement setting, illustrating an efficient process to ensure appropriate referrals for those who experienced sexual abuse under the age of 18. This information becomes a part of the mental health record, protecting the information under the same guidelines as medical information. Procedures are in place to obtain informed consent however it was reported that this situation has not presented itself yet. Interviews with mental health clinicians support that they receive the referrals and are incorporated into their diagnostic and evaluation process upon arrival. Mental health and medical documentation was provided that demonstrated compliance with this standard.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. In addition, the following policies address how the requirements are met: CHMC A 01.01 Access to Care; CHMC G 57.01 Sexual Assault/Sexual Abuse; SPPOM 05.01 Sexual Abuse Response and Investigation. Mental health and medical documentation was provided that demonstrated compliance with this standard. One offender was taken to the emergency room for an exam (in the past 12 months). This case is still open.

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 Safe Prison/PREA Plan addresses the requirements of this standard. In addition, the following policies/procedures support compliance: CMHC E 32-1 Receiving, Transfer and Continuity of Care Screening; CMHC E 44-1 Continuity of Care; CHMC G 57.01 Sexual Assault/Sexual Abuse and Attachment Code of Criminal Procedure Chapter 56. Rights of Crime Victims; and SPPOM 05.01 Sexual Abuse Responses and Investigation. Interviews with medical staff and documentation showing follow up care support the finding of compliance as well.

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.

The Safe Prison/PREA Plan addresses the requirements of this standard. Under the section, Incident Review Team, it states, “An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents.”

Safe Prisons/PREA Plan Section 3l, Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment includes a detailed procedure for Administrative Incident Review Process: including definitions for reporting and reviewing PREA incidents. The Administrative Incident Review shall be forwarded to the appropriate regional director, PFCMOD deputy director of operations, or department head no later than 10 working days following the notification to EAC. The warden’s or administrative supervisor’s review shall be recorded as outlined in the following attachment.

The regional director, PFCMOD deputy director of operations, or department head shall review the Administrative Incident Review and document any comments in the final portion of the Administrative Review section. The completed Administrative Incident Review shall be forwarded to EAC no later than 20 working days following the notification to EAC. The Administrative Incident Review, along with original signatures, photographs, or other information shall be filed at the EAC. EAC shall maintain all Administrative Incident Reviews and include information relevant to the incident being reviewed in accordance with the TDCJ Records Retention Schedule. This process demonstrates the importance given to PREA incidents in this agency, therefore receiving a rating of exceeds standards.

All Administrative Incident Reviews containing recommendations or corrective action require a written 90-day follow-up report prepared by the regional director, PFCMOD deputy director of operations, or department

head. The follow-up report shall be completed and submitted to the deputy director for Prison and Jail Operations or PFCMOD deputy division director and the appropriate division director or designee within 90 days of the notification to EAC.

Five completed reports were reviewed. The review team includes the Assistant Warden, Major Safe Prison/PREA sergeant and officer, mental health and medical staff when warranted. This review team makes the determination of the finding of the investigation (substantiated, unsubstantiated, unfounded) in addition to reviewing policy, motivation, area, staffing levels, and monitoring technology. All reports reviewed met the requirements of the standard.

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 following documentation was provided to support compliance with this standard: AD 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, indicating that all incidents will be uniformly and centrally reported; Safe Prison/PREA Plan addresses all requirements of the standard; Safe Prisons/PREA Operations Manual requires the following,

At the end of each month, the USPPM shall complete the Monthly Safe Prisons/PREA Report (MSPPR) with assistance from the Unit Investigation Team (UIT) utilizing the UIT Meeting Flow Sheet. The MSPPR provides documentation of Safe Prisons/PREA activity related to offender sexual abuse training; frequency of Offender Protection Investigations (OPI); and disciplinary violations involving offender aggression and allows for analysis of patterns and trends associated with incident locations and times, as well as groups involved in incidents.

An extensive report is on the website demonstrating comparisons to previous years (2102, 2013, 2014) and a copy of 2014 Survey on Sexual Violence was provided to support the finding of compliance.

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.

BP-02.09 Prison Rape Elimination Act Ombudsman Board Policy statement is as follows: It is the policy of the Texas Board of Criminal Justice (TBCJ or board) that the PREA ombudsman shall coordinate the Texas Department of Criminal Justice’s (TDCJ) efforts to eliminate the occurrence of sexual abuse and sexual harassment at correctional facilities. In addition, the PREA ombudsman shall oversee the reporting of sexual abuse and sexual harassment to the TDCJ. The PREA ombudsman reports to the board, and reports all pertinent items directly to the TBCJ chairman, as deemed appropriate and necessary. The TDCJ shall establish guidelines for reporting complaints or inquiries from elected officials, the public, and offenders pertaining to allegations of sexual abuse and sexual harassment and related TDCJ initiatives to the PREA ombudsman.

There is an Ombudsman procedure specifying requirements of the annual report. Additional supporting documentation includes the Texas Government Code 501, and the Prison Safe/PREA Plan. An extensive report is on the website demonstrating comparisons to previous years (2102, 2013, 2014). No information presenting clear and specific threat needed to be redacted. The 2016 report regarding 2015 is expected to be completed as required.

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.

BP 02.089 Prison Rape Elimination Act Ombudsman Board Policy addresses the requirements to compile data from all sources of the agency. The Prison Safe/PREA Manual and Operating Procedure 01.01 also address all requirements of this standard. TDCJ Retention Schedule, May 2014, provides documentation to support this standard, designating investigations as permanent records. OIG 04.05 Offender Sexual Assault Investigation requires maintenance of investigations for 10 yrs, and that it be reported into an information management system. As noted earlier, an extensive report is on the website demonstrating comparisons to previous years (2102, 2013, 2014), no personal identification is provided in this report .

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.

Amy Fairbanks Amy Fairbanks

May 8, 2016

Auditor Signature

Date