

PREA Facility Audit Report: Final

Name of Facility: Kegans Intermediate Sanction Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/07/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: James Kenney

Date of Signature: 11/07/2025

AUDITOR INFORMATION

Auditor name: Kenney, James

Email: kenney.consult@gmail.com

Start Date of On-Site Audit: 10/08/2025

End Date of On-Site Audit: 10/10/2025

FACILITY INFORMATION

Facility name: Kegans Intermediate Sanction Facility

Facility physical address: 707 Top Street, Houston, Texas - 77002

Facility mailing address: 2 Financial Plaza Suite 105, Huntsville, Texas - 77340

Primary Contact

Name:	Brenda German
Email Address:	brenda.german@tdcj.texas.gov
Telephone Number:	9364373439

Warden/Jail Administrator/Sheriff/Director	
Name:	Chibuike Onwuka
Email Address:	Chibuike.Onwuka@tdcj.texas.gov
Telephone Number:	713-224-6584

Facility PREA Compliance Manager	
Name:	Shannon Jolivette
Email Address:	Shannon.Jolivette@tdcj.texas.gov
Telephone Number:	7132246584

Facility Health Service Administrator On-site	
Name:	Dariel Newman
Email Address:	Darnewma@utmb.edu
Telephone Number:	713-224-6584

Facility Characteristics	
Designed facility capacity:	657
Current population of facility:	574
Average daily population for the past 12 months:	567
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-75
Facility security levels/inmate custody levels:	IS/J1, Parole Inmates
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	202
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	297

AGENCY INFORMATION	
Name of agency:	Texas Department of Criminal Justice
Governing authority or parent agency (if applicable):	
Physical Address:	861 Interstate 45, Huntsville, Texas - 77320
Mailing Address:	PO Box 99, Huntsville, Texas - 77340
Telephone number:	8005350283

Agency Chief Executive Officer Information:
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Name:	Bobby Lumpkin
Email Address:	Bobby.Lumpkin@tdcj.texas.gov
Telephone Number:	936-437-2101

Agency-Wide PREA Coordinator Information			
Name:	Cassandra McGilbra	Email Address:	cassandra.mcgilbra@tdcj.texas.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
2	• 115.35 - Specialized training: Medical and mental health care • 115.65 - Coordinated response
Number of standards met:	
35	
Number of standards not met:	
0	
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	8

AGENCY AUDIT FINDINGS

Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

10

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-08
2. End date of the onsite portion of the audit:	2025-10-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	657
15. Average daily population for the past 12 months:	567
16. Number of inmate/resident/detainee housing units:	24
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	522
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	36
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	7

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	69
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	202
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	297

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	12
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected at least one individual from each housing unit, ensuring to select individuals from different age groups and a relatively even distribution of races. This is to ensure a fair assessment of the institution from the individuals interviewed.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor verified with the PREA compliance manager, classification, and health services that there were no individuals in the facility with physical disabilities. The auditor did not observe any individuals with a physical disability during the onsite phase of the audit.
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor verified with the PREA compliance manager, classification, and health services that there were no individuals in the facility that were blind or low vision. The auditor did not observe any individuals with a vision impairment during the onsite phase of the audit.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	4
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor verified with the PREA compliance manager, classification, and health services that there were no individuals in the facility with physical disabilities.
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1

48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor verified with the PREA compliance manager, classification, and health services that there were no individuals housed in segregation due to a high risk of victimization. The auditor verified that with the staff present in segregation.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	10

52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	23
56. Were you able to interview the Agency Head?	☒ Yes ☐ No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

58. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
59. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☐ Administrative (human resources) staff
- ☒ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☐ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	Grievance coordinator, Chaplain, Maintenance staff.
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
62. Enter the total number of CONTRACTORS who were interviewed:	3
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
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71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	2	0
Total	0	0	3	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

3

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were no criminal investigations during the last 12 months. The auditor reviewed all five (5) sexual abuse and sexual harassment investigation files.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
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.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: - Documents: (<i>Policies, directives, forms, files, records, etc.</i>) - TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement - TDCJ ED-03.03 - Safe Prisons Program - TDCJ PO-07.150 - Unit Safe Prisons/PREA Manager - TDCJ Safe Prisons/PREA Plan - TDCJ Joe Kegans Unit Organizational Chart - Interviews: - PREA coordinator - PREA compliance manager Findings (by provision):

115.11(a). The Texas Department of Criminal Justice and the Joe Kegans Intermediate Sanction Facility (ISF) have adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment.

The agency provided *TDCJ Safe Prisons/PREA Plan* in the PAQ, which outlines the agency's approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This plan provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards.

The agency also provided the *TDCJ ED-03.03 - Safe Prisons Program*. This directive states, "The Texas Department of Criminal Justice (TDCJ) has zero tolerance toward all forms of sexual abuse and sexual harassment. The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.11(b). The agency has designated an agency wide PREA coordinator, Cassandra McGilbra, who is the PREA Ombudsman. The Ombudsman reports directly to the Chairman of the Texas Board of Criminal Justice. Under the Texas Government Code, the PREA Ombudsman coordinates the agency's efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ correctional facilities. The agency's organizational chart was provided for review and shows the PREA Ombudsman's position as a direct report to the Board of Criminal Justice. There is no question as to the authority level of the PREA Ombudsman at this agency. The auditor received written responses to the PREA interview questions for the PREA coordinator. In the responses, the PREA Ombudsman confirmed the main function of her position is to ensure PREA compliance, to review or conduct administrative investigations of allegations of sexual abuse, and to provide access for offenders and the public to report allegations of sexual abuse and sexual harassment. Based on this interview, the organizational chart, and my contact with the Safe Prisons/ PREA Manager, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.11(c). The agency has designated six regional coordinators to monitor and support prison operations, who report to the PREA Ombudsman. There are also 125 Unit PREA Managers, who relay PREA-related information to their respective regional coordinators. Their role is outlined in *TDCJ PO-07.150 - Unit Safe Prisons/PREA Manager*, which was provided to the auditor in the PAQ. The Unit Safe Prisons/PREA Managers (USPPM), one in each unit, report to their respective Wardens. All Unit PREA Compliance Managers have access to the PREA Ombudsman. The USPPM at the Kegans ISF, Officer Shannon Jolivette, acts as the PREA compliance manager (PCM).

The PCM provides reporting to the PREA coordinator at the agency level and maintains records and statistics at the institution. Through an interview with the PCM, the auditor was able to determine that the PCM clearly understands her role and is well educated on the PREA standards. Officer Jolivette was with the auditor during the onsite phase of the audit, and we had several conversations about her work at the Unit. She talked freely about her position and her responsibilities, and she was excited about the opportunities to assist the incarcerated individuals when they are or feel vulnerable. Officer Jolivette expressed a real excitement to help others, which

	is why she chose to take on the USPPM job position. The auditor heard from multiple staff members and from the incarcerated population that Officer Jolivette is very involved in the PREA process. Officer Jolivette meets directly with all incarcerated individuals to perform their intake risk screening, performs the reassessment at thirty (30) days, and performs the retaliation monitoring for the Unit. Most of the individuals interviewed by the auditor stated they would come directly to the USPPM if they had a need to report an allegation of sexual abuse or sexual harassment. This direct connection with the incarcerated population cannot be underestimated when you consider how difficult it may be for some to actively report abuse face-to-face rather than utilize other reporting avenues that are less personal. The PCM indicated that there is sufficient time to complete her duties as the PCM as that is her full-time position. The auditor was able to evaluate that the PCM has both the time and level of authority to coordinate the facility's efforts to comply with the PREA standards. The institution posts the USPPM's name throughout the institution for everyone to see and as a reminder that she is available to help at any time. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	This Standard has been audited at the agency level.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement 2. TDCJ Safe Prisons/PREA Plan 3. TDCJ AD-11.52 - Security Staffing 4. TDCJ SOPM-07.02 - Deletion, New Installation or Relocation of Video Surveillance Equipment 5. TDCJ SOPM-08.01 - Turnout Roster Management 6. TDCJ SOPM-08.06 - Security Operations Annual Review of Turnout

Rosters Procedures

7. *Kegans ISF Staffing Plan*
8. *Kegans ISF Unit 2024 Annual Staffing Plan Roster Review*
2. Interviews:
 1. PREA Coordinator
 2. Agency Head
 3. Random incarcerated individuals
 4. Random Staff
 5. Specialized Staff
3. Site Review Observations:
 1. Control room (electronic monitoring)
 2. Programs area
 3. Housing units
 4. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided *TDCJ Safe Prisons/PREA Plan*. In the *Security Staffing* section, the plan states, “The TDCJ shall ensure that each unit develops, documents, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse.” The plan goes on to list the eleven points that are required under this provision of the Standard. The auditor was provided *TDCJ AD-11.52 - Security Staffing* in the PAQ. This directive states, “The Texas Department of Criminal Justice (TDCJ) deploys adequate staff to provide safety and security to employees and offenders and to accomplish the mission of each unit.” The directive requires that Security Operations approve each Unit’s staffing plan and must monitor levels of security staffing at each unit. The staffing levels and plans must be based on unit design and mission, offender population and custody level, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and established relief factors.

The agency also provided the auditor with a copy of the *Kegans ISF Staffing Plan*. The document outlines the required staffing for Priority 1 and Priority 2 positions at the Unit as well as the minimum staff members required to maintain that staffing level. The plan includes a review of the supervision of the institution. The staffing plan requirements for the institution are consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing and supervisory staff throughout the institution. The auditor reviewed all areas, including the officer’s dining, laundry, program areas, medical and mental health, and all housing units. The auditor talked with supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and incarcerated individual safety. The auditor visited the education and programs areas

and the library and law library. Incarcerated individuals were able to utilize the library services and easily attend programs without taking away security and safety from the rest of the institution. Educators with the contracted education group, Windham School District, were present in the classes along with corrections officers. The facility provides two (2) programs for the incarcerated individuals. The Cognitive Program consists of 120 direct group hours, and the Substance Use Prevention Program consists of 240 direct group hours. Both programs are a requirement of the individuals' stay at the ISF and part of the sanction they are serving in the facility.

The auditor noted ample staffing to provide supervision for the staff holding the group sessions. The auditor noted there were no safety concerns or areas where the individuals would be at risk. The staffing plan provides for two (2) staff positions to allow for full participation by the incarcerated individual population.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden discussed with the auditor the staffing plan and indicated the staffing plan is drafted at the Unit and approved through Security Operations. The plan is reviewed annually by staff at the institution, including the Unit Safe Prisons/PREA Manager and a security systems specialist to discuss options for video surveillance technology. The Warden explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. The Warden indicated there is adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the incarcerated individual population on all three (3) shifts. The Warden confirmed that the plan covers each of the eleven (11) points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden's office for additional review and approval. The auditor also interviewed the PREA compliance manager, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). In the PAQ, the auditor was provided *TDCJ Safe Prisons/PREA Plan*. The plan states, "In circumstances where the staffing plan is not complied with, the unit shall document and justify all deviations from the plan." The auditor was provided *TDCJ AD-11.52 - Security Staffing* in the PAQ. In the *Position Deviation from Staffing Plans* section, the directive states, "When occasions arise requiring the unit to deviate from the staffing plan, unit administration must document on the reverse side of the shift turnout roster the position deviation taken and the reason for the deviation." In the PAQ, the facility listed several reasons for deviations from the staffing plan, including staffing, hospital transport, hospital security, constant direct observation of incarcerated individuals, and major projects.

The auditor interviewed the Warden during the onsite phase of the audit, who confirmed the documented deviations, which are documented on the back of the daily roster reports. The auditor was provided with copies of the roster reports and noted the deviations on the back of the report. The auditor could see how the institution corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). *TDCJ Safe Prisons/PREA Plan* was provided to the auditor in the PAQ. The plan requires that each unit complete an assessment, at least once each year, in consultation with the CID director to determine and document if adjustments are required to the staffing plan, the unit's deployment of video monitoring systems, and resources the unit has available to ensure adherence to the staffing plan.

The auditor was provided with a copy of the *Kegans ISF Unit 2024 Annual Staffing Plan Roster Review* in the PAQ. The annual review was completed in April 2024 by the Warden, the Regional Director, the Staffing Coordinator for Security Operations, a Staffing representative from Security Operations, and the PREA Ombudsman. The review was performed in consultation with the Unit's Safe Prisons/PREA Manager. The review indicated that no changes to the staffing plan were warranted based on the institution's incarcerated individual population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests.

The auditor was provided with written responses to the PREA interview questions. The agency PREA coordinator confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided the *TDCJ Safe Prisons/PREA Plan* in the PAQ. This plan states, "Security supervisors at each unit shall 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." The plan also states that staff are prohibited from alerting other staff members when these rounds are occurring.

During interviews with 16 random incarcerated individuals, each incarcerated individual stated that supervisors enter the housing units several times a day. When asked, incarcerated individuals told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 10 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed the major and a captain during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Both told the auditor they begin their rounds in different places daily to ensure the staff are not aware that they will be approaching. This allows for a true unannounced entry into the housing unit. Also, during the site review, the auditor met supervisors in the housing units while they were performing their unannounced rounds.

Several copies of post logs were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. The logs were from different days of the week throughout the month, and the rounds were noted at different times of the day and night. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. Interviews: 1. None 3. Site Review Observations: 1. None Findings (by provision): 115.14(a). The auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. In the <i>Youthful Offenders</i> section, the plan states, “youthful offenders shall not be place in a housing unit where the youthful offenders will have sight, sound, or physical contact with any adult offenders through use a shared dayroom or other common space, shower area, or sleeping quarters.” The Kegans ISF does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.14(b). The auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. In the <i>Youthful Offenders</i> section, the plan states, “When youthful offenders are outside housing area, 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 Kegans ISF does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.14(c). The auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. In the <i>Youthful Offenders</i> section, the plan states, “The TDCJ shall make best efforts to avoid placing youthful offenders in isolation for the purposes of maintaining sight and sound separation.” The Kegans ISF does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ Safe Prisons/PREA Plan
 2. TDCJ AD-03.22 - Offender Searches
 3. TDCJ SPPOM-02.05 - Cross-Gender Searches and Log
 4. TDCJ PO-07.006 - Administrative Segregation Officer
 5. Training curriculum
 6. Training records
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals
 3. Random incarcerated individuals
3. Site Review Observations:
 1. Control room (electronic monitoring)
 2. Strip search room
 3. Bathrooms and shower areas
 4. Housing units
 5. Health services

Findings (by provision):

115.15(a). In the PAQ, the facility provided the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, *"Offender Searches."* The auditor was also provided the *TDCJ AD-03.22 - Offender Searches* in the PAQ. This directive states, "Male offenders shall be strip searched by a male correctional officer or trained male staff member, except in exigent circumstances with prior approval from a security supervisor." The PAQ shows that no cross-gender strip searches or body cavity searches were performed in the previous 12 months at the Kegans ISF.

During the site review, the auditor observed the intake process for three (3) individuals transferred into the Kegans ISF, which included visual searches of the individuals. The Unit begins intake in the Unit's sally port, where transport vehicles deliver transferred incarcerated individuals to the facility. They are removed from the vehicle, brought into intake, begin property inventory, and are subjected to a visual body search for contraband. The intake officer searches each individual one at a time behind a partition. The partition provides privacy for the individuals and prevents the viewing of the individuals by other staff members if they enter the intake area. The auditor noted there were no cameras in the area that would view the individual in a state of undress. The auditor questioned a sergeant in intake about the visual body searches, and he told the auditor that female officers do not perform strip searches of

the male incarcerated individuals per TDCJ policy.

The auditor also viewed the strip search room in the Unit's visitation room. The Unit utilizes a restroom to perform the visual searches of the incarcerated individuals following their contact visits with friends and family on the weekends. The room is at the side of the visitation room, where the incarcerated individuals enter and exit the visitation room. There are no windows in the room where others can view the individuals while they are undressed and no cameras inside the room. The auditor was told that visual searches are always performed in this private manner, by male officers only, one individual at a time, and by one officer at a time. The auditor interviewed three (3) female officers and asked if they were able to perform visual searches of the male incarcerated individuals. All three officers stated clearly that it was a violation of policy for a female officer to perform such searches. All three stated, however, that they could perform that search in an extreme emergency but only after seeking approval from a supervisor. The auditor had informal discussions with incarcerated individuals during the site review and was told that strip searches of incarcerated individuals are always performed by male officers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(b). The Kegans ISF houses male incarcerated individuals only and this provision would not apply to this institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). The agency provided the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states that all strip searches of incarcerated individuals conducted by staff of the opposite gender must be documented. They must be documented on an Inter-Office Communication containing a supervisor's signed approval and filed with the Unit Safe Prisons/PREA Manager (USPPM). The auditor was also provided the *TDCJ SPPOM-02.05 - Cross-Gender Searches and Log* in the PAQ. This manual requires the USPPM to collect all documented cross-gender searches at the Unit and maintain them on a log. The log is maintained for the fiscal year. In the PAQ, the institution indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). The agency provided the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders." As an example of the institution's post orders, the auditor was provided *TDCJ PO-07.006 - Administrative Segregation Officer* in the PAQ. The order references the requirement for an announcement to be made if the officer working in the segregation unit is of the opposite gender of the offenders housed in the unit. The order states, "Ensure the verbal announcement is made any time the status quo of the gender-supervision of a housing area changes from exclusively same gender to mixed or opposite gender-supervision. Ensure the announcement is

made for both security and non-security staff, for example, medical staff, volunteers, unit visitors, or a security supervisor making rounds in the administrative segregation area.”

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. The Kegans ISF is operated in a single four-story building. The Unit offers dormitory style housing in 15 dormitories. Twelve (12) dormitories house 48 offenders in each. These dormitories are two (2) level dorms, with dayrooms on the lower level. The open dorm bed space and restrooms are on the upper level. The restrooms in each dormitory contain six (6) toilets and four (4) showers, with a large curtain across the front to provide some privacy and modesty from the sleeping area.

On the upper level, two (2) dorms share a control room/office space that oversees the dormitories. Three (3) dormitories house 24 offenders each, which are in a different layout. These dorms hold twelve double bunks in three (3) separate sections, a small dayroom, and restrooms. The restrooms in each dorm contain three (3) toilets and two (2) showers, which are behind a three-foot wall to separate them from the dayroom. The Unit provides a large partition to provide additional privacy and modesty. The Unit also has a small restrictive housing unit, which has nine (9) single cells for administrative confinement and is often utilized for individuals that require continuous direct observation. Each cell has its own toilet and there is one (1) shower available at the end of the hall, which has a screen on the door for privacy.

The auditor routinely witnessed cross-gender announcements during entry into every housing unit, as the auditor was escorted by three (3) female staff members. Each time we attempted to enter a dormitory, a corrections officer or supervisor clearly made a loud announcement of “female on the run” or “female on the floor”. We were then asked to wait a moment before we entered, allowing the incarcerated individuals the opportunity to cover up if it was necessary. The auditor also verified that there were no cameras within any of the housing units that would view the male incarcerated individuals in a state of undress.

During random interviews with 16 incarcerated individuals, they all stated that officers routinely make an announcement before entering the unit. The incarcerated individuals were clear that female staff were consistent with their announcement before entry to the dormitory. All 16 of the incarcerated individuals interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 10 officers, they confirmed that cross-gender announcements are performed every time a female officer enters a housing unit. Officers stated clearly that they cannot see incarcerated individuals in the restrooms and always announce before performing routine cell checks and security rounds. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided *TDCJ Safe Prisons/PREA Plan*. On page 16, under the *Offender Screening and Assessment* section, the plan states, “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.” During the onsite phase of the audit, the auditor was unable to interview a transgender incarcerated individual, as there were no transgender individuals housed at the Unit during the onsite phase of the audit. The auditor interviewed 10 random officers and was told that such searches of transgender incarcerated individuals was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.15(f). The auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, “Correctional staff shall be trained in the methods of conducting cross-gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs.” The institution provided the auditor with a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible. During the onsite phase of the audit, the auditor interviewed 10 random officers. Each of the 10 officers confirmed attending annual in-service training in 2025. The required training for cross-gender searches was included in the training. All 10 officers stated that the training included how to perform the searches of transgender incarcerated individuals in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ AD-04.25 - Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking</i> 3. <i>TDCJ AD-6.25 Qualified Interpreter Services - American Sign Language</i>

4. *Staff who Speak Foreign Languages*
 5. *Qualified Spanish Interpreters in TDCJ Administrative Offices*
 6. *Offender Orientation Handbook*
 7. *Offender Orientation Handbook Spanish*
2. Interviews:
 1. Agency head
 2. Targeted incarcerated individuals
 3. Random incarcerated individuals
 3. Site Review Observations:
 1. Postings in housing units
 2. Incarcerated individual educational materials

Findings (by provision):

115.16(a). In the PAQ, the auditor was provided the *TDCJ Safe Prisons/PREA Plan*. In the *Reporting Allegations* section, the plan states, "Appropriate steps shall be taken to ensure offenders with disabilities, including offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The auditor was also provided the *TDCJ AD-04.25 - Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking* in the PAQ. This directive ensures language assistance services are provided to offenders that are unable to communicate effectively in spoken English. The auditor also reviewed *TDCJ AD-6.25 Qualified Interpreter Services - American Sign Language*. This directive ensures that offenders who use American Sign Language (ASL) as their primary means of communicating will be provided a qualified interpreter for informal governmental proceedings. The auditor was also provided two lists of interpreters, one for Spanish speakers at TDCJ administrative offices and one for foreign languages at TDCJ institutions.

During the onsite phase of the audit, the auditor interviewed two (2) individuals with a cognitive disability and one (1) individual who is hard of hearing. The individuals with a cognitive disability told the auditor they understood the rules for sexual contact that were provided by the safe prisons officer. They both told the auditor they feel safe at the Unit and have not had any issues with any other incarcerated individual or officer. They told the auditor they would talk to the safe prisons officer if they had a problem in the housing unit. The individual who is hard of hearing reported having no problems hearing the PREA education during the orientation class. He also reported receiving written education in case he had missed something due to his hearing problems. He explained seeing the posted PREA signage in the housing unit as well. The auditor was unable to interview individuals with other disabilities as there were none housed in the Unit at the time of the onsite audit.

The auditor was provided with written interview responses from the Agency Head. In those responses, the Agency Head confirmed the various accommodations available to provide PREA education for all incarcerated individuals, regardless of the disability

or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all incarcerated individuals, even those that may be wheelchair-bound. Grievances, on paper, are available to all incarcerated individuals and the policy and procedure requires accommodation for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all incarcerated individuals, so all incarcerated individuals would be able to call outside the prison to contact someone regarding sexual abuse allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(b). In the PAQ, the auditor was provided the *TDCJ Safe Prisons/PREA Plan*. In the *Reporting Allegations* section, the plan states, “Offenders with limited English proficiency shall be provided meaningful access to information regarding TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.” The auditor was also provided *TDCJ AD-04.25 - Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking* in the PAQ. This directive states, “Each offender must receive the *TDCJ Disciplinary Rules and Procedures for Offenders* handbook, available in English or Spanish.” The directive goes on to require that these offenders must be shown the orientation session in Spanish and be provided the *Offender Orientation Handbook* in Spanish. The auditor also reviewed *TDCJ AD-6.25 Qualified Interpreter Services - American Sign Language*. This directive ensures that offenders who use American Sign Language (ASL) as their primary means of communicating will be provided a qualified interpreter for informal governmental proceedings. The auditor was also provided two lists of interpreters, one for Spanish speakers at TDCJ administrative offices and one for foreign languages at TDCJ institutions.

During the onsite phase of the audit, the auditor interviewed four (4) incarcerated individuals who spoke Spanish. All four individuals were able to converse with the auditor without the assistance of a translator. All four incarcerated individuals confirmed receiving the PREA education by watching the PREA video in Spanish. They all attended the orientation class and received their written PREA educational materials in Spanish. All four incarcerated individuals were able to explain to the auditor how to file an allegation of sexual abuse if it were necessary. They also understood behavior that was improper. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided the *TDCJ Safe Prisons/PREA Plan*. In the *Reporting Allegations* section, the plan states, “When seeking interpreters, staff shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties described within this plan, or the investigation of the offender’s allegations.”

	During the onsite phase of the audit, the auditor spoke with 10 random officers and 16 random incarcerated individuals. All staff and incarcerated individuals stated that the facility does not utilize incarcerated individuals to interpret for other incarcerated individuals. Staff members stated clearly that using an incarcerated individual to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. The auditor was told that an incarcerated individual interpreter may be used if it were an emergency to protect an incarcerated individual. One staff member was very adamant that he would never use an incarcerated individual to translate for him. In fact, he was so strong about the subject that he interrupted the auditor while asking the question to tell him absolutely never would he use an individual to translate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	This Standard has been audited at the agency level.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	This Standard has been audited at the agency level.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation

3. *TDCJ OIG-07.13 - Inmate Sexual Assault Investigations*
 4. *CMHC Policy Manual G-57 - Sexual Assault/Sexual Abuse*
 5. Memo of approved OVRs for the Kegans ISF
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals
 3. Site Review Observations:
 1. Health services

Findings (by provision):

115.21(a). In the PAQ, the agency provided the *TDCJ Safe Prisons/PREA Plan*. The plan states, "All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." The auditor was also provided the *TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation*. The manual, in the *Initial Response Process Following an Offender Sexual Abuse* section, mandates steps to ensure the preservation of evidence. "The security supervisor shall identify the location of the alleged assault and consult with the OIG regarding protection and isolation of the crime scene to ensure that evidence is not lost, changed, or contaminated. Security staff shall ensure compliance pursuant to AD-16.03, *Evidence Handling*." The auditor was also provided *OIG-07.13 - Inmate Sexual Assault Investigations*. This manual highlights the OIG guidelines for response to allegations of sexual abuse. On page 4, the manual states, "Upon determining that a sexual assault was promptly reported, the investigator will inform the appropriate unit personnel that the victim must be: separated from the alleged abuser and informed not to take any actions that could destroy physical evidence." It also states, "Unit personnel should be informed to secure the crime scene and, to the degree possible, the alleged suspect(s) should be placed in a secured area that will prevent the destruction of physical or biological evidence."

During the onsite phase of the audit, the auditor interviewed an investigator from the Office of the Inspector General (OIG). He confirmed that he and other OIG investigators are responsible to investigate allegations of sexual abuse and sexual harassment at the Unit. The OIG utilizes a standard evidence collection format provided that follows the national protocol. During random staff interviews, the auditor interviewed 10 officers. Each of the 10 officers interviewed knew that the OIG investigated all allegations of sexual abuse and sexual assault. All 10 officers also knew that evidence was collected by the OIG and officers were responsible for protecting the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(b). In the PAQ, the agency provided the *TDCJ Safe Prisons/PREA Plan*. In the Investigations section, the plan states, "The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office of Violence against Women publication, *"A National Protocol for Sexual Assault Medical*

Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. The auditor was also provided *OIG-07.13 - Inmate Sexual Assault Investigations*. The manual states, “This policy complies with the Department of Justice - Office on Violence Against Women publication, “*A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,”* second edition.”

The auditor was provided a signed Statement of Fact from the agency’s PREA Ombudsman, which clearly states the agency’s evidence protocol and policy for forensic medical examinations. The Statement reconfirms the agency’s use of the evidence protocol that matches the protocol listed in the National Protocol document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). In the PAQ, the agency provided the *TDCJ Safe Prisons/PREA Plan*. The plan establishes guidelines for the investigation of sexual abuse and sexual misconduct within the TDCJ. The plan states, “All offender victims of sexual abuse shall be offered access to forensic medical examination, whether on-site or at an outside medical facility, without financial cost, where evidentiary or medically appropriate. Such examination shall be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) when possible. If neither a SAFE nor SANE can be made available, the examination may be performed by other qualified medical practitioners in accordance with CMHC policies. Efforts to provide a SAFE or SANE shall be documented.” The auditor was also provided *OIG-07.13 - Inmate Sexual Assault Investigations*. In the *Request for Sexual Assault Exam* section, the procedure states, “If a sexual assault is reported to the OIG within 120 hours, with the consent of the victim, an investigator shall request a forensic medical examination of the victim of the alleged assault for use in the investigation or prosecution of the offense.” In the PAQ, the Kegans ISF stated that there were no forensic medical examinations performed for reported allegations during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor was told by the nursing director that forensic medical examinations would be performed at the Ben Taub Hospital, part of the Texas Medical Center. During the audit, the auditor conducted a telephone interview with a nurse director at the Ben Taub Hospital. The nurse director verified that an incarcerated individual victim who had been abused and required a forensic examination would be treated properly and would have access to a SAFE or SANE nurse on staff at the hospital. The nurse would complete the forensic medical examination per accepted state protocol. The hospital would then provide a follow-up treatment plan for the incarcerated individual that would be sent to the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). In the PAQ, the agency provided the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender

with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.” The auditor was also provided *OIG-07.13 - Inmate Sexual Assault Investigations*. In the *Victim Advocate - Offender Victim Services (OVS)* section, the procedure states, “Offender sexual assault victims, when requested, may have a victim advocate or qualified TDCJ staff member who is an offender victim representative (OVR) accompany and support the victim through the forensic medical examination process and the investigatory interviews.” The auditor was provided with copies of emails between the agency and two (2) local rape crisis centers in the PAQ. The emails show attempts by the agency to enter into an agreement with the rape crisis center to provide victim advocacy for the incarcerated individuals at the Kegans ISF. Unfortunately, both centers declined to enter into an agreement. The emails satisfy the requirement under this provision to show that attempts were made, although unsuccessful. The auditor was also provided with a memo from the Kegans ISF to identify staff members that have been trained and assigned as Offender Victim Representatives (OVRs).

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. The USPPM confirmed the agency’s attempts to secure an agreement with a local rape crisis center for victim advocacy. Without an agreement in place, the institution utilizes OVRs, as noted in policy. The assigned OVRs are the chaplain and a mental health practitioner at the Kegans ISF. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual told the auditor he knew that victim advocates were available to him, including the offender victim representative from the Unit. He told the auditor he did speak to an advocate. He said the staff at the facility told him about available advocates, but it wasn’t necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). The auditor was provided *OIG-07.13 - Inmate Sexual Assault Investigations* in the PAQ. In the *Victim Advocate - Offender Victim Services (OVS)* section, the procedure states, “Offender sexual assault victims, when requested, may have a victim advocate or qualified TDCJ staff member who is an offender victim representative (OVR) accompany and support the victim through the forensic medical examination process and the investigatory interviews.” The auditor was also provided *TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation*. The manual states, “Following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews.”

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. The USPPM confirmed the agency’s attempts to secure an agreement with a local rape crisis center for victim advocacy. Without an agreement in place, the institution utilizes OVRs, as noted in policy. The assigned OVRs are the chaplain and a mental health practitioner at the Kegans ISF. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual told the auditor he knew that victim advocates were available to him, including the offender victim representative from

	the Unit. He told the auditor he did speak to an advocate. He said the staff at the facility told him about available advocates, but it wasn't necessary. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.21(f). Administrative sexual abuse investigations are performed by the agency, but the Office of the Inspector General (OIG) conducts the criminal sexual abuse investigations. The OIG is an outside agency and is required to maintain a good working relationship with the staff at the Unit and share ongoing information related to the investigations. The Major and the Warden confirmed that the OIG stays engaged with the Unit and keeps them apprised of the status of all investigations. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.21(g). The auditor is not required to review this provision. 115.21(h). In the PAQ, the agency provided the <i>TDCJ Safe Prisons/PREA Plan</i>. In the Offender Victim Representatives section, the plan states, "The warden shall designate at least two OVRs. An OVR shall be a mental health clinician, sociologist, chaplain, social worker, or case manager who has completed the <i>TDCJ Sexual Assault Offender Victim Representative</i> training. Wardens shall coordinate with the SPPMO when a newly designated OVR requires training." Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation</i> 3. <i>TDCJ SPPOM-05.05 - Completing the Offender Protection Investigation</i> 4. <i>TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents</i> 5. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff Findings (by provision): 115.22(a). In the PAQ, the agency provided <i>TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation</i>. The manual establishes procedures and guidelines related to the initial notification and response following a reported offender-on-

offender or staff-on-offender sexual abuse incident. The manual 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 or an Offender Victim Representative." The manual goes on to require immediate notification to the Office of Inspector General of all allegations of sexual abuse and to provide the OIG with specific details of the alleged abuse. The auditor was also provided *TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*. This directive requires an administrative incident review of incidents. The directive states, "After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review."

During the onsite phase of the audit, the auditor reviewed the facility's incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor reviewed the sexual abuse and sexual harassment allegations at the same time. There were five (5) allegations that were investigated properly. The auditor was provided with written responses to the Agency Head interview questions. The Agency Head confirmed that there are several policies that mandate the investigation of sexual abuse and sexual harassment allegations at the TDCJ. All criminal investigations are carried out by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(b). In the PAQ, the agency provided *TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation*. The manual establishes procedures and guidelines related to the initial notification and response following a reported offender-on-offender or staff-on-offender sexual abuse incident. The manual 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 or an Offender Victim Representative." The manual goes on to require immediate notification to the Office of Inspector General of all allegations of sexual abuse and to provide the OIG with specific details of the alleged abuse. The auditor was also provided *TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents*. This directive requires an administrative incident review of incidents. The directive states, "After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review."

During the onsite phase of the audit, the auditor interviewed an investigator with the Office of the Inspector General. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to the OIG for investigation, following the initiation of the investigation at the Unit. The auditor reviewed the Texas Department of Criminal Justice website, and listed under the Texas Board of Criminal Justice, the auditor located the page for the PREA Ombudsman. This page lists the responsibilities of the Ombudsman to coordinate the agency's efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ. The page provides ways for family and friends of incarcerated individuals to report allegations of sexual abuse and sexual harassment, as well as a link to a third-

	party reporting page. There is also a link to the agency's PREA policy (Safe Prisons/ PREA Plan). The information can be found here: Texas Board of Criminal Justice - PREA Ombudsman. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.22(c). All administrative investigations are performed by the agency and the Office of the Inspector General, an outside agency, conducts the criminal investigations. This information is properly documented on the website. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.22(d). The auditor is not required to audit this provision. 115.22(e). The auditor is not required to audit this provision.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ SPPOM-06.01 - Unit Safe Prisons/PREA Program Awareness Training 3. TDCJ PD-29 - Sexual Misconduct with Offenders 4. TDCJ SM-02.25 - On-The-Job Training Program 5. TDCJ On-the-Job Training (OJT) Program Procedures Guide 6. CTSD Pre-Service Lesson Plan - PRES021 Sexual Abuse/Assault 7. CTSD Correctional Awareness Lesson Plan - ACAC021 Safe Prisons/ PREA 8. Safe Prisons PREA in Texas - Video Script 2. Interviews: 1. PREA coordinator 2. Random staff Findings (by provision): 115.31(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, "All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan. All employees who may have contact with offenders shall receive the following information in accordance with Safe Prisons/PREA requirements." The plan goes on to list the ten items required in

this provision. The auditor was also provided *TDCJ SPPOM-06.01 - Unit Safe Prisons/PREA Program Awareness Training* in the PAQ. This manual establishes operational instructions for providing Safe Prisons/PREA awareness training and education to unit staff. The manual states, "The USPPM shall ensure all unit staff are knowledgeable of the agency zero-tolerance policy regarding sexual abuse, voyeurism, and sexual harassment; as well as methods for the prevention, detection, reporting, and response to allegations of sexual abuse, voyeurism, sexual harassment, extortion, and other acts of offender aggression."

During the onsite phase of the audit, the auditor interviewed 10 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency.

All officers interviewed verified receiving education on the ten (10) points of this standard in the Department training. The auditor was told that they also receive PREA training as part of their annual training, at in-service training. The auditor reviewed training records for ten (10) randomly selected officers and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "The training shall be tailored to the gender of the offenders at the unit of assignment. The employee shall receive additional training when transferring to a unit with offenders of a different gender." The auditor was also provided the *TDCJ On-the-Job Training (OJT) Program Procedures Guide*. The guide lists this required pre-requisite course for staff: "*12-Hour Gender Specific Training Course* will be conducted for those correctional employees that will be assigned to a unit that houses female offenders. Correctional employees who transfer to a unit that houses female offenders, and who have not previously completed the *12-hour Gender Specific Training* will be required to complete the training course prior to being assigned to a shift or department."

The Kegans ISF houses male incarcerated individuals only, so staff are not required to attend specialized training before assigned to work at this unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "All employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI.B.1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies." The auditor was provided with samples of training that is also provided to staff members at staff turnout throughout the year, which is ongoing PREA training.

The auditor reviewed training records and determined that all currently assigned staff members have received PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

	115.31(d). In the PAQ, the facility provided the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “All training shall be documented, through employee signature or electronic verification, confirming that employees understand the training and information they have received.” The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ AD-02.46 - Employees of Private Businesses and Governmental Entities Contracting With the TDCJ</i> 3. <i>TDCJ AD-07.35 - Administration of Volunteer Services</i> 4. <i>TDCJ PD-29 - Sexual Misconduct with Offenders</i> 5. <i>TDCJ PD-97 - Training and Staff Development</i> 6. <i>CMHC Policy Manual C-25.1 - Orientation Training for Health Services Staff</i> 7. <i>Safe Prisons PREA in Texas - Video Script</i> 8. <i>TDCJ Handbook for Volunteers</i> 9. Completed training documents 2. Interviews: 1. Specialized staff Findings (by provision): 115.32(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. In the <i>Contractor and Volunteer Training Content</i> section, the plan states, “All volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures....” The auditor was also provided <i>TDCJ PD-29 - Sexual Misconduct with Offenders</i>. This directive states, “A contract employee who attends an orientation session in accordance with PD-97, “<i>Training and Staff Development</i>,” shall receive training regarding sexual misconduct with offenders while participating in the orientation session.” The auditor was also provided <i>TDCJ PD-97 - Training and Staff Development</i>. The training directive states, “All unit assigned contract

	employees and interns shall report to the unit safe prisons program manager in coordination with the human resources representative at their unit of assignment to receive Safe Prisons/PREA Training...” The agency indicated that a total 297 volunteers and 12 contractors have been approved to provide services inside the Kegans ISF. All 309 have completed the required PREA education. During the onsite phase of the audit, the auditor interviewed three (3) contractors, all three from the contracted medical vendor, the University of Texas Medical Branch (UTMB). All three confirmed receiving PREA education before the contractor is placed at an institution for employment. The Department then requires annual training with the Department’s curriculum and through their contractor. The auditor was told that all medical contractors must complete PREA training four times per year, provided by UTMB. The auditor also interviewed the facility Chaplain, who confirmed that all religious volunteers receive education annually from TDCJ. The auditor was unable to interview a volunteer, as there were none at the facility during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.32(b). The auditor was provided with the training curriculum and lesson plan for volunteers and contractors and the <i>Safe Prisons PREA in Texas</i> - Video Script. The auditor reviewed the provided materials and verified that it contained the required information to properly educate the TDCJ contractors and volunteers with the agency’s policies on the zero-tolerance of sexual abuse and sexual harassment. The auditor was also provided the <i>TDCJ Handbook for Volunteers</i>. On page 12, the document clearly outlines the agency’s zero-tolerance policy. During the onsite phase of the audit, the auditor interviewed three (3) contractors, all three from the contracted medical vendor, the University of Texas Medical Branch (UTMB). All three confirmed receiving PREA education before the contractor is placed at an institution for employment. The Department then requires annual training with the Department’s curriculum and through their contractor. The auditor was told that all medical contractors must complete PREA training four times per year, provided by UTMB. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.32(c). The auditor was provided several documents with written verification that contractors and volunteers have verified completion of the required sexual abuse education. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which includes the PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ UCPM-5.00 - Orientation Procedures
 2. TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures
 3. TDCJ SPPOM-06.02 - Offender Sexual Abuse Awareness Training
 4. TDCJ IPM-1.10 - Initial Orientation
 5. TDCJ Offender Orientation Handbook (English and Spanish)
 6. Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster
 7. Sexual Abuse Awareness Brochure
2. Interviews:
 1. Specialized staff
 2. Random staff
 3. Random incarcerated individuals
3. Site Review Observations:
 1. Housing units

Findings (by provision):

115.33(a). The auditor was provided the *TDCJ Offender Orientation Handbook* in the PAQ. The Handbook states on page 2, "During intake, offenders shall receive 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." The Kegans ISF indicated there were a total of 2,288 individuals admitted to the facility over the previous 12 months that had received the initial PREA education.

During the onsite phase of the audit, the auditor observed the intake process for three (3) individuals transferred into the Kegans ISF, which included visual searches of the individuals. The Unit begins intake in the Unit's sally port, where transport vehicles deliver transferred incarcerated individuals to the facility. They are removed from the vehicle, brought into intake, begin property inventory, and are subjected to a visual body search for contraband. The incarcerated individuals stop at property to receive their assigned hygiene items, then receive their issued linen and bedroll items, before going to see the Unit Safe Prisons/PREA Manager (USPPM) for the intake screening. Following the screening, the individuals are provided a *Safe Prisons/PREA Program Unit Information* packet, which includes initial education regarding the agency's zero tolerance policy, information regarding the PREA Ombudsman Office, an *End the Silence* brochure, and a notice about the Advocacy Center. The incarcerated individuals then sign an acknowledgement form that he has received the initial PREA education. The auditor interviewed 16 random incarcerated individuals during the onsite audit. They all described receiving education about PREA when

they arrived at Kegans ISF. All 16 incarcerated individuals could easily describe the zero-tolerance policy, know what behavior was prohibited, and know how to report sexual abuse. The auditor interviewed an officer working in intake, who confirmed that all new incarcerated individuals are automatically escorted to see the USPPM for the intake screening and the initial PREA education after they complete most of their intake processing. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). In the PAQ, the auditor was provided with *TDCJ IPM-1.10 - Initial Orientation*. The manual states, "Every offender will receive orientation within 7 calendar days of arrival at an intake facility." The auditor was also provided *TDCJ UCPM-5.00 - Orientation Procedures*. The manual states, "Offenders will receive orientation within one week of arriving on the unit." Also provided in the PAQ for the auditor was *TDCJ SPPOM-06.02 - Offender Sexual Abuse Awareness Training*. The manual establishes procedure and instruction for providing and documenting offender sexual abuse and sexual harassment awareness education on the unit and guidelines related to selecting peer educators to instruct course content. The manual states, "Written policy and procedure require that offenders receive comprehensive education either in person or through video regarding his or her right to be free from sexual abuse, voyeurism, and sexual harassment and to be free from retaliation for reporting such incidents." The manual goes on to say that the USPPM at non-intake facilities shall ensure all offenders upon arrival for permanent assignment view the video as soon as possible. The Kegans ISF indicated there were a total of 2,043 individuals admitted to the facility whose length of stay was for 30 days or more over the previous 12 months that had received the comprehensive PREA education.

The manual provides directions on the peer educator process and states that the USPPM interviews and carefully screens all offenders who request to become peer educators. The peer educators are utilized to assist in the orientation and education process for all incarcerated individuals. The peer education classes are an important part of the incarcerated individual education process but are not utilized at the Kegans ISF based on the Unit's mission. The auditor has witnessed peer educator classes at other TDCJ units and understands the curriculum provided. The auditor also understands why such a program is not available at this Unit. Instead, all individuals attend an orientation session that provides a long list of important information which includes the required PREA education. The incarcerated individuals are asked to watch an educational PREA video. At the completion of the orientation class, the attendees document their attendance at the orientation by signing the *Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster* (Attachment Q from the manual).

During the onsite phase of the audit, the auditor interviewed the USPPM, who confirmed the attendance at the orientation for all new intake incarcerated individuals. The auditor interviewed 16 random incarcerated individuals during the onsite phase of the audit. All 16 incarcerated individuals confirmed receiving the PREA education and could answer all the questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all incarcerated individuals with education regarding PREA at intake and during orientation. The auditor interviewed intake staff during the onsite audit and walked through the intake process. The orientation process and PREA education are provided for all incarcerated individuals in the USPPM office before incarcerated individuals are classified and housed in the institution. The USPPM confirmed that all incarcerated individuals were provided PREA education in 2013, at the onset of PREA education throughout the TDCJ. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). In the PAQ, the auditor was provided *TDCJ IPM-1.10 - Initial Orientation*. The manual states, "Offenders identified as Spanish speaking only or limited English will be provided orientation in Spanish, and this will be noted on the Orientation Sign In sheet. Certified American Sign Language Interpreter services will be provided in accordance with the Correctional Managed Care Health Care Policy Manual for hearing impaired offenders." The auditor was also supplied a copy of the *TDCJ Offender Orientation Handbook* in Spanish. The Handbook provides incarcerated individuals that are Spanish speaking with the zero-tolerance policies in Spanish. The auditor was provided documentation for staff to access an ASL interpreter, the orientation script in Braille, the orientation script in Spanish, and a guide for individuals that are developmentally disabled.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform incarcerated individuals of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide incarcerated individual education. The auditor interviewed four (4) incarcerated individuals that are limited English proficient, who speak Spanish, during the onsite audit. All four incarcerated individuals verified a clear understanding of the agency's zero-tolerance policy. All four were able to read the information printed in Spanish in documents and on the posted signs. The auditor interviewed one (1) individual that is hard of hearing. He clearly understood the agency's zero tolerance policy. He was provided with information in writing to assist in case they were unable to hear the orientation presentation or the video. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided copies of signed acknowledgment of receipt of PREA education on the *Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster*. The auditor reviewed several documents and confirmed the incarcerated individuals' receipt of the education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). In the PAQ, the auditor was provided with *TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures*. The manual states, "The USPPM shall ensure the continuous display of English and Spanish Safe Prisons/PREA Program posters throughout the unit, including staff and offender work areas adjacent to the unit, such as, transportation hubs, farm shops, etc." The manual also requires the

	USPPM to provide incarcerated individuals with the <i>Sexual Abuse Awareness Brochure</i> (Attachment C to the manual). During the site review, the auditor could see many forms of PREA education readily available for incarcerated individuals. In all housing units there are signs posted in English and Spanish. These signs remind incarcerated individuals that sexual abuse is not tolerated and provide the information to report abuse, as well as the information for available counseling services. The incarcerated individuals are also provided the <i>TDCJ Offender Orientation Handbook</i> and the <i>Sexual Abuse Awareness Brochure</i>. Both documents are kept by the incarcerated individual and have the sexual abuse information in the <i>Safe Prisons/PREA Program</i> section. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. Training curriculum - <i>Conducting a Thorough Investigation</i> 3. SPPCTI Lesson Plan - <i>Conducting a Thorough Investigation</i> 4. <i>Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators</i> 5. Training logs 2. Interviews: 1. Specialized staff Findings (by provision): 115.34(a). In the PAQ, the facility provided the auditor with <i>TDCJ Safe Prisons/PREA Plan</i>. The manual states, "Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan." The auditor interviewed an investigator with the Office of the Inspector General during the onsite phase of the audit. The inspector confirmed that he had taken the course provided by the Department and had successfully received his certificate. The inspector discussed the four (4) points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

	115.34(b). In the PAQ, the facility provided the training curriculum - <i>Conducting a Thorough Investigation</i>, as well as the lesson plan for that curriculum. The auditor viewed the curriculum and confirmed all four points of the standard are present in the curriculum. The auditor interviewed an investigator with the Office of the Inspector General during the onsite phase of the audit. The inspector confirmed that he had taken the course provided by the Department and had successfully received his certificate. The inspector discussed the four (4) points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.34(c). The agency maintains documentation showing completion of the investigations course for two (2) Kegans ISF staff members who may be asked to participate in investigations. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.34(d). The auditor is not required to audit this provision.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ PD-97 - <i>Training and Staff Development</i> 2. CMHC C-25.1 - <i>Orientation Training for Health Services Staff</i> 3. CMHC C-19.1 - <i>Continuing Education/Staff Development</i> 4. PREA: Part 4 <i>Specialized Training for Medical and Mental Health Staff</i> - presentation 5. Training documentation 2. Interviews: 1. Specialized staff Findings (by provision): 115.35(a). In the PAQ, the facility provided the auditor with <i>TDCJ PD-97 - Training and Staff Development</i>. Medical staff at the Kegans ISF are contractors through the University of Texas Medical Branch (UTMB). The directive requires that all employees and contractors satisfactorily complete training, staff development, or educational programs that are related to the employee's duties. The auditor was also provided

CMHC C-25.1 - Orientation Training for Health Services Staff. This policy manual for the contracted medical and mental health staff requires that all staff receive orientation training that includes, “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.” The auditor was provided with a presentation titled *PREA: Part 4 Specialized Training for Medical and Mental Health Staff*. The auditor viewed the presentation and confirmed that it contained the required education points from this standard.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services, the nurse administrator, the charge nurse, and a mental health clinician. All three confirmed receiving both the basic PREA education and the specialized PREA education for medical staff members. They stated that all medical and mental health staff members are required to receive all PREA-related education before beginning patient care at the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(b). Medical staff at the facility do not perform forensic examinations. All examinations are performed at an outside hospital. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(c). Written documentation of completion of the specialized medical course was provided to the auditor in the PAQ. The auditor received a log and individually signed documentation for all twelve (12) UTMB staff members at the Kegons ISF. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(d). The auditor was provided *CMHC C-25.1 - Orientation Training for Health Services Staff*. This policy manual for the contracted medical and mental health staff requires that all staff receive orientation training that includes, “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.” All contractors receive the required PREA education in standard 115.31 during the contractor orientation program prior to being approved to enter the institution.

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services, the nurse administrator, the charge nurse, and a mental health clinician. All three confirmed receiving both the basic PREA education and the specialized PREA education for medical staff members. The auditor was told that UTMB requires refresher training for all their staff members every quarter, four (4) times a year. Based on this analysis, the auditor finds the facility in compliance with this provision.

The contractor, UTMB, requires that all staff complete refresher training four times annually on top of the required education provided through TDCJ annually. This additional education to ensure that all staff are continually educated about their responsibilities under the law far surpasses the requirements under the provisions of

	this standard. The auditor considers the facility to have exceeded this standard.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ SPPOM-03.01 - Offender Assessment Screening 3. Safe Prisons/PREA Automated Network System (SPPANS) Assessments 4. Screening records 2. Interviews: 1. Specialized staff 2. Random incarcerated individuals 3. Site Review Observations: 1. Intake 2. Classification Findings (by provision): 115.41(a). The agency supplied the auditor with <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, “All offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.” The auditor was also provided <i>TDCJ SPPOM-03.01 - Offender Assessment Screening</i> in the PAQ. The manual requires an assessment of all offenders during an intake screening and upon transfer to another unit for his or her risk of being sexually abused or sexually abusive toward other offenders. During the onsite phase of the audit, the auditor interviewed the Unit Safe Prisons/PREA Manager (USPPM), who is responsible for the intake risk screening of incarcerated individuals at the Kegans ISF. She confirmed that all incarcerated individuals are screened immediately upon intake at the Unit. The screening is completed by her in the intake area during the intake process. The auditor was present for the intake processing of two (2) incarcerated individuals and watched as the USPPM performed the intake risk screening for both new intake individuals. The screening was performed professionally, from a formatted screening tool. The USPPM asked each question on the screening and noted each response. At the conclusion, the tool presented an objective score showing the individual as a potential risk for victimization, a potential risk as a predator, or with no designation, based upon the

individual's responses to the questions. The auditor interviewed 16 random incarcerated individuals during the onsite audit. All 16 incarcerated individuals confirmed that they had been asked the screening questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(b). The agency supplied *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM." The auditor was also provided *TDCJ SPPOM-03.01 - Offender Assessment Screening* in the PAQ. The manual states, "The 72 hour and Temporary assessments shall be completed in SPPANS as follows: 1. For all newly received intake offenders, no later than 24 hours after their arrival at the unit. 2. For all incoming newly assigned offenders, no later than 24 hours after their arrival at the unit prior to the initial assignment to the unit committee review conducted by the UCC." The agency stated that the Kegans ISF had admitted 2,257 incarcerated individuals to the institution during the previous 12 months whose length of stay was at least 72 hours. All 2,257 incarcerated individuals had received the risk screening within 72 hours of their entry into the facility.

During the onsite phase of the audit, the auditor reviewed the intake records for ten (10) incarcerated individuals which all included the risk screening from intake. The screening was completed on the day of arrival at the Unit. The auditor interviewed the USPPM regarding the risk screening and she confirmed that the screening of all incarcerated individuals is done within 72 hours of the incarcerated individual's arrival, normally on the day of intake prior to the incarcerated individual's assignment to a housing unit. Also, the auditor interviewed 16 random incarcerated individuals and each incarcerated individual related that they met with the USPPM and received the risk screening the day they transferred into the Unit. The screening included questions about prior confinement in jail or prison, prior sexual abuse, identify as gay, lesbian, transgender, or if they thought they would be in danger of sexual abuse while in custody. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The auditor was provided with a copy of the intake screening tool from the *Safe Prisons/PREA Automated Network System (SPPANS) Assessment*. The auditor was provided the *TDCJ SPPOM-03.01 - Offender Assessment Screening* in the PAQ. The manual states, "The SPPANS Special assessment is an objective screening for use in conjunction with sexual abuse investigations." The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(d). The agency supplied *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "The intake screening shall include, at a minimum, the following criteria to assess offenders for risk of sexual victimization: any mental, physical, or developmental disability, the age of the offender, the physical build of the offender,

previous incarceration, whether the criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child, perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, and the offender's own perception of vulnerability."

During the onsite phase of the audit, the auditor interviewed the USPPM, who performs the intake risk screening. She explained that she speaks directly with the incarcerated individuals to complete the screening tool and asks all the questions on the tool. She typically includes comments regarding her observations regarding safety and vulnerability based on the conversation with the incarcerated individual. The auditor witnessed the risk screening performed for two (2) newly incarcerated individuals so he could adequately observe how the process works. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The agency supplied the auditor with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the TDCJ, in assessing offenders for risk of being sexually abusive."

The auditor interviewed the USPPM, who performs the intake risk screening. She confirmed that the screening tool includes questions about an incarcerated individual's prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Within a period of time not to exceed 30 days from the offender's arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening." The agency supplied *TDCJ SPPOM-03.01 - Offender Assessment Screening* in the PAQ. The manual states, "To identify an offender's potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days from the offender's arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available." The Kegans ISF indicated there were 2,043 individuals admitted to the institution over the previous 12 months whose length of stay was for 30 days or more. All 2,043 individuals were reassessed properly within the 30-day time period.

During the onsite phase of the audit, the auditor interviewed the USPPM, who performs the risk screening of incarcerated individuals at the Unit. She confirmed that incarcerated individuals are reassessed within 30 days from the initial screening completion. Following the initial screening, the system sets a calendar event for 27 days to ensure completion of the 30-day reassessment. The auditor reviewed records for ten (10) incarcerated individuals and confirmed the reassessment was completed within 30 days of the incarcerated individual's arrival at Kegans ISF. During interviews with 16 random incarcerated individuals, the auditor asked if they were

asked additional follow-up questions on the risk screening, and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, “An offender’s risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of information that may affect the offender’s risk of sexual victimization or abusiveness.” The agency supplied *TDCJ SPPOM-03.01 - Offender Assessment Screening* in the PAQ. The manual states, “Identified additional or new information that bears on the offender’s risk of sexual victimization or abusiveness from other sources (e.g., mental health assessments, disciplinary reviews, or offender protection investigations) indicates the need to assess the offender’s risk of victimization or abusiveness.”

The auditor interviewed the USPPM, who is responsible for the risk screening of incarcerated individuals at the Unit. She confirmed that incarcerated individuals are continually reassessed based on information that is received from other staff, incarcerated individuals, or through incident reports. During interviews with 16 random incarcerated individuals, the incarcerated individuals stated they recalled being asked follow-up questions by the USPPM. The auditor reviewed records of reassessment in the institution’s sexual abuse investigation files from the previous 12 months. Each incarcerated individual that was included in a sexual abuse investigation was reassessed for victimization or abusiveness by the investigator or the USPPM and that reassessment was included in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, “Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3.” The agency supplied *TDCJ SPPOM-03.01 - Offender Assessment Screening* in the PAQ. The manual states that the interviewer may not discipline any offender for refusing to answer, or for not disclosing complete information in response to the questions listed on the form.”

During the onsite audit, the auditor interviewed the USPPM, who is responsible for performing the risk screening for incarcerated individuals at Kegans ISF. She stated that incarcerated individuals will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. All incarcerated individuals are free to answer the questions or not. The auditor was told that staff attempt to encourage the incarcerated individual to answer the questions by reminding the incarcerated individual that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(i). The agency supplied the auditor with *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, “Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan with the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders. Any information related to sexual victimization or abusiveness that

	occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.” During the onsite phase of the audit, the auditor interviewed the USPPM, who is responsible for performing the risk screening of incarcerated individuals at Kegans ISF. She told the auditor that only the USPPM and classification staff can access the risk screening information in the computer and can utilize it only for housing, work, and programming assignments. Other staff members are unable to access the risk screening personal information from offenders. The USPPM is also the PREA compliance manager, and she confirmed the same information. The auditor was supplied with written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that the Unit Safe Prisons staff initiate the risk screening information and share that with classification. It can only be accessed by those who need to know to perform their required duties. The information is maintained in the Safe Prisons/PREA Automated Network System, which is automated and secure. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ Classification Plan 3. TDCJ UCPM-4.00 - Offender Housing Assignments 4. TDCJ SPPOM-03.02 - Special Population Review 5. Safe Prisons/PREA Automated Network System (SPPANS) Assessments 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals Findings (by provision): 115.42(a). In the PAQ, the facility provided the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “The Unit Classification Committee (UCC), or a similarly designed committee for units without a UCC, shall use information from the risk screening <i>TDCJ</i>

Classification Plan and the *TDCJ Unit Classification Procedures Manual*.” The *TDCJ Classification Plan* was provided to the auditor in the PAQ. The plan states, “Each offender shall be housed to ensure, to the maximum extent possible, the safety, security, and treatment needs of all offenders are being met, and the safety and security of staff and the prison are maintained.” *TDCJ UCPM-4.00 - Offender Housing Assignments* was also provided in the PAQ. The manual outlines procedures for making offender housing assignments. The manual states that offenders shall be assigned to housing areas which are specifically designated for their custody designation requirements and offenders will only be housed with offenders of like custody designations.

During the onsite phase of the audit, the auditor interviewed the USPPM, the PREA compliance manager, who performs the risk screening for incarcerated individuals at the Kegans ISF. She stated that the scoring for risk of victimization and risk of being abusive is entered into the classification system and the system utilizes the scoring to ensure that incarcerated individuals with different scoring are not housed in the same housing units. This ensures the required separation for safety. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the incarcerated individual is housed, but also the jobs and programs that are assigned to the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “The committee shall make individualized determinations regarding how to ensure the safety of each offender.” The *TDCJ Classification Plan* was provided to the auditor in the PAQ. The plan states, “All UCC hearings shall be conducted in a manner to ensure each offender appearing before the UCC is properly classified through the consistent and objective application of classification criteria and on the basis of the offender’s safety, security, and treatment needs. Each offender’s individual circumstances and unique characteristics shall be taken into consideration throughout the classification process.”

The auditor interviewed the USPPM, who is responsible for the risk screening of incarcerated individuals at Kegans ISF. She confirmed the use of the screening information to properly house those incarcerated individuals at risk of victimization separate from those with a potential be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the incarcerated individual is housed, but also the jobs and programs that are assigned to the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “When deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status.”

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex incarcerated individuals are reviewed on a case-by-case basis, which is consistent with the policy. The auditor was unable to interview a transgender individual during the onsite audit as there were none housed in the facility at the time of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan requires that transgender and intersex offenders be assessed semiannually to review any threats to safety experienced by the offender. The auditor was also provided with *TDCJ SPPOM-03.02 - Special Population Review* in the PAQ. The manual states, "The TRGEN special population code is assigned to an offender who identifies as transgender. The INTSX special population code is assigned to an offender who identifies as intersex. Offenders assigned the special population code TRGEN and INTSX are reassessed twice a year to review any threats to safety experienced by the offender."

The auditor interviewed the USPPM, who performs the risk screening at the Kegans ISF, during the onsite phase of the audit. She confirmed the policy to reassess transgender incarcerated individuals twice per year to verify that the transgender incarcerated individual is not in any danger and is housed safely, works in a safe situation, and attends safe programming. The reassessment is properly documented when it is completed. The auditor was shown how the reassessment is scheduled in the system following the current assessment. The auditor interviewed the PREA compliance manager, the USPPM. She confirmed the reassessment for transgender incarcerated individuals occurs twice yearly. The auditor was provided copies of the reassessment records for several transgender female individuals and was able to confirm that reassessment at each six-month time frame. The individuals are asked about their safety, concerns with their housing and job placement, and overall adjustment in the Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). The auditor was provided *TDCJ SPPOM-03.02 - Special Population Review* in the PAQ. The manual states, "...the USPPM shall ask each offender the following questions to determine whether he or she is experiencing any safety issues because of their transgender or intersex status. 1. Since your last review, has anyone solicited, pressured, or forced you to engage in sexual acts? 2. Have you experienced sexual harassment by others? 3. Do you currently feel safe in your present housing, work, and program assignment?"

During the onsite phase of the audit, the auditor was unable to interview a transgender individual during the onsite audit as there were none housed in the facility at the time of the audit. The auditor interviewed the USPPM, who stated that transgender incarcerated individuals would be asked about their housing preferences during the screening process. The auditor also interviewed the PREA compliance manager, the USPPM, who also stated that transgender incarcerated individuals are provided the opportunity to share their preferences for housing. Their view of their safety is a part of the housing decisions along with the screening scores, the needs of

the Department, and the safety of the rest of the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided *TDCJ Safe Prisons/PREA Plan*. The plan states, “Offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) policies.”

During the onsite phase of the audit, the auditor was unable to interview a transgender individual during the onsite audit as there were none housed in the facility at the time of the audit. The auditor interviewed the USPPM. She stated that transgender incarcerated individuals would be given the opportunity to shower separately. Officers understand the agency policy and understand the incarcerated individual’s need for safety. The auditor also interviewed the PREA compliance manager, the USPPM, who stated that officers provide transgender incarcerated individuals the opportunity to shower separately from other incarcerated individuals. Since all of the institution’s housing units are open bay dormitories, the transgender individuals are provided the opportunity to utilize hooks for the shower curtains above the normal hooks, therefore gaining additional privacy and modesty behind the shower curtain. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). In the PAQ, the auditor was provided the *TDCJ Safe Prisons/PREA Plan*. The plan states, “LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.” The auditor was provided with lists of incarcerated individuals who identified as gay and transgender prior to the onsite audit. These incarcerated individuals were housed throughout the institution at Kegans ISF and were not confined to a special housing unit. The auditor was also provided the full housing roster for the institution. There was no housing unit designation for gay, bisexual, or transgender incarcerated individuals. Also, the Kegans ISF is not under any legal judgment or consent decree for special housing.

The auditor interviewed five (5) gay or bisexual incarcerated individuals during the onsite audit. All five incarcerated individuals told the auditor they were housed in general population in regular housing units, and they were not confined in special housing units for gay and transgender incarcerated individuals. The auditor interviewed the USPPM, the PREA compliance manager, who told the auditor that Kegans ISF and TDCJ is not under any consent decree or court order that requires them or allows them to house gay and transgender incarcerated individuals in a specific unit. The auditor was provided with written responses to the PREA interview questions from the PREA coordinator. In the written responses, the PREA coordinator confirmed that there is no consent decree and that incarcerated individuals are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ Protective Safekeeping Plan</i> 3. <i>Form I-203A Restrictive Housing Review</i> 4. <i>Form I-201 Restrictive Housing Confinement Record</i> 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations: 1. Segregated housing units Findings (by provision): 115.43(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all other available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no long than 24 hours.” In the PAQ, Kegans ISF indicated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers. During the onsite phase of the audit, the auditor reviewed institution records and found no incarcerated individuals housed that were assessed to be at a high risk for victimization. The agency does not commonly house those incarcerated individuals at the Kegans ISF. Therefore, there were no incarcerated individuals housed in segregation at the Kegans ISF for the high risk of victimization. The auditor interviewed the Warden during the onsite audit and the Warden stated that the small, restricted housing unit at Kegans ISF is normally used to hold incarcerated individuals in preparation for transport to other Units or for safekeeping. They do not normally house incarcerated individuals that are at risk for victimization and have not placed incarcerated individuals in segregation to protect them. Incarcerated individuals at Kegans ISF are routinely placed in general population. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.43(b). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Offenders placed in protective safekeeping for this

purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document: a. The opportunities that have been limited; b. The duration of the limitations; and c. The reasons for the limitations.” The auditor was provided a copy of Form I-201 Restrictive Housing Confinement Record.

This form is completed upon the offender’s placement in restrictive housing and documents any required restrictions to the offender while the offender is in restrictive housing.

During the onsite phase of the audit, the auditor was not able to confirm this provision of the standard, as the Kegans ISF does not house individuals that are at high risk of victimization. Therefore, the auditor was unable to interview incarcerated individuals held in restrictive housing. The individuals housed in the small, restrictive housing at Kegans ISF generally have access to most of the programs and privileges. Any restrictions would be properly documented. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “Offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.” In the PAQ, Kegans ISF indicated that there have been zero incarcerated individuals placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.

The auditor interviewed the Warden during the onsite audit and the Warden stated that involuntary segregation is not used at Kegans ISF to protect those incarcerated individuals that are at risk for victimization. Incarcerated individuals at high risk of victimization are normally not housed at Kegans ISF. The auditor was not able to confirm this provision of the standard, as the Kegans ISF has only a small, restricted housing unit and no individuals held at high risk of victimization to interview. The auditor interviewed two (2) staff members who work in the Unit’s small restrictive housing unit. They confirmed that incarcerated individuals held in this area are usually scheduled for transport to another unit or held for safekeeping. They stated that they have not housed any incarcerated individuals there for the high risk of victimization. There were no incarcerated individuals in segregation at Kegans ISF due to a high risk of victimization during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document: a. The basis of the concern for the offender’s safety; and b. The reason why no alternative means of separation can be arranged.”

The auditor was not able to confirm this provision of the standard, as the Kegans ISF does not house incarcerated individuals at high risk of victimization. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/*

	<i>PREA Plan</i>. The plan states, “Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.” The auditor was provided <i>Form I-203A Restrictive Housing Review</i> in the PAQ. This form is utilized to review offenders held in restrictive housing at seven (7) and 30 days. The continuing need for segregation is noted and the justification for that segregation is noted on the form. The auditor was not able to confirm this provision of the standard, as the Kegans ISF does not house incarcerated individuals at high risk of victimization. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures 3. TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries 4. TDCJ PD-29 - Sexual Misconduct with Offenders 5. Sexual Abuse Awareness Brochure 6. Texas Board of Criminal Justice PREA Brochure 2. Interviews: 1. Random staff 2. PREA coordinator 3. Random incarcerated individuals 3. Site Review Observations: 1. Housing units Findings (by provision): 115.51(a). In the PAQ, the auditor was provided with the <i>TDCJ Safe Prisons/PREA Plan</i>. In the <i>Offender Reporting of Allegations</i> section, the plan states, “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.” The auditor was also provided <i>TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures</i> in the PAQ. The manual states, “Written policy and procedure require that offenders shall receive

information explaining the TDCJ zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.” The auditor was provided a copy of the *Sexual Abuse Awareness Brochure* and the *Texas Board of Criminal Justice PREA Brochure*, which list each of the available reporting options to reports allegations of sexual abuse or sexual harassment.

During the onsite phase of the audit, the auditor completed a full site review and visited all housing units. Signs informing incarcerated individuals of the multiple reporting ways were clearly posted, in two (2) languages, in each housing unit. The auditor interviewed 16 random incarcerated individuals, and all interviewed incarcerated individuals could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All 16 incarcerated individuals mentioned reporting directly to staff or the USPPM as their first avenue to report abuse. That option is clearly marked throughout the facility. The auditor interviewed 10 random staff members. All staff could list at least three (3) different ways that incarcerated individuals could privately report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(b). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. In the *Offender Reporting of Allegations* section, the plan states, “Offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA ombudsman. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, *“Prison Rape Elimination Act Complaints and Inquiries.”* The auditor was provided the *TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries* in the PAQ. This directive established the PREA ombudsman office to coordinate and oversee the TDCJ’s efforts to eliminate the occurrence of sexual abuse and sexual harassment in correctional facilities and to investigate and process PREA complaints and inquiries. The directive produces written documents for offenders and the public that outline the contact information for the PREA ombudsman office for the reporting of sexual abuse and sexual harassment allegations.

During the onsite phase of the audit, the auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting information for the PREA ombudsman office, including the mailing address. The posted signs were written in two (2) languages, English and Spanish. Offenders are also provided this information in the *TDCJ Offender Handbook* and in the *Sexual Abuse Awareness Brochure*. The auditor interviewed the PREA compliance manager, the USPPM, and asked about the outside reporting entity. She explained that the PREA ombudsman was established specifically to oversee efforts to eliminate sexual abuse and sexual harassment of offenders. The offenders are encouraged to report allegations directly to staff or to the PREA ombudsman’s office. The auditor interviewed 16 random incarcerated individuals and all 16 knew how to report allegations of sexual abuse to the PREA ombudsman. They knew the information was posted on the signs in the housing unit. Two (2) of the individuals stated reporting to the ombudsman would be their first method of reporting allegations. Based on this

	analysis, the auditor finds the facility in compliance with this standard. 115.51(c). In the PAQ, the auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.” During the onsite phase of the audit, the auditor interviewed 10 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one (1) staff member that reported having received a verbal allegation from an incarcerated individual and he explained the steps that were taken following that verbal report, including documenting it on an incident report. Each of the 16 random incarcerated individuals interviewed were aware that they could report sexual abuse directly to any staff member, contact the PREA ombudsman, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.51(d). In the PAQ, the auditor was provided the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “A method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders.” The auditor was also provided <i>TDCJ PD-29 - Sexual Misconduct with Offenders</i> in the PAQ. The directive states, “An employee or other individual may privately report alleged sexual misconduct of offenders directly to the PREA ombudsman, a unit OIG investigator, or the OIG Records Management Office without reporting such misconduct through the chain-of-command.” The auditor interviewed 10 random staff members during the onsite phase of the audit. All 10 officers explained to the auditor that they could talk to any supervisor to privately report incidents of sexual abuse and sexual harassment or report directly to the PREA ombudsman. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ BP-03.77 - Offender Grievances</i> 3. <i>TDCJ AD-03.82 - Management of Offender Grievances</i> 4. <i>TDCJ OGOM Appendix B Instructions on How to Write and Submit</i>

Grievances

2. Interviews:

1. Specialized staff
2. Targeted incarcerated individuals

Findings (by provision):

115.52(a). The auditor was provided *TDCJ BP-03.77 - Offender Grievances* in the PAQ. The policy states, "The resolution support manager shall establish and maintain the *Offender Grievance Operations Manual* (OGOM) to provide guidance to employees regarding the offender grievance procedure. The Texas Department of Criminal Justice is not exempt from this standard, as it does have in place an administrative grievance procedure for incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(b). The agency provided *TDCJ AD-03.82 - Management of Offender Grievances* in the PAQ for the auditor to review. This directive establishes processes for the management and resolution of grievances submitted by offenders. The directive defines the types of grievances that are considered to be emergency grievances, and that includes grievances alleging sexual abuse. They are to be coordinated with the unit warden, major, chief of unit classification, Unit Safe Prisons/PREA Program manager, Office of the Inspector General (OIG), and PREA ombudsman. The directive goes on to say that emergency grievances shall be processed regardless of any of the following requirements or screening criteria. The directive goes on to list the criteria and requirements for the filing of all other grievances. Therefore, TDCJ emergency grievances meet this provision of the standard.

The auditor was provided with the *TDCJ OGOM Appendix B Instructions on How to Write and Submit Grievances*. This document is provided to offenders with the grievance form as instructions for completing and filing a grievance. The information on this document matches the information in the grievance directive. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The agency provided *TDCJ Safe Prisons/PREA Plan* in the PAQ for the auditor to review. The plan states, "In accordance with the *TDCJ Offender Grievance Operations Manual*: a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and b. A grievance of this nature shall not be referred to a staff member who is the subject of the complaint." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). The agency provided *TDCJ Safe Prisons/PREA Plan* in the PAQ for the auditor to review. The plan states, "A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal. If the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The offender shall be notified in writing of the extension and a date by

which the decision will be made.” In the PAQ, the Kegans ISF indicated that there were two (2) grievances submitted regarding sexual abuse over the previous 12 months. There were no extensions placed for the time period to respond to those grievances and all five were completed within 90 days.

During the onsite phase of the audit, the auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The auditor asked how his allegation was reported, and he told the auditor his allegation was reported verbally to a staff member. The auditor confirmed this information by reviewing the sexual abuse investigation file. The auditor also interviewed the facility’s grievance coordinator during the onsite audit. She was extremely helpful and described the process for collecting completed grievances from the locked boxes on the facility compound. She explained how she begins her initial review to scan each grievance for key words that would indicate an allegation of sexual abuse or sexual harassment, an indication an incarcerated individual is in imminent danger, or those grievances that indicate someone is the victim of retaliation. The coordinator told the auditor how she documents those grievances and immediately sends them to the major or captain for review and investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). The agency provided *TDCJ AD-03.82 - Management of Offender Grievances* in the PAQ for the auditor to review. Under the *Third Party Grievances* section, the directive states, “A third party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse shall be processed as an emergency grievance. The alleged offender victim shall be given an opportunity to agree or disagree with the allegations and to have the request processed on the offender’s behalf. The offender’s decision shall be documented on the Third Party Preliminary Investigation form.” The Kegans ISF indicated in the PAQ there were no third-party grievances filed over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). The agency provided *TDCJ Safe Prisons/PREA Plan* in the PAQ for the auditor to review. The plan states, “An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the *TDCJ Offender Grievance Operations Manual*. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within 5 calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken.” The Kegans ISF indicated they had received no emergency grievances that indicated imminent risk of sexual abuse over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). The agency provided *TDCJ Safe Prisons/PREA Plan* in the PAQ for the auditor to review. The plan states, “An offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith.” The Kegans ISF indicated in the PAQ that there were no such disciplinary actions taken over the last 12 months. Based on this

	analysis, the auditor finds the facility in compliance with this provision.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ SPPOM-03.01 - Offender Assessment Screening</i> 3. <i>Texas Association Against Sexual Assault - Rape Advocacy Centers Service Directory</i> 4. <i>Sexual Abuse Awareness Brochure</i> 2. Interviews: 1. Specialized staff 2. Random incarcerated individuals 3. Targeted incarcerated individuals 3. Site Review Observations: 1. Housing units Findings (by provision): 115.53(a). The facility provided information from <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, "Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. Offenders shall 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 auditor was also provided <i>TDCJ SPPOM-03.01 - Offender Assessment Screening</i> in the PAQ. The manual states, "The USPPM shall inform each offender that contact information for local rape crisis centers are available for additional emotional support. The <i>Texas Association Against Sexual Assault-Rape Crisis Centers (RCC) Service Directory</i> shall be made available for offender access in the facility's unit law library or the Safe Prisons/PREA office. The USPPM shall communicate to offenders that correspondence mailed out will be treated in as confidential a manner as possible and that RCCs are not obligated to respond or take any action on an offender's behalf." The Texas Department of Criminal Justice does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals. The Kegans ISF provided the auditor with a copy

of the *Texas Association Against Sexual Assault - Rape Advocacy Centers Service Directory* in the PAQ.

During the onsite phase of the audit, the auditor interviewed 16 random incarcerated individuals. All 16 incarcerated individuals interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone was a victim of sexual abuse but also knew they could contact someone outside because they had read it in the *Offender Orientation Handbook* and the *Sexual Abuse Awareness Brochure*. They did not know the phone number or address but knew it was available in the Handbook. None of the incarcerated individuals used the services. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual was given the opportunity to contact a victim advocate, or the counseling services, and he chose not to. He was provided the *Sexual Abuse Awareness Brochure*, which contained the information about available services. He also spoke with the Offender Victim Representative from the Unit. He told the auditor they saw no reason to talk with someone but knew he could do that. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The facility provided information from *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

During the site review, the auditor interviewed 16 random incarcerated individuals, and all 16 incarcerated individuals were aware of the available advocacy services. Those incarcerated individuals knew the communication with advocates would be confidential because it is clearly stated in the incarcerated individual brochure. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual was given the opportunity to contact a victim advocate, or the counseling services, and he chose not to. He was provided the *Sexual Abuse Awareness Brochure*, which contained the information about available services. He also spoke with the Offender Victim Representative from the Unit. He was aware that any communication with an advocate would be confidential. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). The facility provided information from the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services." The Kegans ISF has not been able to complete an agreement with a local rape crisis center or advocacy center to provide onsite advocacy for their incarcerated

	individuals. In the PAQ, the auditor was provided with a copy of the <i>Texas Association Against Sexual Assault - Rape Advocacy Centers Service Directory</i>. This directory is available to the incarcerated population so they may contact an advocate if they see the need to do so. The auditor noted advertisement of the <i>Texas Association Against Sexual Assault - Rape Advocacy Centers</i>, in the sexual abuse awareness brochure, on the kiosk in the housing units, in the <i>TDCJ Offender Handbook</i>, and on signage throughout the Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries 2. TDCJ Website Third-Party Report Form Findings (by provision): 115.54(a). The auditor was provided with <i>TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries</i> in the PAQ. Under the <i>Contacting the PREA Ombudsman</i> section, the directive states, “B. Public. The contact, mailing address, and phone number for directing inquiries and complaints to the PREA ombudsman shall be available on the TDCJ website.” The auditor reviewed the Texas Department of Criminal Justice website, and listed under the Texas Board of Criminal Justice, the auditor located the page for the PREA Ombudsman. This page lists the responsibilities of the Ombudsman to coordinate the agency’s efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ. The page provides ways for family and friends of incarcerated individuals to report allegations of sexual abuse and sexual harassment, as well as a link to a third-party reporting page. There is also a link to the agency’s PREA policy (<i>Safe Prisons/PREA Plan</i>). The information can be found here: Texas Board of Criminal Justice - PREA Ombudsman. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *TDCJ Safe Prisons/PREA Plan*
 2. *TDCJ PD-29 - Sexual Misconduct with Offenders*
 3. *TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation*
 4. *CMHC G-57.01 - Sexual Assault/Sexual Abuse*
2. Interviews:
 1. Specialized staff
 2. Random staff

Findings (by provision):

115.61(a). In the PAQ, the facility provided *TDCJ Safe Prisons/PREA Plan*. The plan states, "All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." The auditor was provided with *TDCJ PD-29 - Sexual Misconduct with Offenders* in the PAQ. The directive states, "An employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following..." The directive then lists several options for employees to report sexual misconduct. The directive also requires supervisors, department heads, wardens, and the PREA ombudsman to report knowledge of sexual misconduct as well.

During the onsite phase of the audit, the auditor interviewed 10 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the institution. Each staff member knew that it was a requirement for all staff to immediately report all knowledge or suspicion of sexual abuse of an incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions." The auditor was also provided *TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation* in the PAQ. The manual states, "Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials to the extent necessary, as specified in TDCJ policy, to make treatment, investigation, and other security and management decisions."

During the onsite phase of the audit, the auditor interviewed 10 random staff members. All 10 officers were aware of the agency policy that required immediate

reporting of sexual abuse and sexual harassment allegations. Each of the officers understood the requirement to maintain privacy and not share the information with others unless necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner’s duty to report, as well as the limitations of confidentiality.” The auditor was also provided *CMHC G-57.01 - Sexual Assault/Sexual Abuse* in the PAQ. This manual for health care staff states, “If an offender who is 18 years of age or older reports sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff shall report such incidents to the warden or designee. The offender shall be informed at the initiation of services that the practitioner has a duty to report all instances of sexual assault/abuse to the warden or designee without limitation of confidentiality.”

During the onsite phase of the audit, the auditor interviewed three (3) staff members from the medical department. All three medical and mental health staff members stated that they are mandatory reporters of sexual abuse of incarcerated individuals. The auditor was told that they would inform the incarcerated individual of their duty to report and the limits to the confidentiality of information learned from the incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). The auditor was provided *CMHC G-57.01 - Sexual Assault/Sexual Abuse* in the PAQ. This manual for health care staff states, “If an offender who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.”

The auditor interviewed the Warden during the onsite phase of the audit. The Warden was clear that each and every allegation of sexual abuse and sexual harassment is investigated at the Kegans ISF. It is the agency’s policy to take every allegation very seriously and the team at Kegans ISF absolutely follows that policy. When they receive the allegation, they follow a process that includes an immediate reporting to the Office of Inspector General. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.62	Agency protection duties
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	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ SPPOM-02.04 - Intervention Practices 2. Interviews: 1. Specialized staff 2. Random staff Findings (by provision): 115.62(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the <i>TDCJ Offender Grievance Operations Manual</i>. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action.” The auditor was also provided <i>TDCJ SPPOM-02.04 - Intervention Practices</i> in the PAQ. This manual provides guidelines for staff intervention practices regarding conflict between offenders to create a safe and secure prison environment. The document lists several options for staff to take to ensure proper separation of the victim from the alleged abuser. The Kegans ISF stated that no such notifications of substantial risk of imminent sexual abuse were received during the previous 12 months. The auditor was provided written responses to the PREA interview questions from the Agency Head. In the responses, the Agency Head stated that if an incarcerated individual is at risk of imminent sexual abuse the incarcerated individual would be immediately separated from the potential abuser, then given the opportunity to speak to a staff member regarding the situation, as well as medical and/or mental health. If necessary, a housing change or facility transfer may be required for the incarcerated individual. The incarcerated individual may also request to be reviewed for placement in protective management. The Warden was interviewed during the onsite audit. The Warden told the auditor that they would take immediate action to separate the incarcerated individual from the potential abuser. Staff would make a full report of the incarcerated individual’s concern and then take action to rehouse the incarcerated individual in a safer situation. The auditor interviewed 10 random staff members during the onsite audit. All 10 officers stated that they would take immediate action to remove the incarcerated individual from the situation. Based on this analysis, the auditor finds the facility in compliance with this provision.
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ Safe Prisons/PREA Plan
 2. TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies
 3. TDCJ SPPOM-04.02 - Reporting Allegations of Sexual Abuse from an Outside Agency
 4. Sexual Abuse Investigation files
2. Interviews:
 1. Agency head
 2. Specialized staff

Findings (by provision):

115.63(a). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "After receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM.

The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the abuse occurred. The auditor also received *TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies* in the PAQ. The manual states, "Upon receiving an allegation that an offender was sexually abuse while confined at an outside agency facility, the SPPMO will notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation at the TDCJ." In the PAQ, the Kegans ISF noted no notifications to another facility or institution regarding sexual abuse allegations at the other institution that were reported over the prior 12 months.

During the onsite phase of the audit, the auditor spoke with the USPPM, the PREA compliance manager, who confirmed that the institution had received no allegations from an incarcerated individual that they were sexually abused at another institution.

The Warden explained that every report from an incarcerated individual that he had been sexually assaulted in another corrections facility would trigger a notification to the Warden or administrator at the other agency. This notification would happen as soon as possible, but no later than 72 hours following the initial notification by the incarcerated individual. He stated there were no such notifications from incarcerated individuals over the last 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/*

PREA Plan. The plan states, "The SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation." The auditor also received *TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies* in the PAQ. In the *USPPM Notification of SPPMO* section, the manual states, "As soon as possible, but no later than 24 hours after receiving the allegation," the USPPM is to notify the SPPMO by phone and email. The SPPMO, "Upon receipt of the email, SPPMO or designee shall promptly review the information received from the USPPM and generate a formal letter for notification to the appropriate head of the facility or office of the agency."

The auditor was not provided any documentation to review relative this provision, as there had been no reports from any incarcerated individuals during the prior 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "The SPPMO shall document the notification." The auditor also received *TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies* in the PAQ. In the *SPPMO Notification of Outside Agency* section, the manual states, "The USPPM shall file a copy of the initial email sent to the SPPMO, formal letter, and fax receipt in the USPPM office and place a copy in the appropriate PREA standards compliance folder for audit demonstration purposes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "Any TDCJ warden or departmental office receiving notification from an outside agency that an offender in the outside agency's custody alleged sexual abuse while assigned to TDCJ custody shall ensure the allegation is forwarded to the PREA ombudsman in accordance with ED-02.10, "*Prison Rape Elimination Act Complaints and Inquiries*," for possible investigation." The auditor also received *TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies* in the PAQ. The auditor was also provided *TDCJ SPPOM-04.02 - Reporting Allegations of Sexual Abuse from an Outside Agency* for review in the PAQ. The manual states, "Upon receipt of written notification from an outside agency that an offender in their custody alleged they were a victim of sexual abuse while confined in the TDCJ, the warden or department head receiving the notification shall report the allegation to the PREA Ombudsman and the Office of the Inspector General (OIG)." In the PAQ, the Kegans ISF indicated there were no such notifications from an outside agency over the previous 12 months.

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that every report from an incarcerated individual that he had been sexually assaulted from another corrections facility would require an immediate investigation into the matter. He stated there were no such notifications over the last 12 months prior to the audit. The auditor was provided written responses to the PREA interview questions from the Agency Head. The Agency Head stated that external notifications would immediately be referred to the PREA Ombudsman and to OIG for investigation, just as any other allegation and allegations by individuals would always be sent to the outside institutions. Based on this analysis, the auditor finds the

	facility in compliance with this provision.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. Sexual Abuse Investigation files 2. Interviews: 1. Targeted incarcerated individuals 2. Specialized staff 3. Random staff Findings (by provision): 115.64(a). The facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. In the section entitled <i>Response to Reports of Sexual Abuse</i>, the plan outlines the responsibilities for staff members to properly respond to allegations of sexual abuse. The plan states, “After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall” notify a security supervisor. The plan goes on to list the four (4) requirements of this provision, separate the alleged victim and abuser, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence. The agency stated there were three (3) allegations of sexual abuse reported over the previous 12 months. Of those, there were two (2) reported within a time period that allowed for the collection of physical evidence and the responding staff correctly separated the alleged victim and preserved potential evidence. The auditor interviewed two (2) staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. Both staff members identified the proper steps to take as first responders. They both indicated these steps were taken properly when they responded as the first responder to an allegation of sexual abuse. The auditor interviewed one (1) incarcerated individual who reported an incident of sexual abuse during the onsite audit. The incarcerated individual told the auditor that he was immediately removed from other incarcerated individuals and taken to see staff in medical. He was also asked not to destroy evidence while waiting for the investigator to respond. Based on this analysis, the auditor finds the facility in compliance with this provision.

	115.64(b). The facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, “If the first responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and shall immediately notify a correctional officer.” The agency stated there were no allegations of sexual abuse reported over the previous 12 months where the first responder was a non-security staff member. During the onsite phase of the audit, the auditor interviewed one (1) non-security staff member, the mental health director, who was a first responder to an incident of sexual abuse previously, not during the previous 12 months. He explained to the auditor that a non-security staff member would immediately notify a corrections officer and ensure the victim preserved evidence. The auditor interviewed 10 random staff members during the onsite audit. All 10 officers understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security staff member would ensure the victim was safe then immediately notify a supervisor. The auditor reviewed the Unit’s sexual abuse and sexual harassment investigation files from the previous 12 months. In each investigative record, it was clearly noted the initial steps taken upon first learning of the allegation. The first step was always to separate the victim from the abuser. The following steps were to notify a supervisor and ensure the preservation of evidence from the involved incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ SPPOM 05.01 - Sexual Abuse Response and Investigation</i> 2. <i>Sexual Abuse Coordinated Response Plan Unit Template</i> 3. <i>Kegans ISF Sexual Abuse Coordinated Response Plan</i> 2. Interviews: 1. Warden Findings (by provision): 115.65(a). The agency provided the auditor with the <i>TDCJ SPPOM 05.01 - Sexual Abuse Response and Investigation</i> in the PAQ. The manual 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 and Offender Victim Representative (OVR).”

	The auditor was provided with a copy of the <i>Sexual Abuse Coordinated Response Plan Unit Template</i>. The template is utilized for each Unit to complete the coordinated plan that is specific to their Unit. The auditor was also provided the <i>Kegans ISF Sexual Abuse Coordinated Response Plan</i>. The auditor reviewed the Plan and noted the steps that staff are required to take in response to an incident of sexual abuse at the Unit. The initial steps match those from Standard 115.64, then the initial notification for supervisory staff. Steps then entail notification of OIG, referral to medical, and an evaluation for the need for a forensic medical examination. If the examination is warranted, the Plan outlines the proper notifications and steps to take to document the examination and perform it safely. The Plan then outlines the proper documentation of the investigation and reporting to follow the completion of the investigation. Included in the Plan is a document for inter-office communications, where specific Unit staff members and their contact information is noted for easy access when responding to an incident. During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden. The Warden referenced the coordinated response plan as an easy resource for staff at Kegans ISF to ensure their response to incidents of sexual abuse is done properly to preserve evidence and protect the incarcerated individual victim. Based on this analysis, the auditor finds the facility in compliance with this provision. The agency's detailed manual in reference to coordination of services in response to an allegation of sexual abuse ensures ease of use when any staff member takes notice of an incident of sexual abuse and becomes a first responder. The auditor noted that Kegans ISF staff members carry an easy access card that provides easy steps as well. The Plan is detailed and provides each staff member, supervisor, and medical staff member a simple step-by-step process for actions and notifications. The Plan is specific to the Unit and provides easily available contact information for specific administrative staff members. Due to the details involved in the Plan and the easy access to staff, the auditor finds the agency exceeds the standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	This Standard has been audited at the agency level.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ Safe Prisons/PREA Plan
 2. TDCJ SPPOM-02.04 - Intervention Practices
 3. TDCJ SPPOM-5.08 - 90-Day Monitoring for Retaliation
 4. Sexual Abuse Investigation files
2. Interviews:
 1. Targeted incarcerated individuals
 2. Agency head
 3. Specialized staff

Findings (by provision):

115.67(a). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders and staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM." The Kegans ISF has designated USPPM Officer Shannon Jolivette and the Security Major as the retaliation monitors. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "As appropriate, multiple protective measures may be taken, such as housing changes or transfers for offender victims or abusers, removal of alleged staff of offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment for cooperating with investigations." The auditor was provided *TDCJ SPPOM-02.04 - Intervention Practices* in the PAQ. The manual provides several options for providing protective measures for sexual abuse victims or those that report sexual abuse of an offender. Those options match those noted in the Safe Prisons Plan.

The auditor was provided with written responses to the PREA questions from the Agency Head. The Agency Head stated that agency policy is clear with the multiple available options to protect victims and reporters of sexual abuse. All incarcerated individuals who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the incarcerated individual with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Incarcerated individuals are also provided information for emotional support services. Staff members may be afforded the ability to change posts or institutions to protect them from retaliation. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden stated there were several ways that staff at the Unit would protect incarcerated individuals from retaliation, including

housing changes, transferring the incarcerated individual to another institution, and providing the incarcerated individual information about emotional support services. The auditor interviewed the USPPM, who is responsible for the monitoring for potential retaliation. She told the auditor that she visits with victims immediately after receiving notification of the reported sexual abuse or sexual harassment allegation and tells them about her role to monitor their safety. She tells them to contact her immediately if they have a problem. She also provides them with information about emotional support services and victim services. Her visits are every 30 days, and she documents their meeting on the tracking form. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual told the auditor the Safe Prisons Officer met with him about possible retaliation. He told the auditor he was having no problems with retaliation but did talk with the Safe Prisons Officer and reported he was having no problems. He told the auditor the monitoring lasted for three (3) months. The auditor found retaliation monitoring reports in the sexual abuse investigation files and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "For at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff, and shall act promptly to address any retaliation."

During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the incarcerated individual for protective purposes. The auditor interviewed the USPPM, who is responsible for the monitoring for potential retaliation. She stated that she would review incident reports and housing assignments. If necessary, the incarcerated individual would be separated to provide an opportunity for the incarcerated individual to speak freely to staff and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the incarcerated individual's behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "The monitoring shall also include periodic status checks of offenders." The auditor was also provided *TDCJ SPPOM-5.08 - 90-Day Monitoring for Retaliation* in the PAQ. The manual states, "The USPPM shall monitor offender victims, offenders who reported the abuse and offender witnesses that corroborated with the investigation by conducting status checks at a frequency of no less than once per month."

During the onsite phase of the audit, the auditor interviewed the USPPM, who is

	responsible for the monitoring for potential retaliation. She stated that her periodic checks are performed every 30 days. She can always see an incarcerated individual more frequently if behavior warrants that, but the procedure requests a visit with the incarcerated individual at 30-day intervals. The USPPM said that she continues to monitor every day by reviewing records from her office but will only meet with the incarcerated individual every 30 days. She provided the auditor with copies of current monitoring records, showing the required notes from visits with victims in their housing units. The auditor noted the visit and the incarcerated individual's acknowledgement of their own safety. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.67(e). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation." The auditor was provided with written responses to the PREA interview questions from the Agency Head. The Agency Head stated that if an individual who cooperates with an investigation expresses fear of retaliation and the individual is an incarcerated individual, the incarcerated individual would be afforded a housing change or a transfer to another institution. If the subject is a staff member, they may be provided the opportunity to change posts or institutions and will also be subject to the 90-day monitoring. During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim or staff member was suspected. The Warden stated that any person would be interviewed and provided with the opportunity to tell staff what problems might be occurring. There are multiple options available to provide safety for the incarcerated individual or staff member. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.67(f). The auditor is not required to audit this provision.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>Restrictive Housing Plan</i> 2. Interviews: 1. Specialized staff

2. Random staff
3. Targeted incarcerated individuals
3. Site Review Observations:
 1. Segregated housing

Findings (by provision):

115.68(a). In the PAQ, the agency provided their *Restrictive Housing Plan*. The Plan provides uniform rules and regulations for the use of restrictive housing within the TDCJ. The Plan defines offenders pending the outcome of an offender protection investigation as being in transient status. It also states that this status is reserved for offenders who are placed in restrictive housing on a temporary basis pending the outcome of a formal investigation related to allegations of sexual abuse, sexual harassment, extortion, violence, or threats of violence. Per the Plan, confinement in restrictive housing shall be in accordance with the appropriate confinement procedures for the offender's specific category of restrictive housing. Under the *Review Procedures by the Restrictive Housing Committee* section, the Plan states, "All offenders initially placed in restrictive housing shall be afforded an initial hearing within 7 days and shall undergo a documentation review by the RHC every 7 days for the first 60 days, and at least every 30 days thereafter to determine if the offender is suitable for placement in a less restrictive category or custody." The Kegans ISF indicated in the PAQ that there have been no incarcerated individuals involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.

During the onsite review, the auditor interviewed the Warden about involuntary segregation. The Warden stated that the small Kegans ISF segregation unit is utilized for those incarcerated individuals on administrative or disciplinary confinement and is typically not utilized to protect individuals from sexual abuse or sexual harassment.

Following the reporting of an allegation of sexual abuse, incarcerated individuals will be monitored for their safety but would not be placed in confinement. If an evaluation indicates that continued housing at Kegans ISF would put the incarcerated individual at risk, the incarcerated individual would be set for transfer to a Unit where the incarcerated individual can be housed safely. The Warden confirmed there were no incarcerated individuals placed in segregation over the previous 12 months. The auditor interviewed two (2) staff members who work in the small segregation unit, and they indicated that incarcerated individuals are not housed in the unit for their risk of further victimization. There were no incarcerated individuals available to interview that had been placed in segregation for their safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ Safe Prisons/PREA Plan
 2. TDCJ OIG-04.05 - Offender Sexual Assault Investigations
 3. TDCJ OIG-03.72 - Record Retention - PREA
 4. Sexual Abuse Investigation files
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.71(a). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports." Also included in the PAQ was *TDCJ OIG-7.13 - Inmate Sexual Assault Investigations*. The manual states, "To comply with PREA standards, when sufficient information reveals that a sexual assault occurred or allegations of a sexual assault incident are received, including outcries, third party and anonymous reports, by any communicative method, investigators are required to initiate a sexual assault investigation."

During the onsite phase of the audit, the auditor interviewed an investigator with the Office of the Inspector General (OIG). The investigator confirmed that all investigations are forwarded to the OIG for investigation. The OIG will investigate if there are criminal elements in the case. The OIG is notified immediately upon the Unit learning of the allegation. Immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same, except there is a requirement to ask the alleged victim if they want the OIG to continue to investigate the allegation or to stop the investigation. This step must be completed before the investigation can move forward. The auditor reviewed the Unit's five (5) sexual abuse and sexual harassment investigation files from the last 12 months and was able to confirm the investigative process. The OIG was the investigating agency for each record where there was a potential for criminal charges. The referral to the OIG was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan."

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator confirmed that he had taken the required specialized course for investigators. He confirmed that the TDCJ requires staff that are employed at the facility that are required to conduct such investigations, as well as investigators with

the OIG, to be trained using the specialized investigations course. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection in confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal proceedings."

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator explained that every investigation inside the facility is treated like an investigation outside the facility, where each investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He stated that the current protocol is to have the incarcerated individual victim transported to the hospital for a forensic examination performed by a SANE nurse if it appeared to be warranted. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution."

During the onsite phase of the audit, the auditor interviewed an OIG investigator. He told the auditor that the agency would not perform compelled interviews with subjects. The TDCJ investigation would always be placed on hold pending further information from the OIG. TDCJ is responsible for completing the administrative investigation and will determine the outcome administratively based upon the preponderance of evidence. The OIG will determine if the evidence warrants a criminal investigation. Any potential administrative review would remain in a pending status until criminal proceedings are closed and then move forward. Compelled interviews are a last resort and would not be utilized by the OIG or the TDCJ. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member."

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator explained that use of a polygraph examination or other truth-telling device is problematic in an investigation due to the admissibility in court proceedings. The OIG and TDCJ will assess the credibility of all people individually, regardless of their status as an incarcerated individual. The auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual

harassment. The incarcerated individual told the auditor he had not been asked to take a polygraph examination and was given the opportunity to fully explain his allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.”

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator told the auditor that a full written report is completed following the completion of all investigations. That report would include a description of all the evidence as well as the interviews held and the investigator’s assessment of the evidence. The investigation includes a review of all agency procedures to determine if staff members followed all directives or if someone else failed to properly perform their duties, thus enabling an incarcerated individual or staff member to violate rules and commit an act of sexual misconduct. All administrative investigations are reported in written reports and submitted to the OIG and the institution Warden. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Criminal investigations shall be documented in accordance with OIG policies and procedures. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.”

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator told the auditor that TDCJ only conducts administrative investigations. The OIG completes all criminal investigations, and the auditor has reviewed numerous files to see the investigative reports, which include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The OIG investigator would attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations of incarcerated individual-versus-incarcerated individual sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.”

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator told the auditor that TDCJ only conducts administrative investigations. The OIG completes all criminal investigations, and the auditor has reviewed

numerous files to see the investigative reports, which include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The OIG investigator would attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations of incarcerated individual-versus-incarcerated individual sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "All administrative and criminal investigations shall be retained in accordance with the TDCJ Records Retention Schedule." The auditor was also provided *TDCJ OIG-03.72 - Record Retention - PREA* in the PAQ. The manual states, "All criminal and Administrative investigative reports involving any sexual assault related offenses, §39.04 of Texas Penal Code - *Improper Sexual Activity with a Person in Custody* or PD-22, Rule 42d - *Sexual Misconduct with an Offender*, must be retained for as long as the alleged abuser(s) is incarcerated within the Texas Department of Criminal Justice (TDCJ) or employed by the TDCJ, plus five years."

During the onsite audit, the auditor was shown storage of the investigative files in the office of the USPPM. The files are marked and stored in a locked cabinet. The USPPM told the auditor that the files remain in the locked cabinet unless they are being updated or are under review. They are stored for at least ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "The departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation."

During the onsite phase of the audit, the auditor interviewed an OIG investigator. The investigator told the auditor that agency procedure and PREA standards require that TDCJ investigators continue with sexual abuse investigations even if the alleged abuser or victim has been released from incarceration or has left the employ of the TDCJ. The investigation must continue to its end and criminal and administrative proceedings will still result. The investigator was not able to show the auditor an example, as he was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(k). The auditor is not required to audit this provision.

115.71(l). In the PAQ, the agency provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "Unit staff conducting OPIs shall cooperate with the OIG when applicable, to avoid interfering with possible criminal investigation related to the same incident."

All facility administrative investigations are referred to the OIG. The OIG conducts criminal investigations when the allegation contains criminal elements. The OIG serves as an independent office. The auditor interviewed the Warden during the onsite phase of the audit, and he stated that all investigations are completed by the

	OIG, an outside agency. The auditor was provided written responses to the PREA interview questions for the PREA coordinator. The PREA coordinator stated that the OIG provides monthly reports of all open investigations to the PREA Ombudsman's office. Otherwise, there is no need to coordinate with outside agencies. The auditor interviewed the USPPM, the PREA compliance manager. She stated that all investigations are performed by the OIG. The auditor interviewed the major, who initiates the sexual abuse and sexual harassment investigations at the Unit level. The major said that they would be cooperative with any outside entity, including the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff Findings (by provision): 115.72(a). In the PAQ, the agency provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, "No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated." During the onsite phase of the audit, the auditor interviewed an investigator with the Office of the Inspector General (OIG). The investigator confirmed that the standard of proof to substantiate an administrative allegation is the preponderance of evidence. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months and determined that the institution uses this standard for all administrative investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. *TDCJ Safe Prisons/PREA Plan*
 2. *TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders*
 3. *TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome*
 4. Sexual Abuse Investigation files
2. Interviews:
 1. Specialized staff
 2. Targeted incarcerated individuals

Findings (by provision):

115.73(a). The auditor was provided with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated, or unfounded." The auditor was also provided *TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders* in the PAQ. The manual states, "Following an investigation into an offender allegation that he or she was victim of any criminal sexual assault offense or civil rights violation defined by §39.04 of the Texas Penal Code, the offender shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not-sustained), or unfounded." The auditor was provided *TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome*. This form is utilized to provide notification to the offender of the outcome of the investigation. In the PAQ, the Kegans ISF indicated there were a total of three (3) such notifications over the last 12 months.

During the onsite phase of the audit, the auditor interviewed one (1) incarcerated individual who had reported an incident of sexual abuse or sexual harassment. The incarcerated individual reported receiving written notification of the completion of the investigation. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months during the onsite phase of the audit. The auditor confirmed during this review that notifications were provided to the incarcerated individual that filed the allegation in all completed investigations. The auditor interviewed an investigator with the Office of the Inspector General (OIG). The investigator confirmed that there is a requirement to notify the incarcerated individual regarding the outcome of the investigation. The auditor also interviewed the Warden during the audit. The Warden stated that all incarcerated individuals are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(b). There were no investigations completed by an outside agency. The Office of the Inspector General (OIG) is considered the outside source for criminal

investigations. The OIG does not fall under the TDCJ. They report only to the Texas Board of Criminal Justice. They provide full details of all investigations directly back to the Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(c). The auditor was provided with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "If an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when: a. The staff member is no longer assigned to the offender's unit; or b. The staff member is no longer employed by the TDCJ. If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO shall inform the offender when: a. The staff member has been indicted on a charge related to sexual abuse within the unit; or b. The staff member has been convicted on a charge related to sexual abuse within the unit."

During the onsite phase of the audit, the auditor interviewed one (1) incarcerated individual who had filed an allegation of sexual abuse or sexual harassment. His allegation of sexual harassment was filed against a staff member, and the allegation was determined to be unsubstantiated. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against a staff member, so there were no notifications to a victim for staff allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(d). The auditor was provided with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "If an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when: a. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or b. The alleged assailant has been convicted on a charge related to sexual abuse within the unit."

During the onsite phase of the audit, the auditor interviewed one (1) incarcerated individual who had filed an allegation of sexual abuse or sexual harassment. His allegation of sexual harassment was filed against a staff member, and the allegation was determined to be unsubstantiated. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against an incarcerated individual, so there were no notifications to a victim for staff allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(e). The auditor was provided with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "All offender notifications or attempted notifications described in items 4-6 of this section shall be documented." The auditor was also provided *TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders* in the PAQ. The manual states, "The SPPM shall maintain a log and document each notification or attempted notification sent to an offender sexual abuse victim." The auditor was provided with *TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome*. This form is utilized to provide notification to the offender of the outcome

	of the investigation. In the PAQ, the Kegans ISF indicated there were a total of five (5) such notifications over the last 12 months. During the onsite phase of the audit, the auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. The auditor located notifications of the outcome of the investigation in all reviewed files and noted a total of five (5) notifications to the incarcerated individual from both the TDCJ for the administrative investigation and the OIG for the criminal investigation. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.73(f). The auditor is not required to audit this provision.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. TDCJ Safe Prisons/PREA Plan 2. TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees 3. Form Pers 325 - Employee Offense and Prehearing Investigation Report 4. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff Findings (by provision): 115.76(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, "Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, <i>General Rules of Conduct and Disciplinary Action Guidelines for Employees</i>." The auditor was provided <i>TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees</i> in the PAQ. The directive indicates that all employment at TDCJ is at will. The directive goes on to indicate that sexual misconduct with an offender is marked as a "Level 1" offense, with an expected disciplinary outcome of termination. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against a staff member and no disciplinary actions taken against a staff member due to a

	substantiated allegation. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.76(b). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.” The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against a staff member and no disciplinary actions taken against a staff member due to a substantiated allegation. The auditor was unable to review any additional information related to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.76(c). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, “Disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.” The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against a staff member and no disciplinary actions taken against a staff member due to a substantiated allegation. The auditor interviewed the USPPM, who stated that all discipline for sexual abuse related offenses not considered to be actual sexual abuse would be reviewed individually and would be based on several factors. Discipline would depend on the staff member’s history, the circumstances of the situation, and any other factors. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.76(d). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, “All terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.” In the PAQ, the Kegans ISF indicated there were no such notifications to the law enforcement licensing board. The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against a staff member and no disciplinary actions taken against a staff member due to a substantiated allegation. Therefore, there were no notifications made to the licensing board. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.77	Corrective action for contractors and volunteers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. TDCJ Safe Prisons/PREA Plan
 2. TDCJ PD-29 - Sexual Misconduct with Offenders
 3. TDCJ Volunteer Services Plan
 4. Sexual Abuse Investigation files
2. Interviews:
 1. PREA coordinator
 2. Specialized staff

Findings (by provision):

115.77(a). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." The agency provided *TDCJ PD-29 - Sexual Misconduct with Offenders* in the PAQ. In the *Remedial Actions* section, the directive states, "Other individuals who commit an act of sexual misconduct with an offender will not be allowed to continue to perform services for the TDCJ and will be denied access to TDCJ premises." The auditor was also provided the *TDCJ Volunteer Services Plan*.

The Plan states, "Volunteers are prohibited from establishing or continuing in personal relationships with offenders, including misconduct with offenders, including forcing or attempting to force offenders to participate in non-consensual sexual misconduct. It is a felony offense if anyone, including a volunteer, at a TDCJ facility violates the rights of a person in custody or engages in sexual contact or sexual intercourse with a person in custody. Volunteers who violate the policy shall not be allowed to continue to perform services for the agency and may be subject criminal prosecution." In the PAQ, the Kegans ISF indicated that there were no contractors or volunteers disciplined for sexual misconduct over the previous 12 months.

During the onsite phase of the audit, the auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "The unit shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer."

The auditor interviewed the Warden during the onsite phase of the audit. The Warden

	stated that the Kegans ISF would not consider remedial measures and would rather terminate the contract or remove a volunteer from the approved access list. There is no need to take a chance with allowing someone to come back to the compound and endanger the safety of the incarcerated individual population. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ Disciplinary Rules and Procedures for Offenders</i> 3. <i>CMHC A-08.1 - Decision Making for Serious Mentally Ill Patients</i> 4. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff Findings (by provision): 115.78(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the <i>TDCJ Disciplinary Rules and Procedures for Offenders</i>.” The auditor was provided the <i>TDCJ Disciplinary Rules and Procedures for Offenders</i> in the PAQ. The document states, “An offender found guilty of a major disciplinary violation may be assessed one or more of the following penalties...” The agency stated in the PAQ that there were no incarcerated individuals disciplined for offenses of sexual abuse over the last 12 months prior to the audit. During the onsite phase of the audit, the auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. There were no substantiated allegations against an incarcerated individual that led to administrative disciplinary sanctions for an incarcerated individual. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.78(b). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Sanctions shall be appropriate to the nature of abuse committed, the offender’s disciplinary history, and the sanction imposed for

comparable offenses by other offenders with similar histories.”

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that incarcerated individual discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.” The auditor was also provided *CMHC A-08.1 - Decision Making for Serious Mentally Ill Patients* in the PAQ. The manual states, “Mental health staff input is, however, required as part of the disciplinary process for each offender with a serious mental illness.”

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that incarcerated individual discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all incarcerated individuals. It is possible for staff to take into consideration an incarcerated individual’s mental health status when considering penalties for incarcerated individual infractions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “If the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits.”

During the onsite phase of the audit, the auditor interviewed three (3) staff members of the medical and mental health staff. The auditor was told that programs for sex offenders are available, but not at the Kegans ISF. There are other Units that house sex offender programs and treatment is available for offenders in custody.

Incarcerated individuals are never required to participate in these programs. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.”

In the PAQ, the agency stated there were no such incidents over the previous 12 months. The auditor was not provided with any additional documentation related to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, “A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not constitute falsely

	reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. The auditor did not find any incidents of incarcerated individual discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.78(g). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Sexual misconduct between offenders is prohibited and shall result in disciplinary sanctions in accordance with the <i>TDCJ Disciplinary Rules and Procedures for Offenders</i>.” Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ SPPOM-03.01 - Offender Assessment Screening</i> 3. <i>CMHC E-35.2 - Mental Health Evaluation</i> 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations: 1. Computer systems 2. Health services Findings (by provision): 115.81(a). The agency provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, “If the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.” The auditor was also provided <i>TDCJ SPPOM-03.01 - Offender Assessment Screening</i> in the PAQ. The manual states, “The interviewer shall document, upload, and forward the Referral to Medical/Mental Health Services form or any other referrals made to specific departments.”

During the onsite phase of the audit, the auditor interviewed three (3) incarcerated individuals who had reported prior sexual victimization on the risk screening. The incarcerated individuals all told the auditor that they were scheduled for a mental health appointment, which took place the first week they were held at the Kegans ISF. The auditor interviewed the USPPM, who is responsible for performing the intake risk screening. The auditor was told that all offenders who report prior sexual abuse are scheduled for an appointment with medical and mental health. The referral is documented for the file. The auditor observed the USPPM perform the intake risk screening with two (2) individuals during the onsite audit. One (1) of the individuals reported prior sexual abuse and the auditor observed the process to report and schedule the appointment with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). The agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "If the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening." The auditor was also provided *CMHC E-35.2 - Mental Health Evaluation* in the PAQ. The manual states, "Offenders with potential mental health needs will have a comprehensive mental health evaluation completed by a qualified mental health professional within 14 days of the referral, request and/or identification of mental health need."

During the onsite phase of the audit, the auditor interviewed the USPPM, who is responsible for the intake risk screening. She told the auditor that an offender who reports being a perpetrator of sexual abuse would be referred for a mental health evaluation, which typically would occur during the individual's first week at the facility. The USPPM also stated that all offenders are provided the opportunity to see medical and mental health, regardless of their response to the risk screening questions. The incarcerated individual's first intake assessment with mental health typically occurs within 14 days of intake at Kegans ISF. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). This provision is for jails and does not apply to the Kegans ISF. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The agency provided the auditor with the *TDCJ Safe Prisons/PREA Plan* in the PAQ. The plan states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law."

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of incarcerated individuals and how to access the screening information in the

	computer. The auditor was told they were unable to access that information in the computer. Two (2) staff members attempted to access the information and were unable to do so because they did not have the required security log on. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.81(e). The agency provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i> in the PAQ. The plan states, “In accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.” The auditor was also provided <i>CMHC E-35.2 - Mental Health Evaluation</i> in the PAQ. The manual states, “Prior to beginning the evaluation, the offender will be apprised of the limits of confidentiality and asked to consent to the interview and/or psychological testing. Documentation of the informed consent will be made in the health record.” During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, told the auditor that informed consent was a requirement before they could disclose information to security staff. For incarcerated individuals under the age of 18 this was not a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation</i> 3. <i>CMHC G-57.1 - Sexual Assault/Sexual Abuse</i> 4. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations: 1. Health Services Findings (by provision): 115.82(a). In the PAQ, the auditor was provided with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Offender victims of sexual abuse shall 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 policies.” The auditor was provided *TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation* in the PAQ. The manual states, “The security supervisor shall notify medical personnel of the allegation to initiate medical assessment of the offender. Security staff shall ensure the medical staff conducting the assessment fully understands the assessment is for a sexual abuse allegation.” The auditor was also provided *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, “All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services.”

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, confirmed that any incarcerated individual who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the incarcerated individual for injuries and the urgent need for medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional’s credentials. The auditor also interviewed one (1) incarcerated individual who reported an incident of sexual abuse or sexual harassment. The incarcerated individual told the auditor he was taken to health services immediately after reporting the incident and was seen by a medical clinician. He reported no injuries, although he was evaluated immediately. He also told the auditor that an appointment was scheduled with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.”

During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, understood the immediate need to provide the incarcerated individual with access to medical and mental health. They told the auditor that a medical staff member is always available or on call. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with CMHC policies.” The auditor was also provided *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, “Prophylactic treatment of venereal

	diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered.” During the onsite phase of the audit, the auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, told the auditor that these services would always be provided to the victim. At the Kegans ISF, pregnancy services would not be provided, as they house male incarcerated individuals only. The services for STIs, however, would be available. If the offender receives a forensic examination, hospital staff will provide a treatment plan that includes the necessary testing and medications. The auditor interviewed one (1) incarcerated individual who reported an incident of sexual abuse or sexual harassment. The incarcerated individual reported receiving care from medical and mental health, but he did not require any treatment other than the initial examination, as he had reported harassment only and no physical contact. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.82(d). In the PAQ, the auditor was provided with the <i>TDCJ Safe Prisons/PREA Plan</i>. The plan states, “Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.” The auditor was also provided <i>CMHC G-57.1 - Sexual Assault/Sexual Abuse</i>. The manual states, “Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Services Fee to the victim.” Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>CMHC G-57.1 - Sexual Assault/Sexual Abuse</i> 3. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff 2. Targeted incarcerated individuals 3. Site Review Observations:

1. Health Services

Findings (by provision):

115.83(a). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate." The auditor was also provided *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, "All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination." Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "The evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following a transfer to, or placement in other units in accordance with CMHC policies or their release from custody."

The auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for incarcerated individuals who have been sexually abused. Staff will also provide information if the incarcerated individual is transferred or released. The auditor also interviewed one (1) incarcerated individual who reported an incident of sexual abuse or sexual harassment. The incarcerated individual reported receiving care from medical and mental health, but he did not require any treatment other than the initial examination, as he had reported harassment only and no physical contact. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, "Offender victims shall be provided medical and mental health services consistent with the community level of care."

The auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, confirmed for the auditor that the institution provides a full treatment plan for all incarcerated individuals, especially for incarcerated individuals who have been sexually abused. The care that they provide is always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). The auditor was provided with *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, "Victims(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an

emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.”

The Kegans ISF houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). The auditor was provided with *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, “Victims(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.”

The Kegans ISF houses male incarcerated individuals only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(f). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.” The auditor was also provided *CMHC G-57.1 - Sexual Assault/Sexual Abuse*. The manual states, “Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed.”

The auditor interviewed one (1) incarcerated individual who reported an incident of sexual abuse or sexual harassment. The incarcerated individual reported receiving care from medical and mental health, but he did not require any treatment other than the initial examination, as he had reported harassment only and no physical contact. He reported no testing or medications. The auditor reviewed the Unit’s (5) sexual abuse and sexual harassment investigation files from the last 12 months. The auditor noted no files where the level of physical contact alleged in the incident would have required testing for STIs. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA Plan*. The plan states, “Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.”

The auditor interviewed one (1) incarcerated individual who reported an incident of sexual abuse or sexual harassment. The incarcerated individual reported receiving care from medical and mental health, but he did not require any treatment other than the initial examination, as he had reported harassment only and no physical contact. The incarcerated individual told the auditor that services provided to him after the incident were at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). In the PAQ, the auditor was provided with the *TDCJ Safe Prisons/PREA*

	<i>Plan.</i> The plan states, “A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.” The auditor interviewed three (3) staff members from health services. All three staff members, the nurse administrator, the charge nurse, and a mental health clinician, stated that mental health evaluations are provided for all sexual abusers as soon as possible after receiving notification of a sexual abuse allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. <i>TDCJ Safe Prisons/PREA Plan</i> 2. <i>TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents</i> 3. <i>Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment</i> 4. <i>Administrative Incident Review Form</i> 5. Sexual Abuse Investigation files 2. Interviews: 1. Specialized staff 2. Incident review team Findings (by provision): 115.86(a). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/PREA Plan</i>. In the <i>Incident Review Team</i> section, the plan 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 and mental health practitioners when completing the review.” The auditor was provided <i>TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents</i> in the PAQ. The directive states, “After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete and <i>Administrative Incident Review</i>.” The Kegans ISF indicated that there were three (3) such reviews completed following administrative investigations over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months prior to the onsite audit. The completed administrative incident review form was in all three (3) sexual abuse investigation files. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(b). In the PAQ, the auditor was provided a document entitled *Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment*. The instructions state, "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."

During the onsite phase of the audit, the auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months prior to the onsite audit. The completed administrative incident review form was in all three (3) sexual abuse investigation files. Each of the completed reviews was completed within the 30-day time period. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. In the *Incident Review Team* section, the plan 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 and mental health practitioners when completing the review."

During the onsite phase of the audit, the auditor interviewed the Warden. The Warden told the auditor that this incident review is important to ensure that failures were properly noted. This ensures that problems were noted and corrected. It is important to take information from many resources to ensure they have a full picture of what happened and to look for ways to make sure the incident can't happen again if it was preventable. The auditor reviewed the Unit's (5) sexual abuse and sexual harassment investigation files from the last 12 months. The completed administrative incident review form was in all three (3) sexual abuse investigation files. The review was complete, with input from several sources at the Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). In the PAQ, the facility provided the auditor with the *TDCJ Safe Prisons/ PREA Plan*. The plan states, "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*." The auditor was provided with a copy of the *Administrative Incident Review Form*, which is utilized to document to the review.

The form includes notations for the review team to review these items: 1. Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, gang affiliation, or other group dynamics; 3. Examine the area in the facility for physical barriers which may enable abuse; 4. Assess adequacy of staffing levels during

	different shifts; 5. Assess if monitoring technology should be adjusted to supplement supervision by staff; and 6. Recommendations to the facility administrator for improvements based on these assessments. During the onsite phase of the audit, the auditor interviewed the Major, who participates in the sexual abuse incident reviews. She told the auditor that each incident review includes a review of all the items listed in this provision. She said that without this full review, Kegans ISF would not continue to improve and provide an atmosphere of sexual safety. The USPPM, the PREA compliance manager, was also interviewed. She told the auditor that these incident reviews are important for the institution to not just say that sexual safety is important, but to show to staff that is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Warden about the sexual abuse incident reviews. The Warden agreed that the reviews are important to providing a safe environment for the incarcerated individuals. Without carefully reviewing the incidents and taking immediate action, if necessary, then all the education and signs and talk about sexual safety is just that, talk. Action is necessary to make sure that everyone understands that incarcerated individual safety is the most important thing they do. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.86(e). In the PAQ, the facility provided the auditor with the <i>TDCJ Safe Prisons/ PREA Plan</i>. The plan states, “The unit shall implement recommendations that result from the review, or document the reasons for not doing so.” The auditor was provided with a copy of the <i>Administrative Incident Review Form</i>, which is utilized to document to the review. The form includes a <i>Corrective Action Taken</i> section, where the warden and other administrative staff are required to note action taken in reference to the recommendations provided by the team. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) 1. Agency website 2. Interviews: 1. PREA coordinator Findings (by provision): 115.401(a). This was the fifth audit completed by the Kegans ISF. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.401(b). This is the first year of the fifth PREA audit cycle. The agency is actively auditing one-third of their facilities during the first year of the audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and incarcerated individuals. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision. 115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 32 incarcerated individuals. The institution provided a private room for the auditor to meet with each incarcerated individual for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.

	115.401(n). The institution posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.
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115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional	yes

	practices?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	

	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or	yes

	genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	
	Does the agency ask all applicants and employees who may have	

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes

	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	no
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to	yes

	shower separately from other inmates?	
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

PREA Agency Audit Report: Final

Name of Agency: Texas Department of Criminal Justice

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/21/2024

Auditor Certification	
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.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Ronell Prioleau	Date of Signature: 11/21/2024

AUDITOR INFORMATION	
Auditor name:	Prioleau, Ronell
Email:	r.prilo@yahoo.com
Start Date of On-Site Audit:	
End Date of On-Site Audit:	

AGENCY INFORMATION	
Name of agency:	Texas Department of Criminal Justice
Governing authority or parent agency (if applicable):	
Physical Address:	861 Interstate 45, Huntsville, Texas - 77320
Mailing Address:	PO Box 99, Huntsville, Texas - 77340
Telephone number:	8005350283

Agency Chief Executive Officer Information:

Name:	Bryan Collier
Email Address:	bryan.collier@tdcj.texas.gov
Telephone Number:	936-437-2101

Agency-Wide PREA Coordinator Information

Name:	Cassandra McGilbra	Email Address:	cassandra.mcgilbra@tdcj.texas.gov
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Agency AUDIT FINDINGS**Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

10

Number of standards not met:

0

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
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.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Agency Zero Tolerance Statement 5. Organizational Charts 6. Specialty Staff Interview Notes The Agency has a written Policy and the TDCJ Safe Prisons/PREA Plan, to address the requirements of the standard that mandates zero tolerance toward all forms of sexual abuse and sexual harassment, and it outlines the agency's approach to preventing, detecting, and responding to such conduct.

	The Agency's specific strategies include "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal History Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage PREA Posters, and Contract Monitoring. The policies addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening. The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis. The Agency has designated an upper-level, agency-wide PREA Coordinator/PREA Ombudsman with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The PREA Coordinator/PREA Ombudsman position reports directly to the Texas Board of Criminal Justice. The PREA Coordinator/Ombudsman was interviewed and reported their direct report staff having enough time to focus on the PREA standards, investigate PREA concerns, training and updating PREA Compliance Managers on policy. During the interviews with the PREA Coordinator/ PREA Ombudsman and the PREA Compliance Manager all outlined their duties to illustrate their ability to manage all the required duties associated with their positions. The Auditor reviewed all policies related to zero tolerance and during formal and informal interviews and conversations with the central headquarters office staff it was obvious the zero-tolerance policy radiates throughout the agency. The Auditor noted the Inmate Handbook, PREA Posters, and PREA Brochure do address sexual abuse by another Inmate, and the Inmate Handbook does address sanctions for Inmates when involved in such conduct. Based on headquarters staff interviews it was noted TDCJ staff closely monitor for Inmate-on-Inmate sexual misconduct in accordance with PREA standards; allegations are reported and investigated, and inmates are held accountable. After a careful and detailed review, the Auditor determined the Agency meets the requirements of the standard.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire

	3. TDCJ Safe Prisons/PREA Plan 4. Specialty Staff Interview Notes The Auditor randomly reviewed 15 of 27 renewed and new contracts since the last audit to include Private Residential Treatment Centers, Private Transitional Treatment Centers and Private Secure Confinement Facilities and determined the contract language included an obligation for the contractor to adopt and comply with the PREA standards. Through interviews with the PREA Coordinator/PREA Ombudsman and the Agency Contract Administrator the Auditor confirmed the Agency has a contract monitor position to ensure that the contractors are complying with the PREA standards. This was also verified by reviewing agency policy and TDCJ Safe Prisons/ PREA Plan. During the interview with the Agency's Contract Administrator, it was determined they must maintain regular contact with every inmate placed in a contracting facility. If there are PREA concerns, agency protocol requires the inmate be removed from the facility and the facility be allowed time to make corrective actions and address the concerns. Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator has the authority to perform an administrative review at any sign of suspected noncompliance. A finding of non-compliance during the administrative review could result in fines, corrective action, contract termination and referral for criminal charges, if applicable. The Contract Administrator annually collects credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility. New facilities being considered for contracting purposes follow a vetting process, including reference checks with other counties, with all information being presented to the agency's leadership for review and approval. After a careful and detailed review, the Auditor determined that the Agency meets the requirements of the standard.
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan

4. Specialty Staff Interview Notes

Texas Department of Criminal Justice as an Agency has not hired or promoted anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other lock up institution. The Agency has not enlisted the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other lock up institution. The Agency has not hired or promoted or used the services of 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; or has been civilly or administratively adjudicated to have engaged in the activity as described.

The Agency policies and TDCJ Safe Prisons/PREA Plan prohibit the agency/facilities from hiring, promoting or during business with a person or business who may have contact with inmates who has engaged in or attempted to engage in sexual abuse while in incarcerated, or convicted of, civilly or administratively of the same.

The Auditor verified this by reviewing new hire applicant packets as well as reviewing multiple personnel files that included criminal background checks and self-disclosure forms. During the personnel file review the Auditor found this same process of checking backgrounds is also completed when starting new vender contracts and when qualifying staff for in-house promotions. All files reflected the three required questions included and staff affirmed by signing the form.

Before hiring new employees, who may have contact with inmates, the central headquarters staff (1) Performs a criminal background records check; and (2) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Administrative (Human Resources) Staff also indicated that the Agency would respond to any request for information from an institutional employer seeking information on a former TDCJ employee.

The central headquarters staff also conducts criminal background records checks annually of current employees and contractors who may have contact with inmates. This is accomplished by using a system call FACT Clearinghouse, this system allows for a continual real-time update on staff interactions with law enforcement agencies who participate in the service. Agency policies also require an annual re-check of all employees and contractual re-checks for contractors. The agency policy does indicate that any employee/contractor misconduct or false reporting is subject to termination of employment. The current policy also requires that staff self-disclose new information related to sexual conduct behavior. The Agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. Failure to self-disclose new sexual conduct behavior are grounds for termination. The Agency reports conducting approximately 700 such criminal background checks monthly. Finally, as a requirement of policy and TDCJ Safe Prisons/

	PREA Plan the facility has an obligation to report sexual conduct behavior to other institutional employers. These processes were verified through interviews with headquarters human resource staff and informal conversation with administrative staff. After careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Specialty Staff Interview Notes The Agency has added new cameras to multiple units/facilities throughout the TDCJ and the Agency did consider the effect of the modification upon the Agency's ability to protect inmates from sexual abuse. Through interviews with Agency leadership the Auditor confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Agency with facility input always considers how such technology will enhance the Agency/facilities ability to protect inmates from sexual abuse. After careful and thoughtful review of all the information, the Auditor determined the Agency meets this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire

	3. TDCJ Safe Prisons/PREA Plan 4. Inmate Correspondence Response 5. Specialty Staff Interview Notes The Agency has a directive that instructs all Texas Department of Criminal Justice staff involved in making inmate unit/housing assignments with a comprehensive listing of housing assignment criteria and procedures. The TDCJ Classification Plan provides more specific, guidance to staff. All inmate housing assignments, including assignment to a unit or to specific housing areas, such as dormitories, cellblocks, rows, or other similar areas, are made based on objective criteria, and not based on race, color, nationality, or ethnic origin. The initial unit assignment is made at the central headquarters level. All classification committees, classification, security, and health care staff, both at the central and unit levels follow these criteria and procedures. Some of the unit/housing assignments criteria include Criminal history; b. History of institutional sexual violence or victimization; c. Current offense (type and seriousness), sentence length, and amount of time completed on sentence; d. Violent or passive tendencies; e. Security Precaution Designator (SPD); f. Criminal sophistication; g. Inmate enemies; h. Lesbian, gay, and bisexual (both active and passive) tendencies; i. Transgender and intersex identification; j. Characteristics such as height, age, and weight; k. Security threat group affiliation; l. Current institutional adjustment, as reflected in the inmate's disciplinary record; m. Special safety requirements; and n. Predator codes. Information pertaining to each inmate's security characteristics can be found in the inmate's electronic record. The documents contained in the inmate's electronic record are accessible at both the unit and central administration levels. This was confirmed by reviewing multiple inmate records. When making initial housing assignments or housing assignment changes, the designated staff member or committee responsible for making such assignments reviews all pertinent information, such as the classification screen, electronic record, Safe Prisons/PREA Assessment, and other similar information, to determine whether there are any security or health-related needs or restrictions relative to the inmate's housing assignment. After careful and detailed review of all the information, the Auditor determined the Agency meets the requirements for this standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. Specialty Staff Interview Notes 5. Central Headquarters Statement of Fact As notated in the PAQ and during an interview with the Agency Head Designee, collective bargaining is not recognized by Texas Department of Criminal Justice. TDCJ employees do not participate in collective bargaining. After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes The Agency has established policies that address all provision of this standard. The Agency utilizes the Sexual Assault Report, which is a data collection instrument utilized to collect all sexual abuse data. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents. One of the functions of the PREA Compliance Manager is to maintain this information. The data is also collected from all contracted facilities. The Agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, as evidenced by policy and the report sample. The Agency aggregates the incident-based sexual abuse data at least annually, as evidenced by the annual PREA report and website review. Incident-based data collected includes the data necessary to answer all questions

	from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice, as evidenced by policy and website posted data. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as evidenced by policy and website posted data. A review of the Agency website reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations. Compliance was further confirmed through review of completed data collection instruments and an interview with the PREA Ombudsman. After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes The Agency has policies in place that address all provisions of the standard. As evidenced by the survey of sexual violence reports, annual PREA reports, and interviews with the Agency Head Designee and the PREA Ombudsman the agency reviews all data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing a semi-annual report of its findings and corrective actions for each unit/facility, and the Agency. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The PREA Ombudsman's Office is responsible for the oversight of the reporting process. The Agency's report is approved by the Agency Head Designee and Executive Management Team and made readily available to the public through the agency TDCJ website. These tasks are initiated by the Unit Safe Prisons PREA Manager submitting monthly reports to the Safe Prisons PREA Management Office. The Auditor verified this process of data collection through extensive interviews with

	the Agency Head Designee and the PREA Ombudsman. The Agency does redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted, as evidenced by semi-annual PREA reports on the website and the interview with the PREA Ombudsman. After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes The Agency has a policy in place that addresses the provisions of this standard. The Auditor found that the Agency digitally and securely retains all data collected, this data is available to the public through the Texas Department of Criminal Justice website. The annual reports from previous years to present are published on the website. Staff interviewed reported access to any data is restricted to the Agency Senior Staff for operational use and is password protected All personal identifiers have been removed from the reports. The data and records collected are to be retained in accordance with state and agency retention requirements and minimum of 10 years. The PREA Ombudsman interview and review of the annual reports further confirmed this procedure. After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination:
	Auditor Discussion

	Evidence relied upon to make Compliance Determination: 1. Policy and Document Review 2. Pre-Audit Questionnaire 3. TDCJ Safe Prisons/PREA Plan 4. TDCJ Website Review 5. Specialty Staff Interview Notes 6. TDCJ Inmate Correspondence 7. TDCJ Audit Notices During the three-year period starting on August 12, 2014, and during each three-year period thereafter, the Agency ensured that each facility operated by the Agency is audited at least once, as evidenced by a website review. During each one-year period starting on August 12, 2014, the Agency ensured that at least one-third of each unit/facility type operated by the Agency is audited, as evidenced by a website review. The Auditor had access to, and observed, all areas of the Central Headquarters. The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The Auditor was permitted to conduct private interviews with office staff. Inmates and staff were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, as evidenced by the Notice of Audits posted and observations made during the Central Headquarters site review. The Auditor received one written letter from an inmate related to a TDCJ unit/facility. After a careful and detailed review of all the information, the Auditor determined the Agency meets the requirements of this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 The Agency has published all final audit reports on the Texas Department of Criminal Justice website; this was confirmed by navigating to the page on the website and reviewing all the audit reports. This information is made available to the public and is in accordance with PREA standard 115.403. After a careful and detailed review of all the information, the Auditor determined the

	Agency meets the requirements of this standard.
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Appendix: Provision Findings**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.12 (a) Contracting with other entities for the confinement of inmates

	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
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115.12 (b) Contracting with other entities for the confinement of inmates

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

	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity	yes

	described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	

	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system,	yes

	electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	

	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes

	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes