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

☐ **Interim** ☒ **Final**

Date of Report 11/15/19

Auditor Information

Name: Noelda Martinez	**Email:** noelda@preaauditing.com
Company Name: PREA AUDITORS OF AMERICA, LLC	
Mailing Address: 14506 Lakeside View Way	**City, State, Zip:** Cypress, TX 77429
Telephone: (713) 818-9098	**Date of Facility Visit:** October 1-4, 2019

Agency Information

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

Agency Website with PREA Information: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crime.

Agency Chief Executive Officer

Name: Bryan Collier/Executive Director of TDCJ	
Email: Bryan.Collier@tdcj.texas.gov	**Telephone:** (936) 437-2101

Agency-Wide PREA Coordinator

Name: Lorie Davis/Director, Correctional Institutions Divisions	
Email: Lorie.Davis@tdcj.texas.gov	**Telephone:** (936) 437-2101

PREA Coordinator Reports to: Bryan Collier	**Number of Compliance Managers who report to the PREA Coordinator** 92

Facility Information

Name of Facility: William G. McConnell Unit			
Physical Address: 3001 Emily Dr.		**City, State, Zip:** Beeville, TX 78102	
Mailing Address (if different from above): -		**City, State, Zip:** -	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html			
Has the facility been accredited within the past 3 years? ☒ Yes ☐ No			

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☐ 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 McConnell unit in December 2017. These reviews are conducted by each functional area proponent at least every three years.

Warden/Jail Administrator/Sheriff/Director

Name:	Jeffery Richardson/Senior Warden		
Email:	Jeffery.Richardson@tdcj.texas.gov	**Telephone:**	(361) 362-2300 ext. 3100

Facility PREA Compliance Manager

Name:	Benjamin Brako/ Unit Safe Prisons PREA Manager		
Email:	Benjamin.Brako@tdcj.texas.gov	**Telephone:**	(361) 362-2300 ext. 3266

Facility Health Service Administrator ☐ N/A

Name:	Tanya Lawson		
Email:	tilawson@UTMB.edu	**Telephone:**	(361) 362-2300 ext. 3300

Facility Characteristics	
Designated Facility Capacity:	2900
Current Population of Facility:	2881
Average daily population for the past 12 months:	2850
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	19-81
Average length of stay or time under supervision:	4 years, 1 month
Facility security levels/inmate custody levels:	G1-G5, Ad. Seg. Safekeeping, Transient
Number of inmates admitted to facility during the past 12 months:	2471
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	2461
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	2195
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ 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)?	☐ Yes ☒ No
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):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	629

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	209
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	Medical – 58 Staff that contract with Windham -8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	222
Physical Plant	
Number of buildings: **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.**	28
Number of inmate housing units: **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.**	20
Number of single cell housing units:	6
Number of multiple occupancy cell housing units:	12
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	504
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)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☒ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams

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

Investigations

Criminal Investigations

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:	Office of Inspector General (OIG) - 134
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.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: Office of Inspector General ☐ N/A

Administrative Investigations

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?	31
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☒ Other (please name or describe: (OIG) ☐ N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) re-certification audit for the William G. McConnell Unit, Texas Department of Criminal Justice (TDCJ) in Beeville, Texas was conducted on October 1-4, 2019, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice 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 first PREA Audit was conducted by PREA auditor Barbara King on September 21-23, 2016. The previous auditor conducted the audit with seven exceed standards, 33 met standards and 3 not applicable. The agency contract was secured through a third-party entity, PREA Auditors of America 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 third-party contract was signed by the auditor in 2019. The third-party entity assigns the auditors after the contract was executed and clearly identifies the lead auditors' responsibilities.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior. The agency was prepared prior to receiving the audit information by mailing the USB-drive by FedEx to the auditor on 8/28/19. The agency included an email with a tracking number and instructions on retrieving the confidential information and return of the USB-drive after the 15-month retention period. The auditor received the USB-drive within 2-3 days which included the pre-audit questionnaire, supporting documentation and master folder. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

Notice of Audit
The facility posted the notice of audit with the auditor information six to eight weeks prior to the audit in both English and Spanish for offenders to send confidential information or correspondence to the auditor. Inmates were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing units, inmate work areas, offices and restrictive housing. The auditor observed the notice of audit posted on 10/1/19 during the site review and through random offender interviews identifying the notice in both English and Spanish. The audit notice was observed by the auditor in the front lobby, visitation, central entrance, education, food service, laundry, and housing units including the front office, maintenance area, and back gate.

Correspondence
The inmates at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail if needed. The auditor received inmate correspondence from the facility. The auditor interviewed the inmates during the onsite portion of the audit in an office setting with privacy and individually addressed all issues and concerns. During the random inmate interviews, the auditor asked the inmates if they were aware of the Audit Notice with the auditor's information, and the responses were "yes". During the site review, the auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population in the housing units. The auditor did not encounter any difficulties while completing any portion of the audit.

The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the site review, the facility administration was transparent with policies, procedures, offender and staff interviews. Good communication was maintained throughout the duration of the audit with the Warden, Regional PREA Manager, and USPPM to include additional staff.

Audit Methodology (Pre-Onsite Audit Phase):
The auditor utilized the paper audit instruments which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA site review, interview protocols: agency head or designee, warden or designee, PREA compliance manager/contractor, specialized staff, random staff and offenders. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The warden contacted the auditor prior to the audit to offer any assistance needed by the facility. The auditor established a positive working relationship with the Warden and key facility staff engaging in a productive working atmosphere. The Warden was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Warden and his staff about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and offenders to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The Warden was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the McConnell Unit with the following website links and information.

https://www.kiiitv.com/article/news/local/sergeant-at-beevilles-mcconnell-unit...
https://www.prisonlegalnews.org/news/2019/jul/2/native-american-prisoners-win-lawsuit.

Point of Contact:
A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. Staff and inmate interviews were conducted in an office with plenty of room and privacy for one on one interviews. During the audit planning and logistics phase, the auditor remained engaged with the warden, unit PREA manager, and regional PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

Outreach/Community Based Victim Services:
The Texas Department of Criminal Justice-Safe Prisons/PREA Management office has attempted to partner with an outside victim support services and currently does not have a Memorandum of Understanding.
The agency has made numerous attempts to local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The rape crisis center information is displayed and made available to the inmate population as required. During the site review, the auditor observed a Directory with over 100 rape crisis center contact information displaying addresses and phone numbers, Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the offender housing units. The auditor observed the rape crisis center information in the following locations: the front lobby, visitation, central entrance, food service, laundry, education, housing units, work areas, maintenance, and back gate. Random inmate interviews were conducted, and the inmates stated that they were aware of the rape crisis center information which was displayed on the bulletin boards and posted right by the phones in the dayrooms.

The random inmate interviews expressed their knowledge of how to obtain and contact the individual rape crisis center information in the event it was needed. The inmates explained that the rape crisis information was posted in the inmate housing dayroom by the phones for easy access and the directory pamphlet was in the law library for inmate use, as needed. The pre-onsite audit preparation included a review of the Texas Department of Criminal Justice policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and re-certification process. The auditor received an extensive amount of primary and secondary documentation on a USB-thumb drive for review prior to the on-site phase of the audit process from the Administrative Review & Risk Management Office.

Video Surveillance/Security Mirrors:
The McConnell Unit had a total of 739 surveillance cameras positioned throughout the facility and located in the following areas: 1 building (19), 2 building (6), 3 building (50), 4 building (50), 6 building (43), 7 building (50), 8 building (50), 9 building (6), 10 building (3), 11 building (23), 12 building (289), 13 building (4), 16 building (4), 18 building (44), 19 building (44), 18/19 outdoor (7), perimeter (45), and PTZ-2. The comprehensive surveillance system has a recording retention of twenty days and serviced by IT and Security Operations. The facility has a total of 96 security mirrors positioned throughout the facility for the prevention of blind spots and overall safety of the staff and inmate population. The security mirrors are positioned in the following locations: 1 building (9), Food Service (8), Laundry (7), Garment Factory (9), Maintenance (3), 12 building (10), Medical (11), General Library (3), Law Library (2), Education (3), A-side commissary (8), B side commissary (11), Supply (3), 13 building (1), Back gate (1), 3 building B pod D-space (1), 4 gym (1), A side commissary hallway (2), B side commissary hallway (2), and A side chow hallway (1).

On-Site Audit Phase:
On the first day of the audit 10/1/19 an introductory meeting was held with the following staff in attendance: Warden, Regional PREA Manager, and Unit Safe Prisons PREA Manager and additional staff. The auditor and warden discussed a workspace to conduct staff and inmate file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Warden and key staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent four days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the site review, the auditor conducted informal interviews in the following departments: food service, maintenance, education, law library, and random correctional officers regarding the reporting and notification process for sexual abuse and sexual harassment. Staff interviewed during the site review were able to describe the process in a consistent manner and carried a PREA pocket trifold (first responders) as part of their uniform. The auditor reviewed the following functions to include cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes, offender dining area, zero-tolerance posters/third party reporting, auditor notice of onsite visit, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.

Site Review/Locations:
The following information describes the areas observed by the auditor during the site review which included: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen/Dining/Laundry/Warehouse; Medical/Education and Library; 11 building and Reception (51 bunks); Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance/Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.).

The facility has 739 surveillance cameras and has 96 security mirrors throughout the facility to eliminate blind spots identified by the facility. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request, inmates can also request it from the Grievance department if needed or any other staff member.

The auditor observed the notice of audit in both English and Spanish dated 8/28/19 at the entrance of the facility in the front administration area. The McConnell Unit Administration building had PREA signs in both English and Spanish displayed throughout the area with three security mirrors positioned in areas identified as potential blind spots for clear visibility and view. The officer Zen room also had the PREA signs in both English and Spanish and Notice of audit 8/28/19. The auditor had staff open a janitor closet for good lighting and the closets also displayed the PREA zero tolerance signs with reporting information in both English and Spanish. The staff restrooms and other staff areas had the PREA zero-tolerance signs displayed in both English and Spanish. Central control was observed to have surveillance cameras with no view from the staff walking past the entrance for cross-gender viewing.

The A side Commissary was observed to have the PREA zero tolerance signs posted in both English and Spanish and painted with a stencil for the inmate workers. The inmate restroom had a full door for privacy and prevention of cross-gender viewing. The commissary area has 3:1 inmate to employee ratio. The auditor observed two security mirrors positioned in the area to view possible blind spots. The commissary storage had a designated red line painted for stacking regulations. The commissary offenders are searched in the commissary storage room with a privacy screen that reads “strip search in progress”. The areas are marked with a sign that reads, “Strip Search in Progress”. A side 4-Gym had a capacity of 74 inmates for recreation and 250 inmate capacity for the following functions: church, peer education conferences etc. and cameras in the area. The inmate restroom had half privacy partitions preventing cross-gender viewing. The windows in the office were painted half-way to prevent view from the office to the inmate restroom. The gym had a large bulletin board which displayed all forms of PREA signs in both English in Spanish, zero tolerance, third party notice/PREA ombudsman, notice of audit and PREA Manager’s photo and information. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

General population housing which consisted of (3/4 and 7/8 building 432 bunks per building and 144 bunks per pod). Each housing area had the PREA information painted in bright orange at the entrance in large print clearly visible from a far distance and for inmates with vision impairment, or hard of hearing. The sign read, “Speak up Silence=Violence PREA Habla La Violencia es por el Silencio”. Upon entrance to the building, there was another sign painted with stenciled letters in orange and a black background in large letters that read, “You are now entering a cross-gender viewing area, male housing location. All members of the opposite gender must announce their presence upon entry”. There was a board which displayed all PREA signs to include zero tolerance signs in both English and Spanish, third party notice, notice of audit 8/28/19, PREA Ombudsman, Victim support services addresses to include the PREA managers photo and information for the inmate population.

The PREA manager’s photo allows the inmates to identify the person by photo for those who may have trouble reading or are visually impaired. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All housing areas had surveillance cameras and security mirrors positioned throughout the area. The auditor observed male and female staff verbally announce, “female on the floor”, prior to any female entering the inmate housing area. The auditor observed the housing areas to have regular showers and showers for the transgender/intersex population providing full coverage from top to bottom. The auditor observed shower 1 and 3 modified for the transgender population to provide privacy when the showers are in use. The facility did a good job modifying showers for the transgender/intersex population. The buildings have a designated strip search area with a permanent metal privacy wall with a sign that reads, “Stop Strip search in progress”. There is an additional half privacy wall in the area for strip searches which are only conducted by same gender staff. The auditor entered the pod area and observed working telephones and rape crisis center information posted by the phones made available to the inmate population.

The pods were facilitated with Televisions and dayroom tables for the inmate population. Each housing location had a large PREA display with all the signs required for Prison Rape Elimination Act in both English and Spanish. The dayrooms had an additional painting in large orange letters that read, “ZERO TOLERANCE”. The knock and announce signs were painted and displayed at the entrance of each housing area as a reminder to staff of the opposite gender to announce their presence prior to entering. The interview rooms had the PREA signs posted, the barber shop had the PREA signs posted, the craft shop had the PREA signs posted, and the inmate closets had the PREA signs posted in both English and Spanish. The auditor observed several electrical and maintenance closets to be clean with good lighting and limited access to include the PREA signs of zero-tolerance.

The craft shop was observed to have a large bulletin board with PREA signs displayed in both English and Spanish, PREA Ombudsman/Third Party reporting, Notice of Audit 8/28/19 and PREA Managers photo and information displayed for the inmate population. The inmate urinal in the craft shop had a privacy sheet, the auditor suggested a more durable or permanent coverage. The facility administration immediately placed a durable privacy screen for the inmate urinal in the craft shop. No further recommendations were suggested. The strip search area in 19 building was observed to have full privacy and a wall for the urinals in the recreation yard with no cross-gender viewing. The Vocation area consisted of Windham. The vocation area had bulletin boards in each classroom with the PREA zero tolerance signs in both English and Spanish, notice of audit, PREA Ombudsman/Third party and PREA Manager’s photo and information. There were no cameras in the vocation area. There were no blind spots observed by the auditor and the area was an open concept with visibility to the classroom. The inmate restrooms had a full door for privacy and prevention of cross-gender viewing. The auditor observed the electrical closet for lighting and restricted access to the area. Strip searches were not conducted in the classroom. The carpentry class with the PREA board full of required signs, notice of audit and PREA manager’s photo and information displayed for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor observed twenty inmate workers and two correctional officers.

The visitation area was observed to have the PREA signs of zero-tolerance posted in English and Spanish, third-party notice, victim support services and PREA Unit Safe Prisons Sergeant’s photo displayed with information for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There were no security mirrors and the visitation area had surveillance cameras inside and outside of the visitation area. The auditor did not observe any blind spots. The inmate restrooms are located in the back of visitation with privacy from cross-gender viewing with no cameras in the area. The strip search area was located in the back of visitation with PREA signs posted in both English and Spanish with two cameras that were pixelated from cross-gender viewing and full doors for privacy. The auditor observed the back area of visitation for the strip search process. The strip search process is conducted in a secluded area behind privacy walls with no visibility of female staff and only conducted by same gender staff. The visitation area had contact and non-contact visitation with outside visitation tables.

The auditor observed 7/8 building and recreation yard with a privacy wall for the inmate urinals and strip search area conducted by same gender staff. Each housing area had the PREA information painted in bright orange at the entrance in large print clearly visible from a far distance and for inmates with vision impairment, or hard of hearing. The sign read, “Speak up Silence=Violence PREA Habla La Violencia es por el Silencio”. The PREA manager had a PREA notebook in each building with policies, procedures and the standards with training information for all staff. The PREA notebook included the Offender Victim’s Representatives list, 115.65 PREA response plan and Peer Education/Sexual abuse training. Upon entrance to the building, there was another sign painted with stenciled letters in orange and a black background in large letters that read, “You are now entering a cross-gender viewing area, male housing location. All members of the opposite gender must announce their presence upon entry”.

There was a board which displayed all PREA signs to include zero tolerance signs in both English and Spanish, third party notice, notice of audit 8/28/19, PREA Ombudsman, Victim support services addresses to include the PREA managers photo and information for the inmate population. The PREA manager's photo allows the inmates to identify the person by photo for those who may have trouble reading or are visually impaired. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All housing areas had surveillance cameras and security mirrors positioned throughout the area. The auditor observed male and female staff verbally announce, "female on the floor", prior to any female entering the inmate housing area. The auditor observed the housing areas to have shower doors for privacy and a privacy door for the inmate urinals. The auditor entered the officer control in the building and did not observe cross-gender viewing into the shower area. The facility did a good job at providing privacy for the inmate population when they shower and use the urinals. Inmates have a urinal in their cell with a full door and a thin expanded metal window for privacy. The dayrooms did have televisions and working phones for the inmate population. The dayrooms had an additional painting in large orange letters that read, "ZERO TOLERANCE".

The knock and announce signs were painted and displayed at the entrance of each housing area as a reminder to staff of the opposite gender to announce their presence prior to entering. The interview rooms had the PREA signs posted, the barber shop had the PREA signs posted, the craft shop had the PREA signs posted, and the inmate closets had the PREA signs posted in both English and Spanish. The auditor observed several electrical and maintenance closets to be clean with good lighting and limited access to include the PREA signs of zero-tolerance.

Kitchen: The Food Service department had surveillance cameras and security mirrors positioned throughout the kitchen to prevent and elimination potential blind spots. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate restrooms had partitions and privacy for inmate use preventing cross-gender viewing. The window was painted for the elimination of cross-gender viewing. The Food Service Captain stated during the site review that he operated the department with 8 food service managers, 5 correctional officers assigned on three different shifts with 76 inmate workers. The food service department had production managers, food service managers and correctional officers assigned to the kitchen. The food service department assigns inmates throughout the day on different shifts.

The food service department had security mirrors and surveillance cameras positioned throughout the department. The strip search area for the food service department inmates were conducted in a separate area away from all staff behind a door with two privacy screens with notice on the door that read, "Strip search in progress" sign painted in orange. The cameras in area were reviewed by the auditor and were pixelated with no view of searches. The auditor observed the inmate dining areas (3, 4, 8), serving line, production, dishwashing area, coolers, freezers, commissary storage, lighting, electrical and other closets, back dock, offices, staff restrooms, and the open layout in the kitchen for clear visibility. The offender dining room had the PREA signs posted and displayed in both English and Spanish. A-side inmate dining area had a capacity of 84. The commissary area was observed to have a red line for guidance and stacking purposes as a precaution and safety. Laundry: The Laundry/Warehouse department had six cameras and seven security mirrors positioned throughout the laundry area to prevent and elimination potential blind spots.

The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population.

This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate restrooms had sufficient privacy with no opportunity for cross-gender viewing. The auditor opened a tool room for lighting and key control access. The laundry had a designated strip search area with mobile privacy screens for prevention of cross-gender viewing conducted by same gender staff.

The supply area had security mirrors positioned throughout the supply area to prevent and eliminate potential blind spots. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate restrooms had sufficient privacy with no opportunity for cross-gender viewing. The auditor observed one employee assigned to supply and two inmate workers. The inmate restrooms had a full door for privacy from staff of the opposite gender. Strip searches are conducted in a designated area in the unit Supply by the same gender staff in a private setting. The auditor opened the electrical closet for lighting and key control access. The laundry warehouse had the large PREA signs in both English and Spanish. The auditor observed one security mirror and a surveillance camera in the area. The warehouse was clean, and all areas were visible as the auditor walked around.

The General Library had the PREA signs posted in both English and Spanish for the inmate population. The Education inmate restrooms had a full door for privacy and labeled inmate restroom. The education had a total of five classrooms, and one was used for the Peer Education/Wall Talk classes. The auditor observed three security mirrors positioned to view potential blind spots. The education building had a PREA bulletin board with the PREA signs posted for the inmate population. The law library had a large board with PREA signs displayed in both English and Spanish for the inmate population. The directory notebook was on each table available to the inmate population as needed. The law library had two security mirrors in the area for visibility of all activity. The law library did not have any surveillance cameras in the area and there was a capacity of 44 inmates.

The medical area had security mirrors positioned throughout the area to prevent and eliminate potential blind spots and for the protection of staff and inmates. The medical staff is contracted through UTMB. There were no cameras in the medical department. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population.

This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor observed the inmate restroom area with a door for privacy. The inmate restrooms had privacy from cross-gender viewing.

11 building was not in use and did not have any inmates housed in the building. The side entrance of the building was used to conduct inmate interviews upon arrival. The chain bus arrives and inmate's department the bus inside the gate.

The TV plays the PREA video in both English and Spanish for the inmate population as they await their turn for the one-on-one interview the PREA staff. The inmate interviews are conducted one at time in a private setting for individual questioning of the risk assessment.

The maintenance department did not have surveillance cameras throughout the area. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate restroom has a half door providing privacy and prevention from cross-gender viewing. The maintenance supervisor stated that he had 11 employees and one correctional officer working in the department. There were 25 inmates assigned to the maintenance department on different shifts. The inmate searches were conducted in A turnout with doors for privacy.

Boiler room: The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The inmate urinal was observed to have a half door for privacy and prevention of cross-gender viewing. There were two inmates assigned to the boiler room observed by the maintenance staff. There were no cameras in the boiler room. All strip searches are conducted in A turnout by same gender staff in a private setting.

Back gate: One male correctional officer was assigned to the back-gate area. The auditor observed three surveillance cameras in the back gate. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. There was one inmate restroom with a full door for privacy in the back gate. The back-gate officer was asked about the strip search process in the back gate. The officer explained that the strip searches were conducted in the inmate restroom with privacy one at time by same gender staff.

The garment factory had the PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor observed 61 inmate workers and three employees working the area. The garment factory did not have any surveillance cameras in the area and had four large security mirrors positioned to observe potential blind spots. The inmate restrooms had privacy from staff of the opposite gender. The auditor observed the compression room for cleanliness and good lighting to include limited access. Strip searches were conducted in A turnout with privacy and by same gender staff in a professional manner. The garment factory had three large partitions for emergency strip searches in the area. The warehouse was clean with good lighting in all the areas that were observed by the auditor.

19 dorm is General Population with G1/G2 inmates: (W, X, Y, Z dorm): The housing area was facilitated with security mirrors and surveillance cameras positioned throughout the area to prevent and eliminate potential blind spots and for the protection of staff and inmates. The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Every housing unit had the following information stenciled in orange paint for all staff to view: Attention, you are entering a cross-gender viewing area in a male living location. All members of the opposite gender must KNOCK AND ANNOUNCE their presence upon entering. The auditor observed male and female staff verbally make the announcement of a female entering the housing area prior to entering.

The auditor entered W and X dorm and observed the PREA zero-tolerance in both English and Spanish, third party notice/PREA ombudsman on in both English and Spanish to include the victim support services information near the phones. X dorm had the shower areas located in the center of the dorm. The auditor cleared the inmate shower and restroom area prior to entering to ensure prevention of cross-gender viewing. The facility provided four individual permanent metal dividers between the toilets for prevention of cross-gender viewing and privacy for the inmate population. The shower area had a large metal permanent privacy barrier preventing cross-gender viewing with a curtain in the middle displaying PREA 115.15 for privacy. The privacy barriers also provided privacy if staff of the opposite gender walked up or down the stairs. The inmate urinals had individual metal privacy stalls with PREA screens labeled PREA zero tolerance. The dorms were observed to be clean, visible for inmate safety and good lighting.

There was an additional added partition to the wall for the prevention of any cross-gender viewing. The auditor walked up the stairs to the second floor and walked back down the stairs which is a direct view into the shower area and there was no area of concern for cross-gender viewing. The auditor entered the officer picket to view the cameras to ensure there was no view into the shower or restroom area. 19 dorm cameras were pixelated with no cross-gender viewing. There was no visibility to the inmate restroom from the officer control picket. The X and Y dorm had a Peer Education Board displaying PREA and other pertinent inmate education information. The dorm lighting was good, and no blind spots were identified by the auditor during the site review of the area. The auditor observed PREA signs and information posted throughout the area in every dorm and hallway. The gym recreation area was observed for privacy screens and no cross-gender viewing was identified. The auditor observed two working phones in the dayroom to include the victim support services information and addresses for the inmate population. The inmates were observed during normal dayroom recreational activities and greeted the auditor in a respectful manner. The auditor observed the grievance box in the main hallway for the inmate population. Inmates are randomly pat searched entering and exiting the facility. They gym area had an inmate restroom room with half door for privacy and a designated strip search area with privacy. The outside recreation area urinals had a privacy wall for inmate use and prevention of cross-gender viewing.

Restrictive Housing: The housing area had security mirrors and surveillance cameras positioned throughout the area to prevent and eliminate potential blind spots and for the protection of staff and inmates. The PREA information was displayed on the bulletin board upon entrance: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), and victim support services for the inmate population. The photo of the Safe Prisons Sergeant was displayed with his information for the inmate population.

This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

12 building had the designated strip search area at the entrance facilitated with a large privacy metal wall with no visibility of cross-gender viewing. There was one camera in the area with no visibility into the strip search area. The auditor observed A-pod (transient status) with a large PREA board with all the information made available in both English and Spanish. The dayroom recreation area urinal had a large PREA privacy shield for inmate privacy. The inside of the recreation dayroom had a metal privacy barrier providing additional privacy from cross-gender viewing. The auditor observed male and female staff verbally make the announcement of a female entering the housing area prior to entering. The outside recreation yard had a metal privacy screen providing privacy as strip searches are conducted. The shower areas were facilitated with full doors providing good coverage and prevention of cross gender viewing. Inmates had toilets for individual use and privacy in each cell with a full door. The auditor entered the officer picket to view the dayroom urinals to ensure there was no cross-gender viewing. The recreation yard had one urinal and a privacy screen for prevention of cross-gender viewing.

The surveillance cameras were observed from the picket and there were no direct cameras in view of the shower area or dayroom urinal. The auditor observed the victim support services information and addresses for the inmate population. The auditor observed the grievance box in the main hallway for the inmate population. The holding area had a PREA board with the PREA information displayed. The officer turnout area had a PREA board and the following PREA standards on the wall: 115.15, 115.31, 115.43, and 115.51. The property room had the PREA signs displayed in both English and Spanish. All inmate housing units, inmate restrooms had the PREA signs displayed in both English and Spanish. The food service department was observed by the auditor to have one security mirror and a board with PREA signs displayed for the inmate workers. C pod 3 section had the PREA information on the door, there was no cross-gender viewing; the showers had full doors, and the urinals had the PREA privacy and metal barrier in the dayroom. The verbal announcement of female in the dorm was made by the staff prior to the auditor entering the pod. The designated dayroom strip search area was facilitated with a permanent privacy screen for the prevention of cross gender viewing. In cell searches are conducted by same gender staff if necessary.

A turnout area was observed by the auditor during the site review and the facility utilizes a designated strip search area made out of permanent metal with individual stalls/dividers for privacy and searches are conducted by same gender staff. The metal privacy shields are a good height and width providing privacy from all angles and areas for the prevention of cross-gender viewing.

The facility did a good job and placing the privacy dividers for the inmate population. The PREA zero-tolerance signs were posted in both English and Spanish. The PREA information was displayed on a large bulletin board including: zero tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit (8/28/19), victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The inmate population was 2881 on the first day (10/1/19) of the audit. The auditor walked through the main central control where all staff present identification prior to entering the compound. Random staff interviewed during the site review were able to articulate the reporting process for a sexual abuse allegation in a consistent manner. A workspace was provided for the auditor to review inmate files. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

Name of Record	Number Reviewed
Backgrounds/files/training	25
Volunteer Files	3
Inmate Files	38
Investigation Files	17
Contract Files	67 Medical 15 Windham
Training Records/Supervisors	40

Employee Files: The auditor reviewed a total of 25 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

Inmate Files: The auditor reviewed a total of 38 files which corresponded with the inmate interviews during the onsite phase of audit meeting all required categories.

Investigation Files: The facility had a total of forty-nine sexual abuse/sexual harassment allegations in the past twelve months. The USPPM provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seventeen investigations listed in the chart below.

Description	Status	OIG Referral	Criminal Case/Disposition
1. Inmate on Inmate Allegation	Substantiated	Referred to OIG	Active/open
2. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
3. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
4. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
5. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
6. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
7. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
8. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
9. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
10. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
11. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
12. Allegations against staff	Unsubstantiated	Referred to OIG	Active/Open
13. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
14. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
15. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
16. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
17. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened

The documentation provided to the auditor included TDCJ forms utilized by the agency, education materials, training curriculums, organizational charts, posters, brochures, reports, offender population reports, memorandums of agreement & or attempted MOU's, signed training rosters, community-based contact information, facility layout, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards.

On 10/1/19, the McConnell Unit inmate population was 2881 on the first day of the audit. The designed facility capacity is 2900. The auditor contact information was posted throughout the unit dated 8/28/19. A unit layout of the facility was provided to the auditor reflecting all areas of the facility. The physical plant had 28 buildings, 3 single cell housing units, 4 multiple occupancy cell housing units, 2 open bay/dorm housing units and 504 segregation cells. The average length of stay or time under supervision: 4 years and 1 Month. Facility security level/inmate custody levels: G1-G5, Ad. Seg. Safekeeping, Transient. The number of staff currently employed by the facility who may have contact with inmates: 629. The number of staff hired by the facility during the past 12 months who have contact with inmates: 209. The number of contracts in the past 12 months for services with contractors who might have contact with inmates: 2. Number of individual contractors who have contact with inmates, currently authorized to enter the facility: Medical 58, Staff that contract with Windham 8, and 222 volunteers.

Staff Interviews
The auditor conducted inmate and staff interviews on October 2-4, 2019, as part of standard 115.401 (k)(m) with privacy in an office setting. A list of inmates, staff, volunteers, and contractors to include their shift and job assignments was provided to the auditor for selection & review of interviews and documentation review.

The auditor conducted the staff interviews on October 2-4, 2019. Staff interviews were conducted in a private setting in a separate office on an individual basis with no distractions or delays. Previous Interviews conducted: one agency head or designee and one agency PREA coordinator.

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Specialized Staff (Total)	**37**
Random Staff (Total)	**34**
Total Staff Interviewed	**71**
Breakdown of Specialized Staff Interviews:	37
Breakdown of Specialized Staff Interviews: Warden PCM	2
Intermediate or higher-level facility staff • Major • Captain • Lieutenant • Sergeant • Food Service • Maintenance	9
Medical and mental health staff	2
Non-medical staff involved in cross-gender strip searches	1
Human resource staff	1
Volunteers and Contractors who have contact with inmates	2 4
Investigative staff	3
Staff who perform screening for risk of victimization	1
Staff who supervise inmates in segregation housing	1
Incident review team	1
Designated staff member charged with monitoring retaliation	1
First responder, security staff	2
First responder, non-security staff	4
Intake staff Mailroom Law Librarian	1 1 1
RANDOM STAFF INTERVIEWS	34
Case manager	1
Chief of Classification	1
Craft Shop	1
Laundry	1
Offender Property	1
Unit Commissary Armory Officer Surveillance Sergeant Key Control Officer	1 1 1 1
Correctional officers	25

Inmate Interviews:
The auditor conducted offender interviews on October 2-4, 2019 with no offender refusals. The auditor selected a geographically diverse sample of random male offenders for the audit process to include housing units by a selecting the first and tenth of every housing unit. The facility population was 2881 on the first day of the audit.

Category of Inmates	**Interviews Conducted**
Random Inmates (Total)	**32**
Targeted Inmates (Total)	**47**
Total Inmates Interviewed	**79**
Breakdown of Targeted Inmate Interviews:	47
• Youthful inmates	0 (no youthful inmates)
• Inmates with physical disability	2
• Inmates who are blind • deaf • hard hearing	0 0 1
• Inmate who are LEP	5
• Inmates with a cognitive disability	4
• Inmates who identify as lesbian, gay, or bisexual	8
• Inmates who identify as transgender or intersex	10 Transgender 1 intersex
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	6
• Inmates who reported sexual victimization during risk screening	10

Inmates were interviewed in an office setting on an individual basis with privacy and enough time. The offenders were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for offenders to report sexual abuse and sexual harassment. The offenders interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No offenders refused during the offender interview process.

An exit meeting was held on 10/4/19 to discuss the overall audit process with the Warden, Assistant Wardens, Regional Director, Assistant Regional Directors, Regional PREA manager and USPPC staff. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and offender interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and offenders.

The first PREA Audit was conducted by PREA auditor Barbara King on September 21-23, 2016. The previous auditor conducted the audit with seven exceed standards, 33 met standards and 3 not applicable. During the re-certification audit on October 1-4, 2019 by Noelda Martinez, the auditor determined that the facility is 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility required corrective action for standards 115.41 and 115.67. In addition, the auditor determined the facility had nine exceed standards which included 115.11, 115.15, 115.18, 115.21, 115.31, 115.33, 115.42, 115.51, and 115.54, due to the exceptional documentation provided & reviewed; including primary and secondary and the awareness/practice made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The William G. McConnell Unit is located at 3001 South Emily Drive, one mile east of Beeville city limits off highway 181 in Bee County. The facility was established in September of 1992. The facility houses male inmates with a maximum capacity of 2,900. The Mission of the Texas Department of Criminal Justice (TDCJ) and the McConnell Unit is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime." The vision statement of the unit is "Through leadership and commitment of dedicated staff to the mission of the agency as well as the William G. McConnell Unit, it is our vision to provide a safe institutional environment for everyone."

The William G. McConnell Unit is a Texas Department of Criminal Justice (TDCJ) prison that has the rated capacity to house 2,900 adult, male offenders. The custody levels of the general population offenders housed includes G1, G2, G3, G4 and G5. The facility also houses Administrative Segregation, Safekeeping and Transient offenders. The offender population was 2,881 on the first day of the audit.

Agricultural Operations:	Security Horses, Security Pack Canines, Unit Garden
Manufacturing and Logistics Op.:	Garment Factory
Facility Operations:	Unit Maintenance
Additional Operations:	Scent-Specific Canines; Regional Release Site
Medical Capabilities:	Ambulatory medical, dental, and mental health services. Medical care available 24 hours a day, seven days a week. Specialty clinic for optometry. Digital Medical Services (DMS), chronic care clinics, and Telemedicine and Telepsychiatry available. Seventeen-bed assisted living infirmary, including two respiratory isolation rooms and four mental health observation rooms. All services on a single level, including CPAP accommodating housing. Managed by UTMB.
Educational Programs:	Literacy (Adult Basic Education/GED), CHANGES/Pre-Release, Cognitive Intervention Career and Technology Programs: Bricklaying/Stone Masonry; Construction Carpentry
Additional Programs/Services:	Faith Based Dormitory, Adult Education Program (upon availability), Peer Education, Reentry Planning, Chaplaincy Services, Community Tours, GO KIDS Initiative
Community Work Projects:	None
Volunteer Initiatives:	Literacy/Education, Substance Abuse Education, Life Skills, Parent Training, Support Groups, Religious/Faith Based Studies and Activities

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 9

List of Standards Exceeded: 115.11, 115.15, 115.18, 115.21, 115.31, 115.33, 115.42, 115.51, 115.54

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: N/A

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Safe Prisons/PREA Plan (February 2019)-PREA Table of Contents
- Designated agency PREA head from the Executive Director;
- Agency organizational chart
- Post Order-07.150 Unit Safe Prisons/PREA Manager
- Unit organizational Chart
- Executive Director 03.03 Safe Prisons/PREA program

Interviews:

- PREA Coordinator
- PREA Compliance Manager

The Texas Department of Criminal Justice has assigned the CID Director as the Agency-Wide PREA Coordinator, PREA Ombudsman Office has a Certified PREA Auditor, Administrative Review & Risk Management Office has a Certified PREA Auditor, a Safe Prisons/PREA Management Office, a Regional PREA Manager and a designated Unit Safe Prisons PREA Manager. The facility was equipped with the staff required, resources, & support staff. The interviews conducted during the audit determined the assigned Unit Safe Prisons PREA Manager stated that he had enough time to complete his duties and responsibilities. The facility has designated a Sergeant as the PREA Manager oversees the Safe Prisons Office for the facility and a Safe Prisons Officer.

Site Review Observations:

a. PREA signage displayed throughout the facility in all areas
b. Cross-gender announcements/no cross-gender viewing (showers/toilet areas in housing units, gyms, recreation yard)

Findings:

115.11 (a) The Texas Department of Criminal Justice Mission Statement is as follows: The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in inmate behavior, reintegrate inmates into society and assist victims of crime. Safe Prisons/PREA Program Executive Directive 03.03; Authority: Tex. Gov't Code 493.001, 493.006(b), 494.001,501.002, 501.011; General Appropriations Act, 83rd Leg. R.S., Art. V, Rider 38;42 U.S.C. 1983, 15601-15609; Prison Rape Elimination Act (PREA) Standard 115.11. The TDCJ has a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. Violators shall be subject to criminal charges and civil liability in state or federal court, as well as TDCJ disciplinary action.

The McConnell Unit displayed all forms of zero-tolerance posters, signs, and notices meeting the standard for the recertification period. The facility has designated strip search areas and searches are conducted by same gender staff. The auditor observed a large display of PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information with addresses and phone numbers, Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, and Auditor Notice of Audit for the inmate population. The auditor observed bulletin boards, posters, handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders. Staff are required to carry a PREA informational card that outlines the first responder duties and definitions regarding sexual abuse and sexual harassment. The PREA manager's photo is displayed throughout the facility for all inmates to easily identify.

This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.11 (b) The Director of the Correctional Institutions Division is appointed as the PREA coordinator and through interviews determined they have a TDCJ Safe Prisons/PREA Plan to ensure every effort is made to maintain a safe and secure environment for staff and inmates, as well as oversee TDCJ endeavors to comply with PREA standards. The PREA coordinator interview determined that there was enough time to fulfill all the duties and responsibilities required. The following information describes the areas observed by the auditor during the site review which included: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen, Dining, Laundry, Warehouse; Medical, Education and Library; 11 building and Reception (not in use), Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance, Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.). The facility has 739 surveillance cameras and has 96 security mirrors throughout the facility to eliminate blind spots identified by the facility. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request, inmates can also request it from the Grievance department if needed or any other staff member. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request they can also request it from the Grievance department if needed or any other staff member. The auditor observed the notice of audit in both English and Spanish dated 8/28/19 in every housing area.

115.11 (c) The policy and procedures establish the responsibilities to implement a zero-tolerance policy for prohibiting, preventing, detecting, responding to and investigating the sexual abuse and sexual harassment of inmates. The facility has a detailed policy and organizational chart the auditor was provided during the pre-audit phase of the audit. The facility staff interviewed acknowledged and understood the zero-tolerance policy along with the specific Prison Rape Elimination Act policy. Random staff presented their PREA cards as part of their uniform to the auditor during the site review. This determination is based in part on the agency level staff completing the Prison Rape Elimination Act auditor training. The auditor also commended the facility for implementing what is considered good practices in corrections and in accordance with the intent of the Prison Rape Elimination Act. The McConnell Unit displayed all forms of zero-tolerance posters, signs, photos of PREA management staff and notices meeting the standard for the recertification period. The facility had PREA information in both English and Spanish in every housing unit, work area and closets observed by the auditor.

Corrective Action: The auditor recommends no corrective action.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- AD-02.46 (rev. 4) The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.

Findings:

115.12 The unit is a State of Texas managed facility and the Texas Department of Criminal Justice does not contract with other entities for the confinement of inmates at the McConnell Unit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

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

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

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Security Operations Procedures Manual 07.02 Deletion
- New Installation or relocation of video surveillance equipment
- Security Operations Procedures Manual Turnout Roster Management 08.0;
- Safe Prisons/PREA Plan 2/19
- Security Operations Procedure Manual 08.06 Annual Review Turnout Rosters
- Administrative Directive 11.52 Security Staffing
- PD-22 General Rules of Conduct & Disciplinary Action Guidelines for Employees

- Post Order 07.005 Sergeant of Correctional Officers
- Post Order 07.004 Lieutenant of Correctional Officers
- Post Order 07.003 Captain of Correctional Officers
- Post Order 07.002 Major of Correctional Officers
- Staffing Plan Review 2016, 2017, 2018
- Staffing Roster

Interviews:
Intermediate or Higher-Level Staff

- Major of Correctional Officers
- Captain of Correctional Officers
- Lieutenant of Correctional Officers
- Sergeant of Correctional Officers
- Maintenance Supervisor
- Food Service Supervisor
- Staff interviews (supervisor visibility)
- Inmate interviews (supervisor availability)

Site Review Observations:
1. Shift Turnout rosters (signature/location of unannounced rounds)
2. Video footage/visibility of supervisors
3. Logbooks (unannounced round signatures)

Findings:
115.13 (a) The TDCJ Safe Prisons/PREA Plan (dated 2/19) addresses the standard: Supervision and Monitoring (§115.13) The supervision of inmate will be conducted by supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. Security staffing: each unit is required to develop, document, and comply with a staffing plan that provides adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse and take into consideration all relevant factors.

115.13 (b) The staffing plans were reviewed to include the staffing plan review minutes by the auditor. The McConnell Unit staffing plan was reviewed prior to the onsite audit. The staffing plan provides adequate staffing levels, video monitoring to protect inmates against sexual abuse. Intermediate and Upper-level Supervisors are conducting unannounced rounds on all shifts daily to include night shift with no patterns identified. Video Surveillance/Security Mirrors: The McConnell Unit had a total of 739 surveillance cameras positioned throughout the facility and located in the following areas: 1 building (19), 2 building (6), 3 building (50), 4 building (50), 6 building (43), 7 building (50), 8 building (50), 9 building (6), 10 building (3), 11 building (23), 12 building (289), 13 building (4), 16 building (4), 18 building (44), 19 building (44), 18/19 outdoor (7), perimeter (45), and PTZ-2. The comprehensive surveillance system has a recording retention of twenty days and serviced by IT and Security Operations. The facility has a total of 96 security mirrors positioned throughout the facility for the prevention of blind spots and overall safety of the staff and inmate population. The security mirrors are positioned in the following locations: 1 building (9), Food Service (8), Laundry (7), Garment Factory (9), Maintenance (3), 12 building (10), Medical (11), General Library (3), Law Library (2), Education (3), A-side commissary (8), B side commissary (11), Supply (3), 13 building (1), Back gate (1), 3 building B pod D-space (1), 4 gym (1), A side commissary hallway (2), B side commissary hallway (2), and A side chow hallway (1).

115.13 (c) This determination is based on the staffing plan reviews, staffing rosters, interviews conducted with facility intermediate staff or higher-level staff who conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The auditor reviewed the documentation of unannounced rounds covering day and night shifts at different times.

115.13 (d) The supervisors interviewed during the audit articulated the process proceeding the responsibility of addressing issues on alerting staff regarding unannounced rounds. The auditor observed the documented unannounced rounds during the site review covering different shifts.
The agency policy prohibits staff from alerting other staff of the conduct of such rounds. The staffing plan reviewed was comprehensive of the number and placement of staff and amount of video technology (where applicable) that is necessary to ensure the sexual safety of the inmate population to include the facility layout and characteristics, classifications of inmates, and unique security needs and programming.

The staffing plan was reviewed for the normal and expected operational conditions that can affect staffing shortages include:

- Transportation
- Hospital Security
- Constant Direct Observation

The facility is making their "best efforts to comply on a regular basis" with the staffing plan. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Pre-Audit Questionnaire
- Safe Prisons PREA Plan 2/19

Findings: The McConnell Unit does not house youthful inmates.

Corrective Action: The auditor recommends no corrective action.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- 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 have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- On the Job Training (OJT) Procedures Manual
- AD-03.22 Inmate Searches
- Safe Prisons-PREA Plan 2/19
- Security Manual Table of Contents
- ED-01.21 Policies and Procedures System
- PO -07-015 Shower Room Officer
- SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System
- Correctional Training and Staff Development FY 2019 PREA Program (pre-service) (non-supervisor) 9. "Cross-Gender Viewing & Searches/LGBTI Inmates In-service & Prep-Service Training
- Safe Prisons/PREA Operational Manual 02.05 Cross-Gender Searches and Log

Interviews:

- Random Staff
- Random Inmates

Site Review Observations:

During the site review, the auditor observed the following areas: The following information describes the areas observed by the auditor during the site review which included: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen, Dining, Laundry, Warehouse; Medical, Education and Library; 11 building and Reception (not in use), Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance, Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.). The facility has 739 surveillance cameras and has 96 security mirrors throughout the facility to eliminate blind spots identified by the facility. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request, inmates can also request it from the Grievance department if needed or any other staff member. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request they can also request it from the Grievance department if needed or any other staff member. The auditor observed the notice of audit in both English and Spanish dated 8/28/19 in every housing area.

All areas were facilitated with excellent permanent metal privacy screens to include painted signs of a strip search in progress. The facility had designated strip search areas with excellent coverage for the prevention of cross-gender viewing.

The facility had the following areas with good coverage: building restroom area had a metal permanent privacy half wall for prevention of cross-gender viewing; building showers had a full metal shower door with full privacy; outside recreation offender restroom area had three full metal privacy walls positioned to provide privacy; modified shower for transgender/intersex inmates with a full metal wall for privacy; building strip search area has a large metal privacy wall with a “stop strip search in progress”, with a larger privacy partition for privacy. The dayroom has the Zero Tolerance painted in all the dorms. The A-side Commissary strip search area has a privacy screen with a privacy screen labeled, “Stop strip search in progress”.
The unit medical shower area has a full metal privacy door for privacy. Every building has the following painted in each area, “You are not entering a cross-gender viewing area, male housing location. All members of the opposite gender must announce their presence upon entry. The A-turnout (designated strip search area) had the zero-tolerance painted in both English and Spanish for the inmate population in bright colors for the inmate population. Each building had a large PREA notice painted in orange letters visible from a distance in both English and Spanish prior to entering the building for the inmate population. The unit supply inmate restroom had a full door with a half window and was painted halfway for privacy and prevention of cross gender viewing. The inmate dorm restrooms had individual permanent metal dividers/stalls providing privacy from cross-gender viewing and half privacy curtains with the PREA information printed on them for additional privacy. The facility did a good job at providing privacy from all angles for the prevention of cross-gender viewing. The dorm showers had large permanent metal walls providing privacy from cross-gender viewing. The auditor walked up the stairs to the second floor and back down the stairs with no visibility into the shower area preventing cross-gender viewing. The dorm outside recreation strip search area has a large metal permanent privacy wall for privacy. The dorm outside recreation urinal has a permanent metal privacy half wall providing privacy for the inmate population. The administrative dayroom/recreation and toilet area had a large privacy curtain with PREA on it to prevent cross-gender viewing from staff walking in the area and a metal half wall preventing privacy from the other side. There was no visibility from the officer control area into the urinal area. The administration outside recreation area had a permanent metal half wall for searches and prevention of cross-gender viewing. The auditor observed large PREA bulletin boards in every housing area, work area, and throughout the facility with information about how to report sexual abuse in both English and Spanish with the PREA managers photo displayed for the inmate population. The facility had PREA paintings displayed in all areas of the facility to include information visible from a distance to make inmates and staff aware of all PREA laws to include staff areas such as turnouts/break areas. The amount of information provided to the inmate population that was displayed throughout the facility allows inmates easy access to the reporting process and sets the tone for Zero-Tolerance of sexual abuse and sexual harassment.

Findings:

115.15 (a) Safe Prisons-PREA Plan 2/19; Safe Prisons/PREA Operational Manual 02.05 Cross-Gender Searches and Log: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0. The auditor did not observe any cross-gender strip searches or visual body cavity searches on inmates during the site review. The auditor did not interview nonmedical staff involved in cross-gender strip or visual searches.

115.15 (b) The facility does not house female inmates.

115.15 (c) The facility does not house female inmates.

115.15 (d) The Safe Prisons/PREA Plan (dated 2/19) addresses the cross-gender viewing and searches. Correctional officers shall make the best efforts to allow inmates to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. Staff of the opposite gender shall announce their presence when entering an inmate housing area in accordance with applicable post orders.

Under no circumstances shall an inmate search be conducted solely for the purpose of determining an inmate's genital status. During the site review the auditor observed staff of the opposite gender conduct the "knock and announce," by saying "female on the floor" when entering the inmate housing areas. The Regional PREA Managers provide training for each facility and the USPPM are required to disseminate the training on the facility. The shift supervisors conduct training on PREA related standards to include cross-gender Searches and viewing during shift briefing. The auditor reviewed LGBTI/PREA training for 2018 & 2019. The auditor interviewed 34 random staff who received the training for cross-gender searches and viewing. The auditor interviewed 32 random inmates and stated that they were able to shower, change and use the restroom with privacy from the opposite gender. The auditor observed staff make the verbal announcement of female in dorm/pod during the site review from both male and female staff prior to a female staff entering the inmate housing unit. The inmate interviews indicated staff of the opposite gender staff made the announcements prior to entering the housing unit for privacy reasons.

115.15 (e) There auditor interviewed transgender/intersex inmate population during the onsite audit. Policy and procedures determined that transgender and intersex inmates would be given the opportunity to shower, change and use the toilet with privacy. The inmates stated that they were assessed every six months or as needed by a UCC committee. The transgender/intersex inmates stated that they had the opportunity to shower separately if desired. The transgender/intersex inmates also stated that aside from their twice a year review from UCC; the PREA Manager would visit with the transgender/intersex population once or twice a month to ensure their overall safety. The inmate population spoke very highly of the PREA manager on the facility with respect and honesty.

115.15 (f) The CTSD training curriculum addresses the cross-gender viewing & searches. The auditor reviewed the documentation of exigent circumstances with none conducted for the audit cycle. All inmates interviewed clearly described their ability to shower, change clothes, and use the toilet without the opposite-gender staff viewing them.

Corrective Action: The auditor recommends no corrective action.

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

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

115.16 (a)

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

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

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

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

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

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

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

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

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Safe Prisons/PREA Plan (2/19);
- Intake Procedures 1.10;
- AD-06-25 Qualified Interpreter Services-American Sign Language;
- Correctional Managed Health Care Policy Manual G.51.1 Inmates with Special Needs;
- Safe Prisons/PREA Program Postings and Brochures 02.03;
- Qualified Spanish Interpreter Guidelines SM-05.50;
- Certified American Sign Language (ASL) Interpreter Services G-51.5;
- AD 04.25 provides language assistance services to inmates identified as monolingual Spanish speaking;
- Intake Processing of Inmates in need of an Interpreter 6.05;
- Interpreter Services E-37.5;
- SPPOM Inmate Assessment Screening 03.01;
- Psychiatric and Developmental Disabilities PO-07105;
- List of Spanish Interpreters;
- TDCJ Health Services Liaison Facility Types List Definitions;
- A list of Staff who speak a language other than English or Spanish.

Interviews:

- Warden
- PREA Manager
- Random Staff
- Intake Staff
- Medical staff

Site Review Observations:

The McConnell Unit takes 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. The agency takes 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.

The PREA information was displayed on a large bulletin board including: zero-tolerance signs in both English and Spanish, PREA ombudsman/third-party reporting (English/Spanish), Notice of PREA audit, victim support services, and a photo/description of the Safe Prisons/PREA manager and Safe Prisons officer for the inmate population. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
The PREA information is displayed and painted in all areas of the facility for inmate that cannot read small fine print or are hard of hearing etc. The facility had the PREA information painted in large print in orange color at every building prior to entering and in the hallways, doors, and inside the dayroom. The information is also displayed on the bulletin boards and on the walls as the inmate are walking into the building, hallways, dorms and by the phones.

Findings:
115.16 (a) The Safe Prisons/PREA Plan (2/19) addresses inmates with disabilities shall have access to education in formats accessible to all inmates, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as inmate who have limited reading skills. The agency shall provide qualified interpreters in informal governmental proceedings for inmates who use American Sign Language (ASL) as their primary means of communicating. Assistive Disability Services (ADS), describes UTMB program that is designed to coordinate and/or provide care for inmates with mobility, vision, hearing or speech impairments. Interpreter Services G-51.5; the ADS must be notified and will provide an Advanced, Master, or equivalent ASL interpreter for inmates with a significant hearing loss necessitating written communication and/or the use of sign language as described in the policy. AD 04.25 provides language assistance services to inmates identified as monolingual Spanish speaking. The interviews with the agency head and inmates with disabilities or who are limited English proficient determined that inmates have adequate care needed for communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision.

115.16 (b) The Safe Prisons/PREA Plan (2/19) addresses inmates with disabilities shall have access to education in formats accessible to all inmates, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as inmate who have limited reading skills. Inmates with disabilities or who are limited English proficient have 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.

115.16 (c) The agency has a policy which prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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. The facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Standard of Supplemental Safe Prisons/PREA Training/Employee Acknowledgement Form;
- Employment Application Supplement for Agency Applicants;
- Applicants with pending criminal charges or prior criminal convictions PD-75;
- Selection Criteria for Correctional Officer Applicants PD-73;
- Employment Application Supplement PERS 282;
- TDCJ Application Clearance; & Selection System Procedures PD-71

Interviews:

- Human Resource Manager

Site Review Observation:
The auditor reviewed a total of 25 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit.

Findings:
115.17 (a) The Safe Prisons/PREA Plan (dated 2/19) addresses Employee hiring; TDCJ shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who previously has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997; has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII. A.l.b.

115.17 (b) The facility provided the auditor employee questionnaire and staff backgrounds confirming compliance with the standard for this recertification review period.

115.17 (c) The agency utilizes a live system with the DPS record access system which utilizes NCIC, TCIC, & NLET; Selection System Procedures PD-71. The auditor reviewed employee and contractor background checks for compliance. The number of persons hired who may have contact with inmates who have had criminal background record checks: 209. The Administrative Human Resource staff was interviewed and described the hiring process for all employees regarding the PREA laws and regulations.

115.17 (d) The agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. Yes. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 2. The Administrative Human Resource staff was interviewed and described the hiring process for all employees regarding the PREA laws and regulations.

115.17 (e) The agency utilizes a live system with the DPS record access system which utilizes NCIC, TCIC, & NLET; Selection System Procedures PD-71. The Administrative Human Resource staff was interviewed and described the hiring process for all employees regarding the PREA laws and regulations. The HR stated that the backgrounds are conducted in the HR headquarters prior to staff being hired. Once clearance is received the information is forwarded to the facility HR.

115.17 (f) The facility provided the auditor employee questionnaire and staff backgrounds confirming compliance with the standard for this recertification review period.

The Administrative Human Resource staff was interviewed and described the hiring process for all employees regarding the PREA laws and regulations.

115.17 (g) The facility policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (i) The Human Resources staff was interviewed and stated that the agency shall 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.

Corrective Action: The auditor recommends no corrective action.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- SOPM 07.02 Deletion,
- New Installation or Relocation of Video Surveillance Equipment;
- Operating and Monitoring Video Surveillance Systems SM 01.14.
- The facility utilizes Security Ops for the surveillance system at McConnell Unit

Interviews:

- Warden

Site Review Observations:
The McConnell Unit had a total of 739 surveillance cameras positioned throughout the facility and located in the following areas: 1 building (19), 2 building (6), 3 building (50), 4 building (50), 6 building (43), 7 building (50), 8 building (50), 9 building (6), 10 building (3), 11 building (23), 12 building (289), 13 building (4), 16 building (4), 18 building (44), 19 building (44), 18/19 outdoor (7), perimeter (45), and PTZ-2. The comprehensive surveillance system has a recording retention of twenty days and serviced by IT and Security Operations. The facility has a total of 96 security mirrors positioned throughout the facility for the prevention of blind spots and overall safety of the staff and inmate population. The security mirrors are positioned in the following locations: 1 building (9), Food Service (8), Laundry (7), Garment Factory (9), Maintenance (3), 12 building (10), Medical (11), General Library (3), Law Library (2), Education (3), A-side commissary (8), B side commissary (11), Supply (3), 13 building (1), Back gate (1), 3 building B pod D-space (1), 4 gym (1), A side commissary hallway (2), B side commissary hallway (2), and A side chow hallway (1).

Findings:
115.18 (a) The Safe Prisons/PREA Plan (dated 2/19) addresses the development, documentation, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The site review and warden's interview determined that the facility did not have any renovations, modifications, or expansions to the facility.

115.18 (b) The facility has 739 surveillance cameras and has 96 security mirrors throughout the facility to eliminate blind spots identified by the facility. According to SOPM 07.02 Deletion, New Installation or Relocation of Video Surveillance Equipment: Video Surveillance equipment shall not be installed, deleted or relocated without an approved Decision Memorandum that will be generated by the Surveillance Systems Coordinator. This includes cameras, monitors and head-end equipment. A. Prior to the new installation of video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency Safe Prison/ PREA Compliance Manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit.

The auditor conducted an interview with the Surveillance Sergeant responsible for the surveillance camera on 10/4/19 @ 8:59 am. The Sergeant explained the process for any cameras that were not operable, and the all issues are documented. The comprehensive surveillance system is out of warranty and has a twenty-day retention for recording purposes. The surveillance cameras are serviced by the Region and Security Operations. The auditor conducted a surveillance camera review and observed the following areas while the Surveillance Sergeant navigated through system as requested: 12 building @ 9:30 am day shift on 9/14/2019 and all areas of concern were pixelated; entrance of 12 building @ 2140 night shift with no visibility of cross-gender viewing; and 3 building (A,B,C) @ 6:00 pm on 9/16/2019 with pixelated areas with no possibility of cross-gender viewing. The Safe Prisons Sergeant/PREA manager worked in conjunction with the Surveillance Sergeant to review the camera locations, areas for potential cross-gender viewing in order to pixelate all areas necessary. The auditor viewed the cameras for cross-gender viewing, unannounced rounds, direct view of showers/restrooms, searches in progress, and daily operations and the overall safety of the facility.

The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment to enhance the agency's ability to protect inmates from sexual abuse. The Security Operations "Equipment Status Report" records the approved quantity of cameras allocated to each unit. The "Surveillance Operations "Equipment Status Report" is maintained by Security Operations in coordination with the unit. Security Operations is responsible for updating and maintaining the "Equipment Status Report". The quantity of cameras allocated may be increased or decreased as required by unit mission changes, staffing changes, inmate security designation, or to protect inmates against sexual abuse. Requests to change the unit's camera allocation will be made utilizing the following procedures. Whenever necessary, but no less frequently than once each year the Unit Warden shall review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The unit Warden shall collect any relevant information from the agency Safe Prison/ PREA Compliance Manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year.

Corrective Action: The auditor recommends no corrective action

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

- Has the agency documented its efforts to provide 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- SPPOM 02.02 Inmate Victim Representative;
- Reviewed RCC MOU;
- Reviewed five letters showing efforts to obtain services for local Rape Crisis Centers;
- Safe Prisons/PREA Plan 2/19;
- Reviewed list of OVR Representatives;
- CTSD Inmate Victim Representative (OVR) Training;
- Reviewed over sixty attempts to solicit community rape crisis organizations;
- TAASA Service Directory; CMHC G-57-01 Sexual Assault/Sexual Abuse;
- TDCJ Office of Inspector General OIG-04.05 Inmate Sexual Assault Investigations;
- Safe Prisons/PREA Operational Manual-Sexual Abuse Response & Investigation 05.01;
- Evidence Handling AD-16.03

Interviews:

- SANE/SAFE Staff (no SAFE/SANE nurses onsite/inmates are transported offsite location/hospital)
- Random Staff
- PREA Compliance Manager
- Medical Staff

Site Review Observations:
The facility has trained Offender Victims Representatives on the facility interviewed by the auditor with knowledge of their duties and responsibilities for victims of sexual abuse.

Findings:
115.21 (a) The Safe Prisons/PREA Operational Manual-Inmate Victim Representative; Written policy and procedure require the TDCJ to make available to an inmate victim of sexual assault, a victim advocate from a rape crisis center. When an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the inmate victim, provide an OVR to support the inmate victim through the forensic medical examination process and investigatory interviews. Twenty-six random staff interviews were conducted, and they were able to describe the reporting process for a sexual abuse allegation.

115.21 (b) The facility did not house any youthful inmates at the facility. The auditor reviewed the facility operating policies and procedures along with primary & secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit of the facility. The facility provided the auditor with Offender Victim Representative (OVR) Training confirming compliance with the standard for this recertification review period.

115.21 (c) The facility has staffed trained and assigned as Offender Victims Representatives (OVR) on the facility available to the inmate population 24/7. The OVR shall provide emotional support, crisis intervention, information, and referrals. OVR's shall be approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues. Each unit warden shall designate at least two OVR's from the following job qualifications Mental Health Practitioner, Sociologist, Chaplain, Social Worker, or Case Manager. The facility transports all sexual assault victims to the local hospital where on-call SANE nurses are available 24/7. *Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that ER staff have specialized training to complete a forensic exam but does not require that be SANE or SAFE training. When possible SANE or SAFE will be utilized*. The number of forensic medical exams conducted during the past 12 months: 2 (information collected for the PAQ). The number of exams performed by SANEs/SAFEs during the past 12 months: 2 (information collected for the PAQ).

115.21 (d) The facility has employees trained and assigned as Offender Victims Representatives (OVR) on the facility available to the inmate population 24/7. The OVR shall provide emotional support, crisis intervention, information, and referrals. OVR's are approved by the unit warden to serve in this role and shall receive the necessary training concerning sexual assault and forensic examination issues. *Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that ER staff have specialized training to complete a forensic exam but does not require that be SANE or SAFE training. When possible SANE or SAFE will be utilized.*

115.21 (f) The agency is responsible for conducting investigations on the facility.

Corrective Action: The auditor recommends no corrective action.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
- SPPOM 05.05 Completing the Inmate Protection Investigation;
- Safe Prisons PREA Plan 2/19;
- SPPOM 05.01 Sexual Abuse Response and Investigation;
- AD-16.20 Reporting incidents Crimes to the Office of the Inspector General;
- OIG-04-05 Inmate Sexual Assault;
- BP-01.07 Inspector General Policy Statement;
- PD-29 Sexual Misconduct with Inmates

Interviews:

- Warden

Findings:

115.22 (a) The Safe Prisons/PREA Plan (2/19) addresses this standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred on the appropriate investigative forms contained within AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents," for staff-on-inmate allegations and the SPPOM for inmate-on-inmate allegations. All incidents were fully reported and investigated. Three Investigators were interviewed (Office of Inspector General, Captain and a Lieutenant) and found to be very knowledgeable concerning the responsibilities under the PREA Standards to include verification of the PREA required training. During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 49. During the past 12 months, the number of allegations referred for criminal investigation: 49 (information collected from the PAQ).

115.22 (b) The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit of the facility. The auditor reviewed investigator training files who were trained in conducting sexual abuse investigations in confinement settings. All supervisors reviewed received the Specialized Training for Conducting a Thorough Investigation. The auditor reviewed the Office of Inspector General NIC training confirming compliance with the standard for this recertification review period.

115.22 (c) The Office of Inspector General (OIG) conducts the criminal investigations on the facility. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The auditor reviewed ten investigator training files who were trained in conducting sexual abuse investigations in confinement settings. The auditor reviewed the Office of Inspector General NIC training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Staff Training Acknowledgement forms;
- Correctional Training and Staff Development 2019/Safe Prison PREA Program/Supervisor In-Service Training;
- Correctional Training and Staff Development 2019 Pre-Service Training
- Safe Prisons Module: Sexual Abuse/Assault;
- CTSD Pre-service Training Block 1 Safe Prisons/PREA Plan;
- Safe Prisons PREA in Texas-Video Script;
- Safe Prisons/PREA Plan; CTSD Non-Supervisor In-Service Training Safe Prisons PREA;
- SM-02.02 On-the-Job Training (OJT) Program;
- AD 12.20 Implementation & Operation of the TDCJ In-Service Program;
- ED-12.10 TDCJ Training Database;
- PD-97 Training and Staff Development;
- Pre-Service Training Inmate Protection Investigations;
- PD-29 Sexual Misconduct with Inmates;
- SPPOM 06.01 Unit Safe Prisons PREA Program Awareness Training

Interviews:

- Random Staff

Findings:

115.31 (a) The Safe Prisons/PREA Plan (2/19) addresses this standard in the policy. All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan.

115.31 (b) All employees who may have contact with inmates shall receive the following information in accordance with the Safe Prisons/PREA requirements: zero-tolerance policy on sexual abuse and sexual harassment; methods of fulfilling responsibilities, the right of inmates to be free of sexual abuse and harassment; the right of inmates and staff to be free from retaliation for reporting abuse, the characteristics of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid in appropriate relationships with inmates; how to communicate effectively and professional with LGBTI inmates; how to comply with relevant laws and mandatory reporting; & common characteristics of victim/predators. All training is tailored to the gender of the inmate at the unit of assignment.

115.31 (c) The facility provided the auditor with Standard/Supplemental Safe Prisons/PREA Training Employee Acknowledgement forms, Employee Training, curriculums additional forms of 40 training files confirming compliance with the standard for this recertification review period. A review of the training curriculum, training records and interviews support that staff have been trained regarding the requirements of PREA. The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements: 663. All staff are required to carry the PREA card with their first responder duties. All staff have been trained on first responder duties and how to report a sexual abuse allegation.

115. 31 (d) The staff interviewed by the auditor were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues. The staff interviewed by the auditor were experienced and well versed in evidence collection and reporting expectations. The auditor concluded that the facility complies with the standard on their training efforts for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Administrative Directive-02.46 Employees of Private Business and Governmental Entities Contracting with the TDCJ;
- CMHC C-25.1
- CMHC C-19.1
- Administrative Directive 16.03
- UTMB NEO Training and Schedule
- PD-29 Sexual Misconduct with Inmates;
- Handbook for Volunteers;
- Letter of Orientation for Special Volunteers;
- PD-97 Training for Staff Development;
- Safe Prisons/ PREA Plan 02/19;
- Safe Prisons in Texas-Video Script
- Explanation Statement of Fact from TDCJ Volunteer Services;
- Volunteer Services-2015;
- Volunteer Services Plan;
- AD-07-35 Administration of Volunteer Services;
- Appendix F Acknowledgement of Volunteer Training Orientation;
- Volunteer Training Acknowledgement;
- Volunteer Training Schedule

Interviews:

- Volunteer(s) and Contractor(s) who have contact with inmates

Findings:

115. 32 (a) The Safe Prisons/PREA Plan (dated 2/19) addresses the standard in the policy-Contractor and Volunteer Content. All volunteers and contractors who have contact with inmates shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures is accordance with the TDCJ Volunteer Services Plan, PD-29, "Sexual Misconduct with Inmates," and this plan.

115. 32 (b) The level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with inmates; however, all volunteers and contractors who have contact with inmates shall be notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures of reporting incidents. All volunteers/contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.

115.32 (c) The agency maintains documentation confirming that volunteers/contractors understand the training they have received. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: Unit Volunteers-222; Medical – 58; Staff contracting with Windham -8. Each volunteer signs the Acknowledgement of Training (AOT) Form after each training session. The AOT Form is filed in the volunteers' central file maintained at TDCJ Volunteer Services in Huntsville, Texas. The volunteer's electronic file is the source to which the facility identifies the approval status of a volunteer.

The electronic file is updated by TDCJ Volunteer services staff. The facility provided the auditor with Acknowledgment of Volunteer Training Orientation confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
  ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
  ☒ Yes ☐ No

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- UCPM-05.00 Unit Orientation Procedures with Attachments;
- SPPOM 06.02 with Attachment Q;
- Inmate Orientation Handbook;
- Inmate Video Instruction Letter;
- IPM 01.10 Initial Orientation;
- AD-04.25 Language Assistance Services to Inmates Identified as Monolingual Spanish Speaking;
- AD-06.25 Qualified Interpreter Services-America Sign Language;
- CMHC Policy E-37.5 Interpreter Services;
- CMHC Policy G-51.01 Inmates with Special Needs;

- CMHC Policy G-51.5 Certified ASL Interpreter Services;
- SM-05.50 Qualified Spanish Interpreters Guidelines;
- Staff who speak Foreign Languages 2016;
- Inmate SAA Video Script;
- 14. SPPOM 02.03 Postings and Brochure

Site Review Observations:
The auditor conducted inmate interviews on October 2-4, 2019 with no inmate refusals. The auditor selected a geographically diverse sample of random male inmates for the audit process to include housing units by a selecting the first and tenth of every housing unit. There was a total of 79 inmates who were interviewed onsite, in a room on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Findings:
115.33 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. During the intake process, inmates shall be provided with educational information explaining the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual.

115.33 (b) Within 30 days of intake, the USPPM shall ensure inmates are provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents within 30 days of intake: 4995 (information collected from the PAQ).

115.33 (c) The number of inmates admitted during the past 12 months who were given this information at intake: 2471 (information collected from the PAQ).

115.33 (d) Inmate PREA education is available in accessible formats for all inmates including those who are LEP or disabled. The PREA video is played in the dayroom television requiring all inmates to view the PREA informational video monthly. The facility continues to provide inmates PREA information through Wall Talk classes held by trained Peer Educators providing this information to the inmate population weekly or twice a month. The facility has maintained these classes consistently providing additional information for the inmate population.

115.33 (e) The facility provided the auditor with inmate training confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- BP-01.07 Inspector General Policy Statement;
- CTSD Safe Prisons PREA Investigation Training;
- OIG OPM 02.15 Training Procedures;
- OIG LP3201 Sexual Assault Investigative Topics;
- PD-97 Training and Staff Development;
- AD-16.03 Evidence Handling;
- CMHC C-25.1 Orientation Training for Health Services Staff;
- OIG OPM 04.05 Inmate Sexual Assault Investigation;
- OIG LP-2029 Interviewing and Interrogation Lesson Plan;
- ED-12.10 Training Records and Database;
- OIG Roster for NIC PREA Training

Interviews:

- Investigative Staff

Investigation Files: The facility had a total of forty-nine sexual abuse/sexual harassment allegations in the past twelve months. The USPPM provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seventeen investigations listed in the chart below.

Description	Status	OIG Referral	Criminal Case/Disposition
Inmate on Inmate Allegation	Substantiated	Referred to OIG	Active/open
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
• Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
• Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
• Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
• Allegations against staff	Unsubstantiated	Referred to OIG	Active/Open
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
• Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened

Findings:

115.34 (a) The Safe Prison/PREA Plan (2/19) addresses the standard in the policy. All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office 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.

115.34 (b) The Investigations of sexual abuse- threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

115.34 (c) The auditor reviewed investigator files who were trained in conducting sexual abuse investigations in confinement settings. The auditor interviewed three investigators (OIG, Captain, Lieutenant) who described the sexual abuse investigation process.

115.34 (d) The auditor reviewed the Office of Inspector General NIC training (139) confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Letter of Orientation TDCJ Health Services Division Trainees;
- AD-16.03 Evidence Handling;
- CMHC C-19.1 Continuing Education & Staff Development;
- CMHC C-25.1 Orientation Training for Health Service Staff;
- PD-97 Training and Staff Development and Statement of Fact for Forensic Exams

Interviews:

- Medical and Mental Health

Site Review Observations:

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site

visit and tour of the facility. The facility provided the auditor with medical/mental health training confirming compliance with the standard for this recertification review period.

Findings:
115.35 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Ongoing Medical and Mental Health: All inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

115.35 (b) The evaluation and treatment of such inmate victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their release from custody. Inmate victims shall be provided medical and mental health services consistent with the community level of care. Inmates who have the capacity to become pregnant as a result of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies. Inmates who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies. CMHC C-25.1, CMHC C-19.1, AD-16.03, PD-97, UTMB NEO Training and Schedule, Texas Tech Training (1-4 Quarter). Agency medical staff does not conduct forensic medical exams but are trained on their responsibility per 115.32. A mental health evaluation of all known inmate-on-inmate abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

115.35 (c) The auditor reviewed medical and mental health training verifying compliance with the standard. The auditor interviewed medical and mental health staff verifying that they had received PREA training and understood the reporting process required by the standards.

115.35 (d) The auditor reviewed training logs of medical and mental health staff to include fifteen contractors.
Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

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

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

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

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

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

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

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

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

115.41 (f)

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

115.41 (g)

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

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

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

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Safe Prisons PREA Plan 2/19;
- SPPOM-03.01 Inmate Assessment Screening with Attachment E & E1
- CMHC E-35.01 Mental Health Appraisal for Incoming Inmates;
- CMHC A-09.01 Privacy of Care;
- Disclosed Sexual Victimization;
- IPM-CL-69 Psychological Screening Interview;
- IPM 5.06 Intake Procedure Security Referrals

Interviews:

- Staff responsible for Risk Screening
- Random inmates
- PREA Compliance Manager

Findings:

115.41 (a) The number of inmates entering the facility within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry to the facility: 2414. The number of inmates entering the facility within the past 12 months who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 1017.

115.41 (b) The auditor reviewed 38 inmate files for the following documentation: PREA Intake Screening within 72 hours of admission; Potential Victim or Potential Aggressor; LGBTI; Follow-up meeting with Medical/Mental Health offered; Reassessment within 30-days from arrival to the facility; warranted reassessment (incident, referral, request, new info); & PREA Information/Comprehensive Training. During the documentation review of the inmate files and records for 115.33, 115.41 and 115.81; it was discovered that 3 out of 38 files reviewed did not have the initial risk assessment prior to the inmate's arrival. The facility conducted over five hundred inmate interviews which had arrived prior to the initial PREA Act in 2001. Most of the inmates had been incarcerated prior to 2001 and the facility conducted the risk assessment on all inmates requiring the training to include the 30 day follow up and referrals as needed. The facility discovered three inmate files that required the risk assessment and the PREA manager conducted the interviews as required upon discovered. The facility took immediate action and the Regional PREA manager conducted training specifically for the staff who were responsible for conducting the PREA risk assessments. The facility displayed great character and good faith when conducting the risk assessments for each individual inmate. The facility administration monitored the risk assessments for a 30-day period with no further action required.

115.41 (c) SPPOM-03.01 Inmate Assessment Screening with Attachment E & E1.

115.41 (d) SPPOM-03.01 Inmate Assessment Screening with Attachment E & E1. The agency does not detain inmates solely for civil immigration purposes.

115.41 (e) The interview with the staff responsible for risk screening determined that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The agency does not detain inmates solely for civil immigration purposes.

115.41 (f) SPPOM-03.01 Inmate Assessment Screening with Attachment E & E1. The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 1017.

115.41 (g) The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 1017.

115.41 (h) The facility prohibits the use of disciplinary sanctions for inmates refusing to answer or disclose complete questions. The interview with staff responsible for risk screening stated that inmates would not be disciplined if they refused to answer the questions.

115.41 (i) The PREA Coordinator, PREA Manager and Staff Responsible for Risk Screening stated during the interview that only authorized staff could view the assessments.

Corrective Action: The auditor suggested the following and worked in conjunction with the Warden, PREA manager and Regional PREA manager in implementing the corrective action plan. The auditor reviewed 38 inmate files for the following documentation: PREA Intake Screening within 72 hours of admission; Potential Victim or Potential Aggressor; LGBTI; Follow-up meeting with Medical/Mental Health offered; Reassessment within 30-days from arrival to the facility; warranted reassessment (incident, referral, request, new info); & PREA Information/Comprehensive Training. During the documentation review of the inmate files and records for 115.33, 115.41 and 115.81; it was discovered that 3 out of 38 files reviewed did not have the initial risk assessment completed. The facility conducted over five hundred inmate interviews which had arrived prior to the initial PREA Act in 2001. Most of the inmates had been incarcerated prior to 2001 and the facility conducted the risk assessment on all inmates requiring the training to include the 30 day follow up and referrals as needed. The facility discovered three inmate files that required the risk assessment and the PREA manager conducted the interviews as required upon discovering. The facility took immediate action and the Regional PREA manager conducted training specifically for the staff who were responsible for conducting the PREA risk assessments. The facility displayed great character and good faith when conducting the risk assessments for each individual inmate. The facility administration monitored the risk assessments for a 30-day period with no further action required. All documentation of training was submitted to the auditor and no further action was required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- SPPOM 03.01 Attachment E;
- TDCJ Classification Plan;
- Safe Prisons/PREA Plan 2/19;
- AD 04.18 Inmate Job Assignments,
- Job Descriptions;
- AD-04.17 Inmate Housing Assignment Criteria and Procedures;
- SPPOM 03.01 Inmate Assessment Screening;
- SPPOM 03.02 Special Population Review;
- CMHC G-51.111 Treatment of Inmates with Intersex Conditions, or Gender Dysphoria, formerly known as Gender Identity Disorder;
- UCPM-0400 Inmate Housing Assignments;
- PO-07.015 Shower Officer;
- SM-01.01 Correctional Institutions Division (CID) Security Policies and Procedures System

Interviews:

- PREA Manager
- Staff responsible for Risk Screening
- Transgender/Intersex inmate Interviews

Site Review Observations:

The following areas were observed by the auditor for privacy of showers in housing units and privacy for all toilet work areas: food service, education, medical and boiler room, visitation area, maintenance, commissary, educational, inmate housing (dormitory and cell block), recreation yard, gymnasium, and laundry.

Findings:

115.42 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmates identified as transgender or intersex shall be given the opportunity to shower separately from the inmates in accordance with Correctional Managed Health Care (CMHC) policies. LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these inmates. Inmates of the LGBTI community were interviewed and stated that they were housed in general population. The auditor reviewed the inmates housing location for verification of housing.

115.42 (b) All inmates shall be assessed during intake and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other inmates. Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM. Assignments shall be made through collaborative efforts of intake staff, the USPPM, and medical and mental health services by using objective screening instruments.

115.42 (c) The intake screening shall include at a minimum the following criteria to assess inmates for risk of sexual victimization: any mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; perception of the inmate as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; and the inmates own perception of vulnerability. Within a period not to exceed 30-days from the inmate's arrival at an intake facility, the inmate shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information by the TDCJ since the initial intake screening. An inmate's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the inmate's risk of sexual victimization or abusiveness.

The facility has identified those at heightened risk of being sexually victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse. A review of the documentation of reassessment of programming assignments were reviewed.

115.42 (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The PREA Compliance Manager and Staff Responsible for Risk Screening to determine compliance. Interviews with the PREA Compliance Manager, Staff Responsible for Risk Screening and Transgender and Intersex Inmates verified compliance with the standard. Transgender/Intersex inmates stated that the PREA manager/staff meet with them once or twice a month to ensure their safety and wellbeing aside from their 6-month review. The PREA manager/staff are readily available and visible all the time.

115.42 (e) There were multiple interviews with transgender and intersex inmates onsite; and the policy determined inmate's own views with respect to his or her own safety shall be given serious consideration.

115.42 (f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Interviews with transgender and intersex inmates verified compliance with the standard.

115.42 (g) The facility did not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The PREA Coordinator, PREA Compliance Manager and Transgender/Intersex/Gay/Lesbian inmates interviews verified compliance.

Corrective Action: The auditor recommends no corrective action.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

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

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

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

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

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

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

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

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

115.43 (e)

- In the case of each inmate who is placed in involuntary 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Protective Safe Keeping Plan with attachments;
- I-169 Administrative Segregation Initial Placement & Notification;
- O-203 Placement on Restriction Ad-Seg Level Review;
- SPPOM 05.05 Inmate Protection Investigation;
- Safe Prisons/PREA Plan 2/19;
- Administrative Segregation Plan;
- Guidelines for Administrative Segregation Committee Members;
- AD-04.63 Transient Status Inmates

Interviews:

- Warden
- Staff who supervise inmates in segregation

Site Review Observations:
The auditor observed the restrictive housing units and recreation dayroom during the site review. The auditor randomly asked the segregation officer assigned to the facility questions regarding PREA responsibilities. The staff were knowledgeable about the PREA reporting procedures and privacy during strip searches.

Findings:
115.43 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmates at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

115.43 (b) Number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.

115.43 (c) Number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0.

115.43 (d) From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

115.43 (e) AD-04.63 Transient Status Offenders I-169 Initial Placement I-203 Placement on Restriction Guidelines for ASC Members Protective Safe Keeping Attachment B.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- BP-03.91 Uniform Inmate Correspondence Rules;
- Safe Prisons/ PREA Plan 2/19;
- SPPOM 02.03 Attachment A;
- SPPOM 02.03 Attachment AS Spanish;
- AD-14.09 Postage and Correspondence Supplies;
- Civil Immigration;
- ED-02.10 PREA Complaints and Inquiries;
- PD-29 Sexual Misconduct with Inmates;
- General Information Guide for families of Inmates;
- Inmate Orientation Handbook (English & Spanish)
- TBCJ PREA Brochure

Interviews:

- Random sample of staff
- Random sample of inmates

Site Review Observations:
Inmates were interviewed in an office setting, in a separate room on an individual basis with privacy and enough time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. No inmates refused during the inmate interview process.

Findings:
115.51 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmates shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including but not limited to, extortion and violence. The inmate may report allegations verbally or in writing to any staff member pursuant to all standards defined in Section IV of this plan. A random sample of inmates determined that the facility has provided them with multiple ways to report sexual abuse. The inmates stated that the PREA signs were posted everywhere and that the PREA video was shown weekly.

115.51 (b) The facility provided the PREA Ombudsman information in both English and Spanish for the inmate population to report a sexual abuse or sexual harassment. A method shall be provided for staff to privately report sexual abuse and sexual harassment of inmates. Staff shall accept reports made verbally; in writing accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman Office, OIG, or PREA Ombudsman office any time they have knowledge of or suspect an inmate has been sexually abused, sexually harassed, or requires protection.

115.51 (c) The random staff interviewed by the auditor stated that inmates could make the report of a sexual abuse or sexual harassment by reporting it to any staff, OIG, family members, third-party reporting, anonymously, and in writing to the PREA Ombudsman office. The facility has PREA information in all areas of the facility either painted in large print and displayed on the bulletin boards in every office, inmate work area, departments and housing areas.

115.51 (d) Random staff interviewed stated that they can report a PREA violation to the Warden, Office of Inspector General, and PREA Ombudsman. The facility labeled the designated strip search area by painting it on the door or permanent privacy barrier for identification of the area. The auditor observed a large bulletin boards displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information with addresses and phone numbers, Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit along with lots of other PREA literature for the inmate population.

The following information describes the areas observed by the auditor during the site review which included: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen/Dining/Laundry/Warehouse; Medical/Education and Library; 11 building and Reception (51 bunks); Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance/Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.)

The facility has 739 surveillance cameras and has 96 security mirrors throughout the facility to eliminate blind spots identified by the facility. The auditor tested the phone lines which were in working condition. The grievances are available to the inmate population upon request, inmates can also request it from the Grievance department if needed or any other staff member. The auditor observed the notice of audit in both English and Spanish dated 8/28/19 at the entrance of the facility in the front administration area.

Corrective Action: The auditor recommends no corrective action.

Standard 115.52: Exhaustion of administrative remedies

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

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) take 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- BP-03.77 Inmate Grievances;
- Safe Prisons/PREA Plan 2/19;
- AD-03.82 Management of Inmate Grievances;
- OGOM Appendix B Instructions on How to Write and Submit Grievances;
- OGOM Appendix U Third Party Preliminary Investigation Form;
- OGOM Section 9 Third Party Grievances;
- OGOM Section 4.00 Grievance Timelines;
- OGOM 01.04 PREA Allegations;
- OGOM 1.01 Step 1 Grievances; and Sexual Abuse Grievances

Interviews:

- Inmate who reported sexual abuse
- Grievance Coordinator

Findings:
115.52 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy.

115.52 (b) The facility policy allows inmates to submit a grievance regarding sexual abuse at any time with no limitation to reporting. This grievance information is in the inmate handbook in both English and Spanish. Random inmate interviews determined that they were aware of the reporting process without limitations.

115.52 (c) In accordance with the TDCJ Inmate Grievance Operations Manual: an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is subject of the complaint.

115.52 (d) A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievances. An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Inmate Grievance Operations Manual. In the past 12 months, the number of grievances that alleged sexual abuse: 53 (information obtained from the PAQ).

115.52 (e) The facility policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.

115.52 (f) An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Inmate Grievance Operations Manual. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.52 (e) – 3 that had an initial response within 48 hours: 1.

115.52 (g) In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- Inmate Orientation Handbook (English & Spanish);
- Rape Advocacy Centers; Safe Prisons PREA Plan;
- Uniform Inmate Correspondence Rules;
- PREA Complaints and Inquiries;
- SPPOM 02.03 Attachment C;
- RCC MOU Example;
- RCC Solicitation Letter;
- RCC Solicitation Letters April 2018 Showing Effort

Interviews:

- Random sample of inmates
- Inmates who reported sexual abuse

Site Review Observations:

The agency has made numerous attempts with local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The facility currently does not have an MOU with outside victim advocates however, the rape crisis information is displayed and made available to the inmates as required. During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers of the Texas Association Against Sexual Assault (La Asociacion de Texas Contra el Asalto Sexual), Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the inmate housing units. The auditor observed the rape crisis center information in the following housing units: The following information describes the areas observed by the auditor during the site review which included: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen/Dining/Laundry/Warehouse; Medical/Education and Library; 11 building and Reception (51 bunks); Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance/Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.)

The inmates explained that the rape crisis information was posted in the inmate housing units for easy access and the booklet was in the law library for inmate use as needed with over 100 addresses and representatives available.

Findings:
115.53 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmate Victims Services (OVS) Attempts shall be made to make a victim advocate from a rape crisis center available to the inmate victim first. Forty-seven random inmate interviews determined they were aware of how to obtain and contact the rape crisis center information in the event it was needed. The inmates explained that the rape crisis information was posted in the inmate housing units for easy access and the booklet was located in the law library for inmate use as needed with over 100 addresses and representatives available. The facility does not house persons detained solely for civil immigration purposes.

115.53 (b) The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.

115.53 (c) The agency has made numerous attempts with local rape crisis centers to obtain a Memorandum of Understanding (MOU). The agency mailed out over sixty letters to local rape crisis centers in attempts to secure an MOU to no avail. The facility currently does not have an MOU with outside victim advocates however, the outside victim advocate information is displayed and made available to the inmates as required. During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers, Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project in the inmate housing units. The auditor observed the rape crisis center information in the following housing units: Administration, Visitation, Indoor recreation, General Population housing units (432 bunks per building and 144 bunks for pod); Recreation/Gym; Vocational (Windham); Kitchen/Dining/Laundry/Warehouse; Medical/Education and Library; 11 building and Reception (51 bunks); Restrictive Housing (504 bunks and 84 bunks per pod); Maintenance/Boiler room; Sally port/Back gate; Garment factory, and 18/19 General population housing (334 cubicles per bldg.) The auditor observed a large bulletin boards displaying the PREA zero-tolerance signs in both English and Spanish to include the rape crisis center contact information with addresses and phone numbers, Texas Civil Rights Project Prisoners' Rights Project, Just Detention International and Texas-ACLU Prison and Jail Accountability Project, Auditor Notice of Audit for the inmate population.

Corrective Action: The auditor recommends no corrective action.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- ED 02.03 Ombudsman Program;
- ED 02.10 PREA Complaints and Inquiries;
- General Information Guide for Families of Inmates;
- Inmate Orientation Handbook (English & Handbook);
- Safe Prisons/PREA Plan;
- SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency

Site Review Observations:
During the site review on 10/1/19, the auditor observed the Third-party notices publicly displayed throughout the facility to include the front lobby, visitation area, staff/medical break areas, and inmate housing units.

Findings:
115.54 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. The TDCJ shall establish guidelines for the management of the Ombudsman Program and procedures for responding to complaints or inquiries regarding the TDCJ, both through the Ombudsman Program and TDCJ staff. This information is available publicly on the internet. Inmates may report allegations directly to the major, the Office of Inspector General (OIG), the PREA Ombudsman Office. Reports to the PREA Ombudsman may be made confidentially and in accordance with ED-02.10, Prison Rape Elimination Act Complaints and Inquiries.

PREA Ombudsman: The TDCJ has a "Zero-Tolerance" for all forms of sexual abuse and sexual harassment of inmates. The TDCJ is committed to taking a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact, and sexual harassment of inmates in the custody of the department.

The Prison Rape Elimination Act (PREA) Ombudsman was established by the 80th Legislature in 2007 (Texas Government Code, Section 501, subchapter F), and is appointed by the Texas Board of Criminal Justice (TBCJ). The PREA Ombudsman reports directly the chairman of the TBCJ and is an office external to the reporting process of TDCJ. The PREA Ombudsman was created to provide inmates, and the public, with an independent office to report sexual assaults. The PREA Ombudsman provides a confidential avenue for inmates to report sexual abuse and sexual harassment, as well as investigating and responding to PREA complaints and inquiries received from elected officials, the public, and inmates. The primary responsibilities of the PREA Ombudsman Office are to:

- Monitor TDCJ's efforts to eliminate the occurrence of sexual abuse and sexual harassment in correctional facilities;
- Review the TDCJ's policies and procedures to ensure they follow federal and state laws and standards; and
- Respond to public inquiries related to allegations of sexual abuse and sexual harassment in TDCJ correctional facilities and ensure impartial resolution.

HOW TO CONTACT THE PREA OMBUDSMAN (Please submit inquiries in writing) Anyone knowledgeable of an inmate-on-inmate or staff-on-inmate sexual abuse or sexual harassment that occurs within a TDCJ correctional facility is encouraged to immediately report the allegation.

PREA Ombudsman Office
P.O. Box 99,
Huntsville, TX 77342-0099
phone: 936-437-5570
fax: 936-437-5555
email: prea.ombudsman@tdcj.texas.gov
(This information is publicly displayed and available on the internet)

General Information for Families of Offenders Brochure (available online)
http://www.tdcj.texas.gov/ks_offender.html
http://www.tdcj.texas.gov/tbcj/prea.html

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- CMHC Policy G-57-01;
- COURAGE YOP Operations Manual 02.05 Requirements of Contact DFPS;
- AD-16.20 Reporting Incident Crimes to the Office of the Inspector General;

- PD-29 Sexual Misconduct with Inmates;
- SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:
1. Random sample of staff
2. Warden
3. PREA Compliance Manager
4. Medical/Mental Health staff

Findings:
115.61 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigate, security, and management decisions. An inmate may report allegations verbally in writing to any staff member pursuant to all standards defined in Section IV of this plan. A total of 34 random staff interviews were conducted and staff is very well trained on how to respond to a sexual abuse victim.

115.61 (b) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigate, security, and management decisions. A total of 34 random staff interviews were conducted and staff is very well trained on how to respond to a sexual abuse victim and the importance of confidentiality.

115.61 (c) Medical and Mental Health staff interviews determined that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

115.61 (d) The facility does not house youthful inmates. Texas has Criminal Laws Prohibiting Sexual Abuse of Individuals in Custody https://nicic.gov/fifty-state-survey-criminal-laws-prohibiting-sexual-abuse-individuals-custody

115.61 (e) The warden was interviewed and stated that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Corrective Action: The auditor recommends no corrective action.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- List of Sexual Assault with outcomes;
- Investigations Reviewed;
- Safe Prisons PREA Plan;
- AD-02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents;
- SPPOM 05.01 Sexual Abuse Response and Investigation;
- SPPOM 05.03 Time Frames Associated with Inmate Protection Investigations.

Interviews:

- Warden
- Random sample of staff

Findings:

115.62 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Staff and Third-Party Reporting of Allegations: All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against inmates or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: 0. Interviews with the Agency Head, Warden or Designee & Random Sample of Staff validated the immediate response to a sexual abuse allegation.

A method shall be provided for staff to privately report sexual abuse and sexual harassment of inmates. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. Family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman office, OIG, or PREA ombudsman office any time they have knowledge of or suspect an inmate has been sexually abused, sexually harassed, or requires protection. Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform inmates of the practitioner's duty to report, as well as the limitations of confidentiality. Suspected or reported staff-on-inmate sexual abuse, staff neglect, or violation of responsibilities shall be reported in accordance with the guidelines in PD-29, "Sexual Misconduct with Inmates."

Corrective Action: The auditor recommends no corrective action.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- BP 01.07 Inspector General Policy Statement;
- SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies;
- Safe Prisons PREA Plan 2/19;
- Agency Demonstration-Reporting to other confinement facilities;
- AD 16.20 Reporting incident crimes to the Office of the Inspector General;
- SPPOM 04.02 Receiving Allegations of Sexual Abuse from Outside Agency;

- SPPOM 05.05 Completing the Inmate Protection Investigation;
- SPPOM 05.01 Sexual Abuse Response and Investigation; and Notification to other units

Interviews:

- Warden

Findings:
115.63 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Reporting to other confinement facilities: After receiving an allegation that an inmate was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPOM with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred. During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 2.

115.63 (b) The facility policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) The facility documents the 72-hour notifications.

115.63 (d) The interview with the Warden determined that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 2.

Corrective Action: The auditor recommends no corrective action.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

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

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- OIG OPM 04.05 Inmate Sexual Assault Investigation;
- Safe Prisons PREA Plan 2/19;
- AD 16.03 Evidence Handling;
- SPPOM 05.01 Sexual Abuse Response and Investigation

Interviews:

- First Responders
- Random sample of staff

Findings:
115.64 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. In the past 12 months, the number of allegations that an inmate was sexually abused: 48. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 12. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

3. Of these allegations, the number of times the first security staff member to respond to the report: 1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. 2) Requested 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. 3) Ensured 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: 3 (information collected from PAQ).

115.64 (b) Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 2. Of those allegations responded to first by a non-security staff member, number of times that staff member: (1) Requested that the alleged victim not take any actions that could destroy physical evidence. (2) Notified security staff. 2. All staff are trained as first responders and required to carry a PREA First Responder Card as part of their uniform.

Corrective Action: The auditor recommends no corrective action.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan;
- SPPOM 05.01 Sexual Abuse Response and Investigation;
- McConnell Unit Sexual Abuse Coordinated Response Plan

Interviews:

- Warden
- Medical/Mental Health staff
- Investigative staff

Findings:
115.65 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff.

The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G. of this plan. The services of a victim advocate or OVR and additional information regarding coordinated response procedures found in the SPPOM. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility.

Corrective Action: The auditor recommends no corrective action.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
- PD-29 Sexual Misconduct with Inmates;
- PD-35 Independent Dismissal Mediation and Dispute Resolution.

Interviews:

- Agency head

Findings:
115.66 (a) The Texas Department of Criminal Justice does not collectively bargain nor enter into collective bargaining agreements that limits the agency's ability to protect inmates from contact with abusers (i.e., staff sexual abusers pending the outcome of an investigation or a determination of whether or not and to what extent discipline is warranted).

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility does not collectively bargain nor enter into collective bargaining agreements that limits the agency's ability to protect inmates from contact with abusers. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

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

115.67 (b)

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

115.67 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

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

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

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

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

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

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

115.67 (d)

- 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- PD-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature;
- 90-day monitoring forms;
- PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
- PD-29 Sexual Misconduct with inmates;
- SPPOM 02.04 Intervention Practices;
- SPPOM 05.08 90-day monitoring for retaliation;
- SPPOM 05.08 Attachment N.O Inmate 90-day Monitoring Form;
- SPPOM 05.08 Attachment N.S. Staff 90-day Monitoring Form;
- Safe Prisons/PREA Plan 2/19

Interviews:

- Agency head
- Warden
- Designated staff member charged with monitoring retaliation
- Inmates who reported sexual abuse

Findings:
115.67 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Protection from Retaliation: Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM. PD-22, PD-29 SPPOM-05.08, 02.04 & Safe Prisons/PREA Plan.

115.67 (b) Interviews with the Agency Head, Warden or Designee, Designated Staff Member Charged with Monitoring Retaliation, Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) and Inmates who Reported a Sexual Abuse determined that the agency shall 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.

115.67 (c) The facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The number of times an incident of retaliation occurred in the past 12 months: 0.

115.67 (d) The facility monitors inmate for retaliation for a 90-day periodic checks.

115.67 (e) The facility policy ensures that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

115.67 (f) The facilities obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Corrective Action: The auditor recommended the following corrective action. The auditor reviewed a total of seventeen investigations using the documentation review for investigations for standards 115.71, 115.72, 115.73, 115.86 and 115.67. One+ of 17 investigations did not have the monitoring for retaliation for the previous year. The auditor along with the Warden, PREA manager, and PREA Regional Manager discussed the appropriate corrective action discussing the importance and requirement of the monitoring for retaliation. The Regional PREA manager conducted PREA training with every individual on the facility responsible for monitoring inmates and staff for retaliation. The PREA Regional manager conducted the training and provided the signature roster to the auditor. The Facility Administrator monitored the investigations for monitoring of retaliation for a duration of 30 days. The facility was proactive in identifying this issue prior to the audit conducting training with all supervisors responsible for the monitoring process. The auditor received the required documentation and no further action was required.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons/PREA Plan 2/19;
- AD 03.50 Administrative Segregation;
- AD 04.63 Transient Status Inmates;
- Administrative Segregation Plan;
- ASC Review Decisions Attachment 12.00-B
- Guidelines for Administrative Segregation Committee Members 0714;
- Protective Safe Keeping Plan

Interviews:

- Warden
- Staff who supervise inmates in segregation housing

Findings:
115.68 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmates at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for no longer than 24 hours. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

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

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents;
- SPPOM 05.05 Completing the Inmate Protection Investigation;

- CTSD Safe Prisons/PREA plan Investigation Training;
- OIG 04.05 Inmate Sexual Assault Investigations;
- AD-16.03 Evidence Handling;
- OIG OPM 03.72 Records Retention-PREA;
- AD 16.20 Reporting Incident Crimes to the Office of the Inspector General;
- OIG OPM 05.15 Statements & Confessions;
- BP 01.07 Inspector General Policy Statement;
- SPPOM 05.11 Completing the Staff-on-Inmate Sexual Abuse Investigative Worksheet;
- PD-29 Sexual Misconduct with Inmates;
- Records Retention Schedule

Interviews:

- Investigative staff
- Inmate who reported sexual abuse

Investigation Files: The facility had a total of forty-nine sexual abuse/sexual harassment allegations in the past twelve months. The USPPM provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seventeen investigations listed in the chart below.

Description	Status	OIG Referral	Criminal Case/Disposition
1. Inmate on Inmate Allegation	Substantiated	Referred to OIG	Active/open
2. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
3. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
4. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
5. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
6. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
7. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
8. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
9. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
10. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
11. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
12. Allegations against staff	Unsubstantiated	Referred to OIG	Active/Open
13. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
14. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
15. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
16. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
17. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened

Findings:

115.71 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Investigators and Investigation Criteria: No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit of the facility.

115.71 (b) The auditor reviewed a total of 25 files for staff investigators who have received special training in sexual abuse investigations pursuant to § 115.34. The auditor reviewed a total of 17 allegations reported during the onsite portion of the audit.

115.71 (c) The investigator interviews determined they impose a standard of a preponderance or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated confirming compliance with the standard for this recertification review period.

115.71 (d) The investigator interviews determined that all criminal cases are forwarded and investigated by the Office of Inspector General (OIG).

115.71 (e) The investigator interviews determine that credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. Polygraph examinations are not utilized by the facility.

115.71 (f) Seventeen investigations were reviewed by the auditor during the onsite portion of the audit. Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.71 (g) The auditor reviewed 17 investigations during the onsite portion of the audit. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible

115.71 (h) All criminal investigations are referred to the Office of Inspector General (OIG). The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.

115.71 (i) The auditor observed the written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment.

115.71 (j) Interviews with the investigative staff determined that all investigations will be completed even if the inmate transfers or is released from the agency.

115.71 (l) The interviews with the Warden, PREA Manager and Investigative staff determined that they would cooperate and remain engaged with all outside entities regarding a sexual abuse or sexual harassment allegation.

Corrective Action: The auditor recommends no corrective action.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- CTSD Investigative Training;
- SPPOM 05.05 Completing the Inmate Protection Investigation

Interviews:

- Investigative staff

Findings:
115.72 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Investigators and Investigation Criteria: No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility imposes a standard of a preponderance or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated confirming compliance with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:
Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- Agency Demonstration-Reporting-Inmate Notification Letters;
- SPPOM 05.05 Attachment M/UCC Notification of OPI Outcome;
- SPPOM 05.11 Attachment F Staff-on-Inmate Sexual Abuse Investigation;
- SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Inmates;
- Statement of Fact;
- SPPOM 05.05 Attachment J Inmate Protection Investigation

Interviews:

- Investigative staff
- Warden
- Inmate who reported sexual abuse

Investigation Files: The facility had a total of forty-nine sexual abuse/sexual harassment allegations in the past twelve months. The USPPM provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seventeen investigations listed in the chart below.

Description	Status	OIG Referral	Criminal Case/Disposition
1. Inmate on Inmate Allegation	Substantiated	Referred to OIG	Active/open
2. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
3. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
4. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
5. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Active/open
6. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
7. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
8. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	Unsubstantiated
9. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
10. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
11. Allegations against staff	Unsubstantiated	Referred to OIG	No case opened
12. Allegations against staff	Unsubstantiated	Referred to OIG	Active/Open
13. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
14. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
15. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
16. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened
17. Inmate on Inmate Allegation	Unsubstantiated	Referred to OIG	No case opened

Findings:
115.73 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Allegations of sexual abuse and sexual harassment shall be referred to the OIG for investigation. These referrals shall be documented on the appropriate investigative forms contained within AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, for staff-on-inmate allegations and the SPPOM for inmate-on-inmate allegations.

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 48 and the auditor reviewed one more for a total of 49. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 48 and the auditor review one more totaling 49. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 6. The following interviews were conducted with the Warden, Investigative Staff and Inmates who Reported a Sexual Abuse verifying compliance.

115.73 (b) Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 6.

115.73 (c) There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. The auditor reviewed the documentation. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Interviews were conducted with inmates who reported a sexual abuse verifying compliance.

115.73 (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews were conducted with inmates who reported a sexual abuse verifying compliance.

115.73 (e) The auditor reviewed 6 allegations and the notifications were documented. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 48. Of those notifications made in the past 12 months, the number that were documented: 48.

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

1. Safe Prisons PREA Plan 2/19;
2. Windham Board Policy WBP 07.15 Sexual Misconduct with Inmates;
3. Windham Board Policy (WBP-07.44) Professional Standards of Conduct and Disciplinary Guidelines;
4. AD 16.20 Reporting Incident Crimes to the Office of Inspector General;
5. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees;
6. PD-29 Sexual Misconduct with Inmates

Findings:
115.76 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. TDCJ has zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates.
An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.

115.76 (b) Investigators and Investigation Criteria: Sexual Abuse and Sexual Harassment investigations alleged against staff shall only be conducted by a staff member with the rank of a

Captain or above. Unit Administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

115.76 (c) All Staff-on-Inmate sexual abuse and sexual harassment allegations against staff shall be reported, investigated and documented in accordance with PD-29 Sexual Misconduct with Inmates, AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents and AD-16.20, "Reporting Incidents/Crimes to the Office of the Inspector General."

115.76 (d) In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- PD-29 Sexual Misconduct with Inmates;
- Safe Prisons PREA Plan;
- Volunteer Services Plan;
- Volunteer Training Facilitators Guide;
- Acknowledgment of Volunteer Training Orientation and Chaplaincy Manual 13.03 Ecclesiastical Endorsement

Interviews:

- Warden

Findings:

115.77 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The unit shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.

115.77 (b) In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- Disciplinary Rules and Procedures for Inmates

- CMHC Policy E-35.1 Mental Health Appraisal for Incoming Inmates
- SOTP 01.01 Overview of the Sex Inmate Treatment Program

Interviews:

- Warden
- Medical/Mental health staff

Findings:
115.78 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmates shall 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, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for inmate-on-inmate sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Inmates.

115.78 (b) In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 1. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

115.78 (c) The interview with the warden determined that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d) Medical and Mental Health staff were interviewed for the following: If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

115.78 (e) The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78 (f) The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation.

115.78 (g) The facility prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- CMHC Policy E-35.1 Mental Health Appraisal for Incoming Inmates;
- Safe Prisons PREA Plan 2/19;
- SPPOM 03.01 Attachment E;
- CMHC Policy E-35.2 Mental Health Evaluation;
- CMHC Policy G-57.1 Sexual Assault Sexual Abuse;
- CMHC H-61.1 Confidentiality and Release Protected Health Information;
- CPOM 02.05 Requirement to Contact Department of Family Protective Services;
- CMHC A-09.01 Privacy of Care;
- SPPOM 05.05 Completing the Inmate Protection Investigation;
- CMHC I-70.1 Informed Consent.

Interviews:

- Staff responsible for risk screening
- Inmates who disclose sexual victimization at risk screening

Findings:
115.81 (a/c) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. If the screening pursuant to this section indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%. Interviews with inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening determined compliance with the standard.

115.81 (b) The auditor reviewed 38 inmate files for the screening and follow-up meeting for compliance of the standard. All prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to §115.41, are offered a follow-up meeting with a mental health practitioner.

115.81 (d) Interviews with the Medical and Mental Health staff determined that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Information shared with the PREA Management office is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work education, and program assignments, or as otherwise required by federal, state, or local law.

115.81 (e) 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.

Corrective Action: The auditor recommends no corrective action.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

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

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- CMHC A-01.01 Access to Care;
- Safe Prisons PREA Plan 2/19;
- SPPOM 05.01 Sexual Abuse Response and Investigation;
- CMHC Policy G-57.1 Sexual Assault & Sexual Abuse;
- I-214 Referral to Mental Health Services

Interviews:

- Medical/Mental health staff
- Inmate who reported sexual abuse
- Security staff and non-security staff first responders

Findings:

115.82 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement in accordance with CMHC policies.
Six investigative files were reviewed confirming access to medical and mental health services are provided according to the standard. Treatment services shall be provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The auditor did not identify any investigations that did not meet the required medical/mental health referral/timeframes within 14 days according to the TDCJ policy and in a timely response.

115.82 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Security staff and non-security staff first responders were interviewed and described their first duty responder protocols.

115.82 (c) Inmate victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

115.82 (d) Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Action: The auditor required no corrective action.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- SPPOM 05.01 Sexual Abuse Response and Investigation;
- CMHC G-57.01 Sexual Assault and Sexual Abuse;
- Safe Prisons PREA Plan 2/19;
- CMHC E-44.1 Continuity of Care

Interviews:

- Medical and Mental health staff
- Inmates who reported a sexual abuse

Findings:
115.83 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR).

115.83 (b) The following procedures provide a systematic notification and response process following a reported sexual abuse incident. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination. All inmates who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified. Safe Prisons/PREA Plan SPPOM-05.01, CMHC E44.1, and G-57.1 with Attachment B. The auditor conducted interviews with the medical and mental health staff on the facility about evaluation and treatment of victims.

115.83 (c) Interviews with medical and mental health staff determined that victims receive medical and mental health services consistent with the community level of care.

115.83 (d) The facility does not house female inmates.

115.83 (e) The facility does not house female inmates.

115.83 (f) Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

115.83 (g) The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and the facility. Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that ER staff have specialized training to complete a forensic exam but does not require that be SANE or SAFE training.
When possible SANE or SAFE will be utilized. 115.83 (h) Interviews with medical and mental health staff determined mental health evaluations are conducted of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners

Corrective Action: auditor recommends no corrective action

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- Safe Prisons PREA Plan 2/19;
- AD-02.15 Operations of the EAC and Reporting Procedures for Serious or Unusual Incidents;
- SPPOM 02.01 Role of Unit Investigative Team and UIT members

Interviews:

- Warden
- PREA Compliance Manager
- Incident Review Team

Findings:
115.86 (a) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical and mental health practitioners when completing the review. It is the responsibility of the warden or supervisor, or ranking employee on duty, to report all allegations of sexual abuse and sexual harassment to the EAC via telephone as soon as possible, but no later than three hours after the incident or when the unit was made aware that the incident is reportable.

In accordance with the Safe Prisons/PREA Plan, each unit warden shall designate a UIT to monitor the level of activity related to sexual abuse, sexual harassment, extortion, and inmate violence for impact on safety and security.
In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 43. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 43.

115.86 (b) The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The auditor reviewed the facility investigations meeting the 30 timeframes for a sexual abuse incident review. The facility reviews were conducted within ten days of completion.

115.86 (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor interviewed the Warden regarding the sexual abuse incident review team members.

115.86 (d) The auditor reviewed 17 investigations to include the sexual abuse review incident forms. The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The Warden, PREA Compliance Manager and Incident Review Team were interviewed verifying compliance.

115.86 (e) The facility implements the recommendations for improvement or documents its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- SPPOM Monthly Safe Prisons PREA Report;
- Safe Prisons PREA Plan 2/19;
- SPPOM 01.01 Safe Prisons PREA Management Office;
- BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
- OIG 04.05 Inmate Sexual Assault Investigations;
- AD-02.15 Operations of the EAC and Reporting Procedures;
- Surveys of Sexual Victimization

Findings:

115.87 (a-f) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions. Incident based sexual abuse data shall be aggregated at least annually. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice. The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility provided the auditor with Survey of Sexual Victimization confirming compliance with the standard for this recertification review period.
Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement;
- Safe Prisons-PREA Program Annual Report;
- Safe Prisons/PREA Plan 2/19

Interviews:

1. Agency head
2. PREA Coordinator
3. PREA Compliance Manager

Findings:

115.88 (a-d) The Safe Prisons/PREA Plan (2/19) addresses the standard in the policy. The TDCJ shall review data collected pursuant to Section VII. A of this plan in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures and training by Identifying problem areas; and Preparing an annual report of its findings from its data review and any Corrective Action for each facility, as well as the agency as a whole.

The agency makes its annual report readily available to the public at least annually through its website. www.tdcj.texas.gov/tbcj/prea.html. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Sensitive information not contained in the report.

Corrective Action: The auditor recommends no corrective action.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- TDCJ Safe Prisons/Prison Rape Elimination Act (PREA) Program prepared by PREA Ombudsman-Office of Inspector General 8/16;
- ED-02.29 Records Management;
- TDCJ Records Retention Schedule 5/14.

Findings:

115.89 (a-d) The Safe Prisons/PREA Plan (2/19) addresses Data Management: all data collected pursuant to Section VII. A shall be securely maintained. Aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means. Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material.

All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless, federal, state or local law requires otherwise. Annual reports are approved by the TDCJ executive director and made readily available to the public through the TDCJ website.

The auditor reviewed the facility operating policies and procedures along with secondary documentation submitted with the pre-audit questionnaire; observed facility practices; reviewed data and documentation provided by the facility staff; and interviewed inmates and staff during an on-site visit and tour of the facility. The facility is compliant with the standard for this recertification review period.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of inmates, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeals 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*)

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice publishes reports on their agency website and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is https://www.tdcj.state.tx.us/divisions/arrm/rev_stan_prea.html. The facility is compliant with the reporting process and standard for this recertification review period.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez 11/15/19

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.