

Name of Facility: Joe Kegans Intermediate Sanctions Facility			
Physical Address: 707 Top Street		City, State, Zip: Houston, TX 77002	
Mailing Address (if different from above):		City, State, Zip:	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA			
<input type="checkbox"/> NCCHC			
<input type="checkbox"/> CALEA			
<input type="checkbox"/> Other (please name or describe):			
<input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: A Division Level Operational Review was conducted at the Kegans unit in February 2019. These reviews are conducted by each functional area proponent at least every three years.			
Warden/Jail Administrator/Sheriff/Director			
Name: Damon Andrews			
Email: Damon.Andrews@tdcj.texas.gov		Telephone: 806-349-3429	
Facility PREA Compliance Manager			
Name: Norma Bisch-Garrett			
Email: Norma.Bisch-Garrett@tdcj.texas.gov		Telephone: 713-224-6584	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Soila Solis			
Email: Slolis@utmb.edu		Telephone: 832-262-9066	

Facility Characteristics	
Designated Facility Capacity:	657
Current Population of Facility:	498

Average daily population for the past 12 months:	546	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-74	
Average length of stay or time under supervision:	3 months	
Facility security levels/inmate custody levels:	Intermediate Sanctions (IS)/Transient (J1)	
Number of inmates admitted to facility during the past 12 months:	2,878	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2,819	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2,632	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	201	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	82	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	71
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	16
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	15
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>134</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Office of the Inspector General (OIG) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>17</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Office of the Inspector General (OIG) <input type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for the Joe Kegans Intermediate Sanctions Facility, Texas Department of Criminal Justice (TDCJ) in Houston, Texas was conducted on October 9-11, 2019, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

The first PREA audit was conducted by PREA auditor James Curington on October 3-5, 2016. The previous auditor conducted the audit with three exceed standards and 40 met standards.

Prior to the on-site audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was very responsive related to any questions the auditor had during this review. The Warden ensured the audit posting was placed throughout the facility prior to the audit. The auditor received an emailed photo of the PREA audit announcement that was posted within the facility prior to the audit. The auditor received correspondence from two inmates¹ at the facility related to PREA. Both inmates had transferred from the facility prior to the on-site portion of the audit. The information was relayed to the Warden at the time of the audit to handle appropriately.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (512) the PREA auditor handbook indicated that at least 30 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaires*. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	18
Targeted Inmates	14
Total Inmates Interviewed	32
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	0
• Inmates who are LEP	4
• Inmates with a Cognitive Disability	0
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	3
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	1
• Inmates who Reported Sexual Victimization During Screening	2

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

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Administrative (Human Resources) staff
 - SAFE and/or SANE staff

- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

Category of Staff	Number of Interviews
Random Staff	11
Specialized Staff	20
Total Staff Interviews	31
Specialized Staff Interviews	
• Agency Contract Administrator	1
• Intermediate or Higher Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	3
• Human Resources Staff	1
• Volunteers and Contractors	4
• Investigative Staff	2
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	0
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• Security and Non-Security who Acted as First Responders	2
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Ms. Lori Davis (Agency Head Designee)
- Mr. Damon Andrews (Warden)
- Ms. Lynne Sharp (PREA Coordinator “PC”)
- Ms. Norma Garrett (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on October 9, 2019 through October 11, 2019. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, a tour of the facility began at 11:00am. The tour including all areas associated with the Joe Kegans Intermediate Sanctions Facility, to include, all housing units (A-H, J-N, P, R and S), intake, medical and mental health, visitation, work and program areas (chapel, respite areas, food service area, laundry, maintenance) and common areas (outdoor recreation area and offices/support staff areas). During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. During the tour the auditor spoke to staff and inmates informally about PREA and the facility in general. The tour was completed at 1:00pm.

Interviews were conducted on October 9, 2019 in the afternoon as well as on October 10, 2019 in the morning afternoon and evening. During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 201 staff assigned. The auditor reviewed a random sample of nine personnel and training records that included two individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for three volunteers and three contractors who have contact with inmates were sampled randomly across functional service areas. Personnel and training files were selected for those staff that the auditor conducted random interviews with and as such the files selected were an unbiased random sample.

Inmate Files. On the first day of the onsite phase of the audit, the inmate population was 512. A total of 31 inmate records were reviewed. The records reviewed were of those inmates selected to be interviewed via the targeted and random inmate selection.

Medical and Mental Health Records. During the past year, there were no inmates that reported sexual abuse at the facility. However, two inmates were identified to have reported previous sexual abuse outside of a correctional setting. The auditor reviewed the mental health records for these inmates to ensure they were seen within the required fourteen days.

Grievances. In the past year, the facility had not received any grievances that were identified as PREA grievances. The auditor reviewed a sample (four) of grievances coded 812 (Harass/Retaliate/Taunt/Badgering/Intimidating and coded 815 (Unprofessional Staff Conduct) to confirm that no sexual abuse or sexual harassment allegations were reported via the grievance procedure.

Incident Reports. The auditor did not review any incident reports as no allegations were reported in the previous twelve months.

Investigation Files. During the previous twelve months, there were no allegations reported or investigated at the facility. The auditor reviewed a sample of other facility investigative reports to ensure all components were included from the investigating authority (Office of the Inspector General).

	Sexual Abuse	Sexual Harassment
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	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	0	0	0	0
Unfounded	0	0	0	0
Total Allegations	0	0	0	0

It should be noted that during random interviews an inmate indicated that he had reported an allegation within the past week, and as such the interview for inmates who reported sexual abuse was utilized, however the allegation was not in the audit period and is not included in the above table.

Facility Characteristics

Joe Kegans Intermediate Sanctions Facility is a state prison under the authority of the Texas Department of Criminal Justice, located at 707 Top Street in Houston, Texas. Kegans is located downtown Houston near the Houston Astros baseball stadium. Kegans is adjacent to the Harris County Sheriff's Office and the Harris County Jail. The facility is unique in that it houses only short term and transient inmates. The facility solely houses those who have violated their parole and as such have been intermediately sanctioned to serve time at the facility and participate in either cognitive or substance abuse programs. The facility is a stand-alone four story building. The first floor comprises laundry, maintenance, the food service area, intake, indoor and outdoor visitation areas, the commissary, the outdoor recreation area and the dayroom/programming area for J, K, L and M dorms. The second floor has numerous offices, to include parole, mental health and the chaplain, as well as the bedding and bathroom areas for housing units J, K, L and M. Additionally, N, P, R and S dorms are located on this floor. The third floor consists of the medical area as well as medical offices and the dayroom/programming areas for A, B, C, D, E, F, G and H dorm. The fourth floor comprises the mailroom, the barbershop and the bedding and bathroom areas for housing units A, B, C, D, E, F, G and H. All the floors are connected by two stairwells (A and B). Stairwell A is utilized for inmate movement while stairwell B is utilized by staff only. Stairwell B is always locked and is not accessible to inmates. The total capacity for the facility is 657. On the first day of the audit the population at the facility was 512. The facility houses adult male inmates. The age range of the facility's population is 19-74 years of age. The facility houses intermediate sanction (IS) inmates and transient (J1) inmates. The average length of stay for inmates at the facility is approximately three months.

The facility comprises 16 housing areas, which are referred to as dorms. The dorms are labeled from A to S, with I, O and Q not being included. All dorms comprise general population inmates with the same housing and custody levels. A breakdown of the dorms and the inmate population that make up each dorm is found below. Of the 16 dorms, one is single cell occupancy with a total bed capacity of nine and 15 are open bay style housing with a capacity of either 24 or 48.

The dorms that have a capacity of 48 (A-H and J-M) comprise two floors. The top floor (either floor two or four) contains the inmate bedding and bathroom area. The bedding area consists of groups of beds (bunk bed style) in an open area. The bathroom area is located on the inner side of each dorm. The bathroom consists of showers, toilets and sinks in a locker room style set up. Privacy barriers made of PVC pipe have been constructed for the bathroom area. Additionally, shower curtain material is utilized at the entrance to the bathroom area as a privacy curtain. The top floor is connected to the bottom floor via a set of stairs. The stairs run from the top of the bedding area to the floor below. The bottom floor consists of the dayroom/programming area. The space is extremely open and is utilized as a multi-purpose area. Inmates participate in their required cognitive or substance abuse programs in this area, they eat meals there, they watch television in this area, they utilize the phone in this area and they

participate in other activities (board games, cards, etc.) in this space. Each dayroom has collapsible tables and plastic chairs for the numerous activities.

The dorms that have a capacity of 24 (N, P and R) are contained on one floor. The dayroom/programming area is located immediately upon entry into the dorm. Each dayroom has collapsible tables and plastic chairs for the numerous activities. The bathroom area is located to either the left or the right of the dayroom area. The bathroom consists of showers, toilets and sinks in a locker room style set up, with the exception of R dorm, which has a single shower for added privacy. Privacy barriers have been constructed for the bathroom area out of PVC pipe and shower curtain type material. Additionally, the shower curtain material is also utilized at the entrance to the bathroom area as a privacy curtain. The dorm has three separate bedding areas, each separated by a metal lattice style barrier. The building was previously a county jail and as such these bedding areas were holding spaces that previously had doors attached. The doors have since been removed and the inmates can roam freely from one bedding area to the other. Additionally, each bedding area has a toilet and sink for inmate use. A privacy barrier is provided to each bedding area for the toilet.

All dorms are equipped with some level of video monitoring technology. They all have PREA reporting information posted as well as painted PREA information. Additionally, one staff member is assigned to rove between two dorms for their entire shift. Security checks are conducted by these staff every 30 minutes in each dorm.

The single cell dorm (S dorm) contains nine single cell rooms. Inmates are housed in this dorm for medical isolation or constant direct observation. Each cell has its own toilet and sink. A shared shower is located at the front of the dorm and has a curtain across it for privacy. Doors to the cells are solid and have a window to allow for safety and security. The dorm is equipped with video monitoring technology in the hallway and has a staff member assigned to the dorm at all times.

POD	Capacity	Style	Inmate Population
A	48	Open Bay	IS/J1
B	48	Open Bay	IS/J1
C	48	Open Bay	IS/J1
D	48	Open Bay	IS/J1
E	48	Open Bay	IS/J1
F	48	Open Bay	IS/J1
G	48	Open Bay	IS/J1
H	48	Open Bay	IS/J1
J	48	Open Bay	IS/J1 – Faith Based
K	48	Open Bay	IS/J1
L	48	Open Bay	IS/J1
M	48	Open Bay	IS/J1
N	24	Open Bay	IS/J1
P	24	Open Bay	IS/J1
R	24	Open Bay	IS/J1

S	9	Single Cell	Medical Isolation & Constant Direct Observation
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In addition to the housing units the facility comprises administrative offices, program areas, work areas and common areas. The facility has an area for intake, commissary, laundry and maintenance. There are numerous respite areas that are utilized as classrooms and program spaces as well as a chapel. The facility has an indoor visitation area as well as an outdoor visitation area. The facility does not prepare any food and as such does not have a kitchen. Food is prepared at the Harris County Jail via Aramark and is transported from the Jail to Kegans via carts. The food is then taken to the food service area (a large room) and then subsequently transported to the dorms via the food carts. The food service area has a small buffet bar that holds each meal. Staff at the facility can eat the same meal as the inmates at no cost. The outdoor recreation area has basketball hoops and a large covered section. The outdoor recreation area has a bathroom with a curtain for privacy. Additionally, the outdoor recreation area has benches and other space for inmates to sit and work out. The facility does not have an infirmary, but rather two exam rooms. Medical is on-site from 4:30am until 5:00pm. If anything occurs outside hours of operation or that is non-routine, the facility has access to tele-medicine or they can transport the inmate to the local hospital.

The facility employs 201 correctional staff. Staff make up three shifts; first shift works from 5:00am-1:45pm, second shift works from 1:00pm-9:45pm and third shift works from 9:00pm-5:45am. Each shift has a building Lieutenant and a building Sergeant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. A dorm rover is responsible for two dorms each shift, while a floor rover is responsible for security of all dorms and areas on that specific floor. Additional officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. The facility employs thirteen contractors, all medical and mental health staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 71 volunteers that provide services to the inmates.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 1

List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Order ED-03.03
4. Post Order PO-07.150
5. Organizational Charts

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

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

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide; the Executive Order confirms the PC responsibilities. At the time of the audit the PREA Coordinator was the Correctional Institutions Division Director, who reports to the Executive Director. The PC was interviewed and she reported that her primary job responsibility is PREA compliance. She stated that she has direct access to Executive Leadership and can implement policies and practices as necessary to ensure sexual safety requirements. During the site review, the PC demonstrated knowledge of the agency's policies and practices designed to promote sexual safety in the facility.

115.11 (c): The facility has a staff member responsible for ensuring PREA compliance (Unit Safe Prisons PREA Manager – USPPM). The facilities organizational chart confirms a staff member is responsible for PREA compliance and that staff member reports to the Major. The interview with the Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance. Staff consistently stated during interviews that the CM was constantly training and educating them on PREA through.

The evidence shows that the agency has a PREA policy, has designated an upper-level, agency-wide PC as verified through the organizational chart and has a PREA Compliance Manager as verified through the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and CM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Administrative Directive AD-02.46
3. Contracts for Confinement of Inmates

Interviews:

1. Interview with the Agency's Contract Administrator

Findings (By Provision):

115.12 (a): The agency has 28 contracts related to the confinement of inmates; eleven secure, eight re-entry and nine transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the 28 contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).

115.12 (b): The agency has 28 contracts related to the confinement of inmates; eleven secure, eight re-entry and nine transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the 28 contracts confirmed that all had language requiring compliance with PREA standards (either directly stated PREA compliance or via compliance with department policy and/or federal law).

Based on the review of AD-02.46, the PAQ and the language within the agency's 28 contracts this standard appears to be compliant.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative

agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Security Operations Procedures Manual SOPM-08.01
4. Administrative Directive AD-11.52
5. Security Operations Procedures Manual SOPM-08.06
6. Staffing Plan
7. Security Rosters (Showing Unannounced Rounds)

Interviews:

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

Site Review Observations:

1. Staffing Levels – Adequate levels throughout the facility
2. Security Rosters for all Shifts – Unannounced rounds documented on all three shifts

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnout rosters for each state operated unit. The staffing plan takes into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the facility's maximum capacity (657). Each shift has a building Lieutenant and a building Sergeant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. A dorm rover is responsible for

two dorms each shift, while a floor rover is responsible for security of all dorms and areas on that specific floor. Additional officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. Interviews with the Warden and the PC confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis.

115.13 (b): The facility indicated in the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to hospital duty, inmates being required to be under direct observation and medical transports. The SOPM-08.01 indicated on page 2 that all deviations from the staffing plan are required to be documented on the back side of the security roster. A review of a sample of security rosters indicated that any deviations were documented on the back of the roster and that the Warden was required to approve any deviations via email. The interview with the Warden indicated that all deviations are documented on the back of the daily rosters and that anytime a deviation occurs the Warden was required to obtain approval through the Region Office.

115.13 (c): The staffing plan was reviewed and a statement of participation was signed by the Regional Director, the Warden, the Security Operations Warden, the PREA Coordinator and the Staffing Coordinator for Security Operations on April 16, 2019. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit's deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. SOPM 08.06 and the Safe Prison/PREA Plan, page 10-11, describe the required annual review. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary.

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

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

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Unit Classification Procedure UCP-4.19
4. Unit Classification Procedure UCP-16.15
5. CPOM-01.02
6. Daily Population Reports
7. Memorandum

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager

Site Review Observations:

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

Findings (By Provision):

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

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

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

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

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- 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.)
 Yes No 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.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.22
4. Post Order PO-07.006
5. Post Order PO-07.023
6. Post Order PO-07.027
7. Safe Prisons/PREA Program In-Service Training
8. Contraband and Searches In-Service Training
9. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates

3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement Posters

Findings (By Provision):

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

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

115.15 (c): The Safe Prisons/PREA Plan, page 9 and AD-03.22 page 4, requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female inmates by the security supervisor through the approving Warden. The PAQ indicated that no cross-gender searches have been conducted in the previous twelve months and that female inmates are not housed at the facility.

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

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

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

included a video on searches. Interviews with a random sample of staff indicated that they received this training and that they conduct all searches in a professional and respectful manner.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHPCM-G-51.1
4. Correctional Managed Health Care Policy Manual CMHPCM-E-37.5
5. Administrative Directive AD-06.25
6. Administrative Directive AD-04.25
7. Staff Translator List
8. PREA Posters
9. Offender Orientation Handbook
10. Safe Prisons/PREA Program Brochure
11. Pacific Interpreter Information

Interviews:

1. Interview with the Agency Head

2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates

Site Review Observations:

1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

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

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

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

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-04.25, AD-06.25, CMHPCM G-51.1, CMHPCM E-37.05, the staff translator list, the Safe Prisons/PREA Program brochure, the Pacific Interpreter information, observations made during the tour to include the PREA signage as well as interviews with the Agency Head and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-75
4. Executive Directive PD-56
5. Supplemental Application
6. Personnel Files of Staff
7. Contractor Background Files
8. Volunteer Background Files

Interviews:

1. Interview with Human Resource Staff

Site Review Observations:

1. Review of Employee Personnel Files
2. Review of Contractor Personnel Files

Findings (By Provision):

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

115.17 (b): The Safe Prisons/PREA Plan, page 27, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors.

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

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

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

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

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

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

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

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Security Operations Procedure Manual SOPM-07.02

Interviews:

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

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology – All dorm and common areas were equipped with cameras

Findings (By Provision):

115.18 (a): The facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any modifications to the facility since August 20, 2012. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. SOPM-07.02 indicates that prior to new installation the Surveillance Systems Coordinator must coordinate with the CM to ensure the facility's ability to protect inmates from sexual abuse. The PAQ as well as interviews with the Agency Head and Warden confirmed there have not been any upgrades or installation of video monitoring technology. During the tour, the auditor observed video monitoring technology in all housing units and in the hallways.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.03
4. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01
5. Office of the Inspector General Policy OIG-04.05
6. Safe Prisons/PREA Operations Manual SPPOM-02.02
7. Offender Victim Representative (OVR) Training
8. Solicitation Letters

Interviews:

1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

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

115.21 (c): The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. The PAQ did however indicate if they were completed it would be by a SANE/SAFE or a qualified medical practitioner. During the audit period, there was not an instance where an inmate was provided a forensic medical examination so no documentation was able to be reviewed. An interview was unable to be conducted due to the SANES/SAFEs being employed by the local hospital.

115.21 (d): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff member to provide advocacy services. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters confirm their efforts. However, at the time they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide

services. Chaplain Robert Hightower and Chief of Classification, Ms. Pamela Escobedo are the qualified staff members at the facility who provide advocacy services when necessary. Interviews with the inmate who reported and the CM indicated the OVR is available to provide advocacy services if needed or requested.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters confirm their efforts. However, at the time they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services. Chaplain Robert Hightower and Chief of Classification, Ms. Pamela Escobedo are the qualified staff members at the facility who provide advocacy services when necessary. Interviews with the inmate who reported and the CM indicated the OVR is available to provide advocacy services during the forensic medical examinations and investigatory interviews if needed or requested.

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

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

115.21 (h): SPPOM 02.02 outlines the requirements for offender victim representatives. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative Training and include; mental health practitioners, sociologists, chaplains, social workers and case managers.

Based on a review of the PAQ, The Safe Prisons/PREA Plan, OIG-04.05, AD-16.03, SPPOM 02.02, Offender Victim Representative Training, copies of solicitation letters and information from interviews with the PREA Compliance Manager and an inmate who reported sexual abuse indicates this standard appears to be compliant.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

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

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons PREA Operational Manual (SPPOM) 05.05
4. Office of the Inspector General Policy OIG-04.05
5. Administrative Directive AD-16.20
6. Executive Directive PD-29
7. Board Policy BP-01.07
8. Texas Rule 493.019
9. Incident Reports
10. Investigative Reports

Interviews:

1. Interview with the Agency Head
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): SPPOM 05.05, pages 1-2, OIG-04.05, AD-16.20, PD-29 and the Safe Prisons/PREA Plan, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The supervisor or ranking staff

member will determine if it requires immediate reporting to the OIG. If it requires an administrative investigation the supervisor or Warden will ensure an Administrative Incident Review is completely promptly. All criminal allegations will be forwarded to the OIG for investigation. The PAQ indicated that there were no allegations reported within the previous twelve months. A review of documentation confirmed there were no allegations reported. The interview with the Agency Head indicated that all allegations are taken seriously and are investigated either administratively by a trained staff member at the facility or criminally by the Office of the Inspector General. The interview also indicated all criminal investigators had received specialized investigator training.

115.22 (b): Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy regarding investigations is published on the agency's website: <https://www.tdcj.texas.gov/divisions/oig/index.html>.

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

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

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

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Executive Directive ED-12.10
5. Safe Prisons Module: Sexual Abuse/Assault Training Curriculum
6. Safe Prisons/PREA Program Training Curriculums (All & Supervisor)
7. Safe Prisons/PREA in Texas Video Transcript
8. Security Memorandum SM-02.25 (On the Job Training Program)
9. Sample of Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

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

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

115.31 (c): The PAQ indicated that 183 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings staff are provided PREA information at shift turnouts. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of staff training records indicate that all the staff reviewed received the PREA training. Interviews with random staff confirm that they received training.

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

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

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Volunteer Handbook
5. PREA Training Lesson Plan (Volunteer Services Training Program)
6. Volunteer Services Plan
7. Sample of Contractor Training Records
8. Sample of Volunteer Training Records

Interviews:

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

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PAQ indicated that 84 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for contractors and volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interviews conducted with the contract staff and volunteer confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew to immediately report to security if they were informed of an allegation.

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

115.32 (c): The PAQ and a review of sample training documents for contractors and volunteers indicated that 100% of those reviewed had signed the TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation. This form documents that they received and understood the training.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program, a review of a sample of contractor and volunteer training records as well as and interviews with contractors and a volunteer indicate that this standard appears to be compliant.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prison/PREA Operations Manual SPPOM 02.03
4. Safe Prison/PREA Operations Manual SPPOM 06.02
5. Intake Procedures 1.10
6. Offender Orientation Handbook
7. Safe Prisons/PREA Program Brochure
8. Nursing Services Policy Manual NSPM-E.37.5 (Interpretive Services)
9. Correctional Managed Health Care Policy Manual CMHCPM G-51.5 (American Sign Language)
10. Staff Translator List
11. Safe Prisons Offender Video Transcript
12. Inmate Training Records

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observation of Daily Viewing of the PREA Video
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 02.03 outline the requirement for inmates to receive PREA education, specifically information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 2,878 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the offender orientation handbook as well as the Safe Prisons/PREA Program brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmates at intake. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates were provided a handout/brochure and were also asked the risk screening questions during this time. The interview with intake staff indicated that the facility provides inmates information related to the zero-tolerance policy and reporting mechanism via the orientation packet. Random inmates that were interviewed indicated that they received PREA information at the time of intake.

115.33 (b): The Safe Prisons/PREA Operations Manual 06.02 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Sexual Abuse/PREA Awareness video will be shown to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agency's policies and procedures related to prevention, detection and response. The PAQ indicated that 2,632 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100%. Staff indicated that numerous inmates receive education prior to the 30 days and as such inmates who are there less than 30 days have also received the PREA comprehensive education. A review of a sample of inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. During the tour, the auditor observed that the PREA educational video was shown daily on inmate televisions at 11:00am. Interviews with the intake staff and random inmates confirmed that all inmates receive comprehensive PREA education via a video.

115.33 (c): This provision does not apply as the standards have been published since 2013 and as such all inmates were required to be educated by 2014. A review of a sample of inmate records indicated that 100% of those sampled received comprehensive PREA education. The facility is an intermediate sanctions facility and as such all inmates typically spend less than three months in custody. All inmates that are received by the facility receive PREA. Interviews with intake staff indicate all inmates receive PREA education.

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

115.33 (e): Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness education sign-in roster. This information is then entered in to the offender's individual treatment plan. A review of inmate's files indicate that all inmates have been provided comprehensive PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program Brochure and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Safe Prison/PREA Operations Manual 02.03, the Safe Prison/PREA Operations Manual 06.02, Intake Procedures 1.10, the offender orientation handbook, the Safe Prisons/PREA Program Brochure, E.37.5 (Interpretive Services), G-51.5 (American Sign Language), the staff translator list, the safe prisons offender video transcript, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage

and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. 2013 Operational Procedures Manual OIG-02.15
3. Safe Prisons/PREA Investigation Training
4. Sexual Assault Investigative Topics
5. Investigator Training Records

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

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

115.34 (b): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums; Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. The training curriculums included the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of investigator training records indicated that all OIG investigators have completed the National Institute of Corrections (NIC) specialized investigator training. The CM who complete administrative investigations and the OIG investigator both received specialized training. The OIG investigator indicated he received specialized training through the Texas Rangers as well as the NIC training. The OIG investigator confirmed that all the aforementioned topics were included in his training.

115.34 (c): The PAQ indicated that currently there are 134 investigators who complete criminal PREA investigations and 17 investigators who complete administrative investigations. Of the 151, the PAQ indicated that all have received specialized training. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and all administrative investigators have received specialized training through the agency. The interviews with investigative staff indicated that they received specialized training and it was documented.

115.34 (d): The PAQ indicated that currently there are 134 investigators who complete criminal PREA investigations that work for the Office of the Inspector General. This office is independent of the TDCJ. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and are required to receive this training prior to conducting sexual abuse investigations.

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

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

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

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Correctional Managed Health Care Policy Manual CMHCPM C-25.1
3. Texas Tech University Health Science Center (TTUHSC) Managed Care PREA Annual Training Packet
4. New Employee Orientation (NEO) Safe Prison/Sexual Assault Training
5. Medical and Mental Health Staff Training Records

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations during on-site review of physical plant

Findings (By Provision):

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

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

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

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

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01
4. Intake Procedures 5.06
5. Offender Assessment Screening (Attachment E & E-1)
6. Inmate Assessment and Re-Assessment Records

Interviews:

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

Site Review Observations:

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

Findings (By Provision):

115.41 (a): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake area,

however this area is not where the risk screening occurs. The risk screening is conducted in a private office setting, typically with the PREA Compliance Manager. Interviews with random inmates confirm that they were asked questions either the same day or the next day. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake and that the offender assessment screening form is completed.

115.41 (b): The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 2,819 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a sample of inmate files confirmed that this screening ordinarily takes place within 72 hours. The documentation sampled included only three instance of a screening that was not completed within the 72 hours.

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

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

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

115.41 (f): SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for the inmate's risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 2,632 inmates were reassessed within 30 days. The PAQ indicated that 2,632 inmates' length of stay was for 30 days or more. The numbers indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. An interview with staff responsible for the risk screening indicated that inmates are reassessed between 15 and 30 days. Interview with random inmates indicated that they were asked the risk screening questions typically on the first or second day and then they were asked the questions again a few weeks later. A review of a sample of inmate files indicated that inmates are being reassessed within the 30-day timeframe. Of those sampled, only one was not completed within the 30 days and six were not yet within the timeframe due date.

115.41 (g): SPPOM 03.01, page 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. An interview with the staff responsible for risk screening indicated that this has occurred a few times, however there have not been any allegations or many instances where it was necessary. Interviews with random inmates indicated that they were asked the risk screening questions at least twice and a few had been asked more than twice. A review of a sample of inmate files indicated that inmates are being reassessed, however there were not any allegations within the audit period or any inmates that required reassessment due to additional information or request.

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

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

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

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01

4. Safe Prisons/PREA Operations Manual SPPOM 03.02
5. Unit Classification Procedure UCP 4.00
6. Administrative Directive AD-04.17
7. Offender Assessment Screening (Attachment E & E-1)
8. Sample of Risk Based Housing Documents
9. Sample of Transgender/Intersex Reassessments
10. Inmate Housing Assignments/Logs

Interviews:

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

Site Review Observations:

1. Location of Inmate Records – In an office setting, behind a locked door. Only the PC, Major and Supervisor have access to the records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units – All shower areas have privacy barriers to allow for a separate shower area, additionally one dorm had a single man shower for added privacy.

Findings (By Provision):

115.42 (a): Unit Classification Procedure 4.00, AD-04.17, pages 6-8 and SPPOM 03.01, indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the Compliance Manager and staff responsible for the risk screening indicated that inmates who are determined to be at high risk of being sexual victimized are typically housed in B dorm and R dorm. Based on the facility layout and how the facility operates, inmates in separate dorm rarely encounter one another. Offenders eat, sleep and receive most programming in their individual dorm. Interviews confirmed that inmates at high risk of victimization would not be authorized work assignments or program/education assignments with inmates at high risk of being sexually abusive. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together.

115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicates that all offender risk assessments are reviewed by the CM, Major and/or Warden to determine the safest housing, work and program assignments and they would not be placed in the same dorm. The CM and the Major are involved with all housing of inmates who are at high risk of victimization or high risk of being sexually abusive.

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

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

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

115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering from one another via barriers. Additionally, R dorm shower area consists of a single man shower to allow for additional privacy. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. All transgender inmates interviewed indicated that they can shower separately.

115.42 (g): The PAQ and a review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various dorms throughout the facility. However, many were housed in either B dorm or R dorm due to the inmate's classification and the facilities physical plant. The interviews with the PC and CM confirmed that LGBTI inmate are not placed in one specific housing unit. They did indicate that if the inmates were determined to be at high risk for victimization though that they would typically be placed in B or R dorm, but the sole purpose would not be due to the inmate's gender identification. Interviews with inmates who identified as LGBTI indicated that they did not feel they were placed in any specific dorm based on their sexual preference and/or gender identity.

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

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary 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 No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Segregation Plan
4. I-203 Form
5. Offender Protection Investigation Form

Interviews:

1. Interview with the Warden

Site Review Observations:

1. Observation of Housing Units to Determine if Segregation Unit Existed

Findings (By Provision):

115.43 (a): The Safe Prisons/PREA Plan, page 18-19, and the Administrative Segregation Plan, page 11 indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives have been made and no alternative is available to separate the inmate from likely abusers. Specifically, the Administrative Segregation Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The facility does not have a segregation unit and therefore inmates at the facility are never placed on a segregated status due to high risk of sexual victimization or any other reason. The interview with the Warden indicated that this section does not apply as the facility does not have a segregation unit.

115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The I-203 form documents the placement and restrictions for inmates on a segregated status. The facility does not have a segregation unit and therefore inmates at the facility are never placed on a segregated status due to high risk of sexual victimization or any other reason.

115.43 (c): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The facility does not have a segregation unit and therefore inmates at the facility are never placed on a segregated status due to high risk of sexual victimization or any other reason. The interview with the Warden indicated that this section does not apply as the facility does not have a segregation unit.

115.43 (d): The Offender Protection Investigation form documents the basis for the concern for the inmates' safety and why no alternative means of separation could be arranged. The facility does not have a segregation unit and therefore inmates at the facility are never placed on a segregated status due to high risk of sexual victimization or any other reason.

115.43 (e): The Administrative Segregation Plan, page 11, indicates that if an inmate was placed in segregation due to risk of victimization they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Specifically, the Administrative Segregation Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven day for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The facility does not have a segregation unit and therefore inmates at the facility are never placed on a segregated status due to high risk of sexual victimization or any other reason.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Administrative Segregation Plan, the I-203 Form and the Offender Protection Investigation Form, observations from the facility tour related to any segregation areas as well as information from the interview with the Warden indicates that this standard appears to be compliant

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Offender Orientation Handbook
4. PREA Ombudsman Brochure
5. PREA Posters

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observation of PREA Reporting in all Housing Units – PREA Ombudsman posters were in both English and Spanish in each unit

Findings (By Provision):

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

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

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

115.51 (d): The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman's Office. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, to the OIG directly or to the PREA Ombudsman's Office.

Based on a review of the PAQ, Safe Prisons/PREA Plan, the offender orientation handbook, the PREA Ombudsman brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.82
4. Offender Grievance Operations Manual 9.00
5. Offender Grievance Operations Manual
6. Offender Grievance Operations Manual Appendix U
7. Offender Orientation Handbook
8. Grievance Log and Sample Grievances

Interviews:

1. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

115.52 (b): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. A review of a sample of grievances coded 815, unprofessional staff conduct confirmed no grievances alleging sexual abuse or sexual harassment had been submitted.

115.52 (c): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and grievances will not be referred to staff members who are the subject of the complaint. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. A review of a sample of grievances coded 815, unprofessional staff conduct confirmed no grievances alleging sexual abuse or sexual harassment had been submitted.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. The PAQ indicated that there have been zero grievances of sexual abuse filed in the previous twelve months. A review of the offender orientation handbook indicated part 17 discusses the grievance procedures for the facility. A review of the grievance log indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. A review of a sample of grievances coded 815, unprofessional staff conduct confirmed no grievances alleging sexual abuse or sexual harassment had been submitted.

115.52 (e): AD-03.82, OGOM Appendix U and OGOM 9.00, outlines the grievance process for third party allegations of sexual abuse and sexual harassment. Specially, that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, it states that if a third party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. A review of the grievance log indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. A review of a sample of grievances coded 815, unprofessional staff conduct confirmed no grievances alleging sexual abuse or sexual harassment had been submitted

115.52 (f): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specially, that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and the grievance will be addressed immediately. The policy indicates that that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months. A review of a sample of grievances coded 815, unprofessional staff conduct confirmed no grievances alleging sexual abuse or sexual harassment had been submitted

115.52 (g): The Safe Prisons/PREA Plan, page 22, indicates that the inmate may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the grievance log and sample grievances indicated that no sexual abuse or sexual harassment grievances had been submitted in the previous twelve months and thus no discipline was given.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, OGOM, OGOM 9.00, OGOM Appendix U, the offender orientation handbook, the grievance log, sample grievances and information obtained from interviews with inmates who reported sexual abuse, this standard appears to be compliant.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Texas Association Against Sexual Assault (TAASA) Prison Rape Brochure
4. Inmate Handbook
5. 2014-2018 Solicitation Letters

Interviews:

1. Interview with Random Inmates

2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Victim Advocacy Information – no MOU available, so no posted information

Findings (By Provision):

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

115.53 (b): The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentiality. A review of the PAQ as well as the offender orientation handbook indicated that inmates were informed about confidentiality and that all calls on the inmate phones were recorded. Interviews with random inmates and inmates who reported sexual abuse indicated that they were familiar with the process of having emotional support services, but they weren't 100% certain that the facility offered them. Most inmates indicated they believed that they would be provided this information if they asked and they thought it would be confidential.

115.53 (c): The agency has attempted to solicit local advocacy services from 2014 to current. The facility is currently one that the agency has been unable to obtain an MOU for services. A review of the solicitation letters confirmed attempts have been made but have been unsuccessful.

Based on a review of the PAQ, the Safe Prison/PREA Plan, Texas Association Against Sexual Assault Prison Rape Brochure, the offender orientation handbook, solicitation letters from 2014-2018, observations from the facility tour related to PREA signage and posted information and interviews with random inmates and inmate who reported sexual abuse, this standard appears to be compliant.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Offender Orientation Handbook
3. PREA Posters
4. General Information Guide for Families of Offenders

Findings (By Provision):

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

Based on a review of the PAQ, the offender orientation handbook, the general information guide for families of offenders, PREA posters and the agency's website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.20
4. Executive Directive PD-29
5. Safe Prisons/PREA Operations Manual SPPOM 05.01
6. Correctional Managed Health Care Policy Manual CMHCPM G-57.1

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

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

115.61 (b): The Safe Prisons/PREA Plan, page 23 and the SPPOM 05.01, page 4, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with random staff confirm that they would immediately report the information to their supervisor. Staff indicated this would be the extent of distributing information unless they were required to complete an Inter-Office Communication (IOC) which is a written report of the incident.

115.61 (c): The Safe Prisons/PREA Plan, page 23, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform inmates of the limits of confidentiality.

115.61 (d): CMHCPM G-57.1 indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Warden indicated that they had not had any of these reports but if they did, the Department of Family and Protective Services would be notified.

115.61 (e): AD-16.20, pages 3-4, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Office of the Inspector General. The PAQ along with the interview with the Warden confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported to the Office of the Inspector General.

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

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Operations Manual SPPOM 05.01
3. Safe Prisons/PREA Operations Manual SPPOM 05.03

Interviews:

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

3. Interview with Random Staff

Findings (By Provision):

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

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

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 04.01
4. Safe Prisons/PREA Operations Manual SPPOM 04.02

Interviews:

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

Findings (By Provision):

115.63 (a). The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Unit Safe Prisons PREA Manager (USPPM) will notify the Safe Prisons PREA Management Office (SPPMO), who will then notify the appropriate office of the outside agency. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (c): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SPPMO will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (d): The Safe Prisons/PREA Plan, page 25 and SPPOM 04.02, indicates that if the facility receives information from another agency head that an inmate alleges they were sexually abuse while housed at the facility, the allegation will be reported to the PREA Ombudsman and the Office of the Inspector General. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

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

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01

Interviews:

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describes staff first responder duties. Specifically, it requires that upon learning that an inmate was sexually abused, the first security staff member will: separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse. All random staff interviewed were well versed first responder duties. All staff indicated they would spate the alleged victim and alleged perpetrator, would secure the crime scene and would instruct inmates not to destroy any physical evidence. The interview with inmate who reported sexual abuse indicate that staff immediately separated him from the alleged perpetrator.

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

first responders (security and non-security) confirm that they are aware of their first responder duties. Staff were very well versed on first responder duties and rattled them off immediately.

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

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Kegans Unit Sexual Abuse Coordinated Response Plan

Interviews:

1. Interview with the Warden

Findings (By Provision):

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

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head

Findings (By Provision):

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

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

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

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 02.04
4. Safe Prisons/PREA Operations Manual SPPOM 05.08
5. Attachment N.S. 90 Day Monitoring Form (Staff)
6. Attachment N.O. 90 Day Monitoring Form (Inmates)

Interviews:

1. Interview with the Agency Head
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

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

115.67 (b): SPPOM 02.04, outlines the agency's protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include; housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim work changes for inmates, placement in safe keeping or protective custody, if necessary and emotional support

services. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. As previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and/or work changes and would follow up with any administrative action on staff such as shift change, removal or discipline. The interview with the inmate who reported sexual abuse indicated that he had not been asked any information related to retaliation, however the report was a week prior and the monitoring is typically completed every 30 days.

115.67 (c): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. As previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with the Agency Head and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. All staff interviewed indicated they would make any necessary housing changes and would follow up with any administrative action on staff such as removal or discipline. Monitoring staff indicated that they would review the inmate for at least 90 days and would check the inmate's disciplinary reports, housing change and program changes. Monitoring staff also indicated they have not had to monitor staff in the previous twelve months but if they did they would check performance reviews and post assignment changes.

115.67 (d): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outlines the agency's protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. While no instances of monitoring have been required in the previous twelve months, the agency does have policy that outlines the procedure and does have two forms that are utilized, Attachment N.O. and Attachment N.S. to ensure all requirements are met and staff and inmates are safe from retaliation. Additionally, as previously stated all inmates at the facility are reviewed every 30 days and at that time can also indicate if they have any concerns related to retaliation. Interviews with staff responsible for monitoring indicated that they would review the inmate for at least 90 days and would perform a minimum of three in person status checks.

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

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

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Documents:

- Pre-Audit Questionnaire
- Safe Prisons/PREA Plan
- Protective Safe Keeping Plan
- Protective Safe Keeping Plan Attachments A-E

Interviews:

- Interview with the Warden

Site Review Observations:

- Observations of the Absence of a Segregation Unit

Findings (By Provision):

115.68 (a): The Safe Prisons/PREA Plan, page 18-19, indicates any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. During the tour, it was observed that the facility does not have a segregation unit and as such inmates are never involuntarily segregated. The interview with the Warden indicated that inmates who alleged sexual abuse would never be placed in segregation as they do not have a segregation unit.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Protective Safekeeping Plan, Attachments A-E and the interview with the Warden, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Operational Procedures Manual OIG-04.05
4. Investigator Training Records

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The Safe Prisons/PREA Plan, page 25, section A4, states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. There were not allegations of sexual abuse or sexual harassment at the facility for the previous twelve months, but a few

agency investigations were reviewed for the criteria. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively.

115.71 (b): The PAQ indicated that currently there are 134 investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interview with the investigative staff confirmed that the OIG investigator received the NIC investigator training as well as training through the Texas Rangers. The facility investigator received specialized training through the agency.

115.71 (c): Operational Procedural Manual 04.05, describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including; physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were no allegations of sexual abuse or sexual harassment at the facility for the previous twelve months, but a few agency investigations were reviewed and included physical and electronic evidence collection as well as interviews. The interview with investigative staff confirmed that an investigator would respond immediately, would require the victim to be taken for a "rape kit" and would ensure the crime scene was secured until evidence collection initiated. The crime scene would be photographed and the alleged victim, alleged perpetrator and any witnesses would be interviewed. Cameras would be reviewed, if applicable, and a suspect list would be created, if applicable.

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

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

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. No administrative investigations were conducted in the previous twelve months, however, the PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings.

115.71 (g): There had been no criminal investigations completed related to sexual abuse within the previous twelve months. However, a review of other facility investigative reports indicated that criminal investigations were documented in written reports and included information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. The interview with the OIG Investigator confirmed that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there have not been any allegations referred for

prosecution since the last PREA audit. The interview with the OIG investigator confirmed if solid evidence was available and the elements were met for prosecution, that the case would be referred.

115.71 (i): The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The retention schedule is found in a document from 2014. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained.

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

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

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

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

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. PREA Investigations Training

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

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

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

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.05
4. Safe Prisons/PREA Operations Manual SPPOM 05.10
5. Attachment M and Attachment F (Ops Manual 05.05)
6. Investigative Reports

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 and SPPOM 05.10 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were no criminal or administrative investigations completed within the previous twelve months. A sample of notifications from other facilities were reviewed to understand the notification process. The

documents reviewed indicated that the inmate was notified of the outcome of the investigation via memo. The interviews with the Warden and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. The interview with the inmate who alleged to have reported a PREA allegation indicated the investigation was initiated a week or so prior to the audit and thus had not received a notification.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of the investigation to PREA Coordinator who in turn provides the memo to the facilities to notify the inmate. The PAQ indicated that there were no criminal or administrative investigations completed within the previous twelve months by an outside agency. A sample of notifications from other facilities were reviewed to understand the notification process. The documents reviewed indicated that the inmate was notified of the outcome of the investigation via memo.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months.

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

115.73 (e): The Safe Prisons/PREA Plan, page 28, describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were zero notifications made during the audit period. A sample of notifications from other facilities were reviewed to understand the notification process. The documents reviewed indicated that the inmate was notified of the outcome of the investigation via memo.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05, SPPOM 05.10, sample notifications and information from interviews with the Warden and investigative staff, this standard appears to be compliant.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-22
4. Windham Board Policy WBP-07.44

Findings (By Provision):

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

115.76 (b): The Safe Prisons/PREA Plan, page 39, indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff who violated the sexual abuse and sexual harassment policies. Additionally, there have been no staff who were terminated or resigned prior to termination for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (c): The Safe Prisons/PREA Plan, page 39, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there had been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months.

115.76 (d): The Safe Prisons/PREA Plan, page 39, indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there had been no staff that were disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that there have not been any staff members reported to law enforcement or relevant licensing bodies.

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Volunteer Services Plan

Interviews:

1. Interview with the Warden

Findings (By Provision):

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

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

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

Standard 115.78: Disciplinary sanctions for inmates**115.78 (a)**

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Disciplinary Rules and Procedures for Offenders
4. Correctional Managed Health Care Policy Manual CMHCPM A-08.01

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

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

115.78 (b): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the

Warden indicated that the inmate abuser would be disciplined, would be subject to a loss of privileges and could be subject to criminal charges, if applicable.

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

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

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

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

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

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

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-35.2
5. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, describes medical and mental health screenings related to sexual abuse. Specifically, it states that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. A review of medical and mental health files for the two inmates identified who disclosed prior sexual victimization revealed that inmates were seen by mental health, typically within a week. One inmate disclosed on 9/20/19 and was seen by mental health on 9/26/19 and the second inmate disclosed on 9/20/19 and was seen by mental health on 9/30/19. Interviews with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization they are seen by mental health within fourteen days. The two inmates interviewed who disclosed prior victimization indicated they were seen between a week and a week and a half after the screening.

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

115.81 (c): This provision does not apply as the facility is not a jail but rather a state prison

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

15.81 (e): The Safe Prisons/PREA Plan, pages 19-20 and CMHCPM G-57.1, describes medical and mental health screenings related to sexual abuse. Specifically, it states that medical and mental health are staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical and mental health staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months.

Based on a review of the PAQ, Safe Prisons/PREA Plan, CMHCPM G-57.1, CMHCPM E35.2, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes No

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Correctional Managed Health Care Policy Manual CMHCPM G-57.1

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The Safe Prisons/PREA Plan, page 13, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that medical and mental health maintain

secondary materials documenting the timeliness of services. During the tour, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health area consisted of a few offices. All areas were private and allowed for adequate confidentiality. The interview with inmates who reported sexual abuse indicate that he was immediately seen by medical, but had not yet seen mental health. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately, based on the nature of the allegation, but ultimately within 24 hours. If the allegation occurs from 4:30am-5:00pm, medical is on-site and inmates are seen immediately. If it is after 5:00pm, the inmate will either be transported to the local hospital or will see medical the next morning (depending on the type of allegation and medical attention needed). They also advised that services are based on their professional judgement, but also current policy and procedure.

115.82 (b): SPPOM 05.01, page 4 and the PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the inmate would be transported to the nearest Hospital Emergency Department that had medical staff qualified to conduct forensic medical examinations. The interviews with first responders indicated the inmate would be immediately separated and would remain with the staff member. The staff member would contact a supervisor and steps would immediately be taken to get the inmate the required medical attention.

115.82 (c): The Safe Prisons/PREA Plan, page 13 and CMHCPM G-57.1, describe inmates access to emergency medical and mental health treatment. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. No sexual abuse allegations were reported during the audit period and as such medical and mental health documents were not available for review. The interview with the inmate who alleged sexual abuse indicated that penetration did not occur and as such this section was not applicable. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): The Safe Prisons/PREA Plan, page 13, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, Correctional Managed Health Care Policy Manual G-57.1 and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

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

115.83 (b): The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims will include; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency's custody. The interview with the inmate who reported abuse indicated that he had not yet spoken to mental health related to follow up services. However, interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include; assessment, individual counseling and follow-up counseling.

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

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

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

115.83 (f): The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHCPM G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B. The interview with inmates who reported sexual abuse indicate that no penetration occurred, and as such testing would not be applicable.

115.83 (g): The Safe Prisons/PREA Plan, page 13, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

115.83 (h): The Safe Prisons/PREA Plan, page 14, indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There have been no offender-on-offender sexual abuse allegations within the audit period, however interviews with medical and mental health staff confirm that offender-on-offender abusers would be offered mental health services.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-02.15
4. Administrative Incident Review Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that no reviews were completed within the previous twelve months.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that no reviews were completed within the previous twelve months.

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

115.86 (d): The administrative incident review form outlines information required to be completed related to sexual abuse incident reviews. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race,

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

115.86 (e): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the administrative incident review form indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, Safe Prisons/PREA Plan, Administrative Directive AD-02.15, Administrative Incident Review Form, and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 08.01
4. Survey of Sexual Victimization

Findings (By Provision):

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

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

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

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

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. This data is included in the annual report but is not reported in the Survey of Sexual Victimization as outlined by the Department of Justice.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last one was submitted in 2018 for 2017 data. The current Survey has not yet been submitted for 2018 data as the form was not published until August 2019.

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

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 08.01
4. PREA Program Annual Report

Interviews:

1. Interview with the Agency Head
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

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

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

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

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

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

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. PREA Program Annual Report
3. Records Retention Schedule

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

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

115.89 (b): The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: <https://www.tdcj.texas.gov/publications/index.html> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

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

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

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

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

Findings (By Provision):

115.401 (a). The facility was previously audited on October 3-5, 2016. The final audit report is publicly available via their website: https://www.tdcj.texas.gov/divisions/arm/rev_stan_prea.html

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk

October 28, 2019

Auditor Signature

Date

ⁱ It should be noted that inmate and offender are used interchangeably throughout this document.