

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: November 21, 2015

Auditor Information			
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Telephone number: 908-459-4509			
Date of facility visit: November 3-6, 2015			
Facility name: John Middleton Unit			
Facility physical address: 13055 FM 3522, Abilene, Texas 79601			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 325-548-9075			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Rocky Moore, Senior Warden			
Number of staff assigned to the facility in the last 12 months: 424			
Designed facility capacity: 2,128			
Current population of facility: 1997 (during visit)			
Facility security levels/inmate custody levels: G1-G3, Transient			
Age range of the population: Adults (18-77 years old) and Youth (under 18 years old)			
Name of PREA Compliance Manager: David Martinez, Sgt		Title: Unit Safe Prisons PREA Manager	
Email address: David.Martinez1@tdcj.texas.gov		Telephone number: 325-548-9075	
Name of agency: Texas Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North, Huntsville, Texas 77320			
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AUDIT FINDINGS

NARRATIVE

On November 4-6, 2015 I completed a site visit to the TDCJ-John Middleton Unit in Abilene, Texas. The summary results are:

Three Standards: 115.31, 115.32, and 115.33 exceeded the published standard requirements.

One Standard: 115.12 did not apply (the Middleton Unit does not contract for confinement of inmates).

The remainder of the standards were met.

The Pre-Audit Questionnaire and companion documentation was delivered to me on a password protected flash drive and was well organized. Each of the 43 adult standards was substantiated by a policy/procedure and multiple recent documented examples demonstrating compliance with the standard. Although this is the first PREA audit for TDCJ-Middleton, the Agency (Texas Department of Corrections) has successfully completed in excess of thirty-five PREA audits, and Regional PREA Coordinator Sgt. Brandy Mouse had completed eleven prior PREA audits.

Upon arrival at the facility, I met with Warden Rocky Moore and his Executive Staff during which time we mapped out a tour itinerary and assembled lists of inmates and staff to be interviewed. I was continuously accompanied by Regional PREA Coordinator Sgt. Brandy Mouse and Middleton Unit PREA Compliance Manager Sgt. David Martinez.

The Middleton Unit is an intake/transfer facility that serves a transient male population plus youthful offenders. During the on-site portion of the audit I visited all housing areas, Intake, medical, classification, education, laundry, commissary and administrative areas. I interviewed a total of 29 inmates from all housing areas including inmates who identified as Gay, disabled, youthful, non-English speaking, or who reported instances of sexual abuse or assault. During the time of my visit there were no inmates identified as Intersex or Transgender. The mean length of stay for those inmates interviewed was 15 weeks (max=1 year, min= 1 week) and included both Middleton-naïve inmates as well as experienced inmates previously admitted through Middleton. This provided an opportunity to compare changes to the facility over a several year period as well as focusing on the prior twelve months.

Signage advertising my visit were posted in all common areas and I noted prominent, permanent, durable signs indicating the name of the local PREA Compliance Manager as well as the off-site PREA ombudsperson. No inmate had attempted to reach me prior to my arrival on site. During the interview I noted that the inmates were remarkably well-informed on PREA and only one of the 29 Inmates interviewed was unable to provide a complete description of the three different videos and handbook information that was presented at the time of intake. All inmates had a good understanding of multiple pathways to report instances of sexual harassment and abuse. The inmate interviews also included questions on how long the newly installed strip search privacy screens, shower curtains and toilet dividers had been in place. From these interviews I determined that the shower curtains were in place for greater than one year and the other privacy screens for at least two months. All screens and shower curtains were durable and in good working condition. I also observed the strip search process in a group of inmates who were returning from an outside detail. All inmates reported that they felt comfortable and safe – with easy access to PREA resources and problem resolution.

During the tour I observed that female Officers and female civilians announced their presence loudly as they entered the housing, medical and intake areas and that the announcement was repeated on the P.A. system.

I also had females staff announce their presence while I was inside the housing unit to test for audibility. During the interviews, some inmates from “D” housing did not reliably hear the announcement and this was traced back to an intermittently functioning P.A. system. The Facility issued a work order to repair the P.A. unit and this repair was completed prior to the issuance of this report. I also studied the Officer Visit logs and noted that there were frequent (written in red) unannounced visits by supervisory Officers.

During the interviews one inmate remarked that he had reported a case of sexual harassment but had not heard the result of the investigation. An on-site review of his classification file by Sgt. Mouse revealed that the inmate had not in fact filed an allegation.

I met with Warden Moore several times during my on-site visit to review his thoughts on capital construction and future plans to install cameras. While the inmate housing areas would benefit only marginally from the installation of [recording] cameras, the laundry and commissary were areas that Warden Moore identified as priority placement when cameras became available. I also had an opportunity to sit in on an Officer PREA training module that was conducted during the first and second shift 30 minute overlap (the “Turn-Out”). I note that all Officers carry a fold-out PREA instruction pamphlet as part of their uniform. During my visit the American Correctional Association (ACA) was completing its facility audit and I sat in on the exit briefing.

I had two brief email exchanges with Diane Dotson, Manager of the Regional Victim Crisis Center (325-677-7895) who was supportive of the PREA process but also made it clear that her organization did not currently have the resources to respond to inmate complaints.

During my interview with the health care staff I studied the use of their electronic health care record (PEARL) and discussed some of the enhancements to that system that might support future data tracking for PREA-events.

Conclusion:

The Texas Department of Corrections Safe Prisons Program, in place since approximately 2000, predates PREA but incorporated many of PREA's concepts as do several of the ACA accreditation standards. It was clear that the Warden, executive staff and line staff were well-practiced, open-minded, and comfortable with the concepts of PREA and that the process was fully embedded in the corporate culture.

As of this date the John Middleton Intake Unit is in compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The TDCJ-Middleton Unit located in Abilene, Texas is a TDCJ prison designated as an intake/transfer facility. Built in 1994, it is located on approximate 402 acres and is co-located with the French Robertson Prison Unit.

The population is male-only under security levels G1-G3, and transient. Its design housing capacity is 2,128 and the average census during my three day visit was 1,997 inmates. Fifty single cells are designated as Administrative Segregation. Staff compliment is nominally 424 who are deployed over two 12-hour shifts in most locations. Medical services are provided under contract by Texas Tech University – who in turn subcontract with Hendricks Hospital for some medical staff. The medical services utilize a commercial grade electronic health record system (PEARL) which is used throughout the TDCJ. A Hendricks staff member located at the facility is a designated SANE nurse.

Ten metal buildings are located on either side of a linear “avenue.” Within each building inmate housing units are dormitory style arranged circumferentially around an elevated central security post (“the Picket”) which allows viewing into the dormitory areas. The dormitory wall facing the central security post is entirely transparent, permitting viewing into all areas of the unit except for a small area adjacent to the fire-escape door. The fire-escape door area is visualized by a curved mirror which is visible from the security post. Each housing unit has two, single person showers viewable from the central security post. All showers and toilets have privacy screens/curtains which block direct viewing of any genitalia. Provision is made for private showering of transgender/intersex inmates in the medical area. The Facility perimeter is secured by four towers that are continuously manned and armed. The entire Facility is surrounded by double chain link fencing with razor ribbon.

Educational, classification and Parole services are all provided on-site. All policies and procedures are delivered to staff over a secure facility intranet. The two, 12-hour shifts have a 30 minute overlap period (the “turn-out”) during which time PREA and other topics are reviewed. The facility had completed an ACA accreditation audit simultaneous with my visit and had met 99% of standards.

Recent changes to the Facility include the addition of privacy curtains on the showers, privacy panel between toilets and urinals, privacy panels for strip search areas, and privacy screens on outside (recreational areas) urinals. Photos documenting these structures were provided as documentation.

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: Three (3)

Number of standards met: thirty-nine (39)

Number of standards not met: zero (0)

Number of standards not applicable: one (1)

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

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

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

TDCJ - Middleton Reference: ED-03.03 P:1. The policy outlines staff disciplinary actions to be taken in the event of engaging in prohibited behaviors and examples of disciplinary action taken were submitted for review. The policy describes all elements of the standard and is accompanied by PREA Plan P:ii. The PREA Coordinator and PREA Compliance Managers are full time in their positions with no other assigned duties. Typically the PREA staff have dual reporting requirements: locally to the facility Warden and to the State Central Office in Huntsville which coordinates all Agency-wide PREA activities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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N/A. This facility does not contract with other agencies for the confinement of its inmates.

Standard 115.13 Supervision and monitoring

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

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

TDCJ - Middleton Reference: AD-11.52 P:2-3. The Staffing Committee regularly reviews staffing requirements and defines minimum staffing required for operational readiness. The Warden maintains a real-time “situational board” to ensure that staffing needs are addressed. Deviations from the staffing plan are part of the facilities formal reporting requirement. Cameras are not currently utilized as part of the PREA process, however the facility planning group has a plan for the location and installation of [recording] cameras as they become available.

Standard 115.14 Youthful inmates

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

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

TDCJ-Middleton does not permanently house youthful offenders. Youthful offenders are classified and sent to youth offender facilities. Section B, page 7 of the Administrative Segregation Plan describe the approach to youthful offenders which meets the standard of PREA. Document CPOM 01.02 (rev. 2) describes the PREA-compliant process for housing of youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

TDCJ - Middleton Reference: AD-03.22 P:2-3. The Middleton Unit does not allow cross-gender pat searches, strip searches or cross-gender visual body cavity searches of inmates or staff. All showers have durable curtains which conceal the breast to genital area, and strip searches are conducted behind privacy screens. Female staff were observed to announce their presence upon entering a housing area. This process was confirmed during inmate interviews.

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

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

- Does Not Meet Standard (requires corrective action)

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

TDCJ - Middleton Reference: AD-04.25 P:2-4, 8-9. The Middleton Unit posts all PREA signage in English and Spanish and the inmate handbook is printed in both English and Spanish. The Facility maintains a list of approved staff translators (note that the ability of a staff member to speak another language is not sufficient to be approved as a translator). A Lieutenant provided translation services during my visit. Inmate interpreters are not used. The facility provided training rosters for specific training on PREA-compliant practices for inmates with disabilities. Document SM-05.50 P:3.

Standard 115.17 Hiring and promotion decisions

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

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TDCJ - Middleton References: PD-71 P:2.24-25; PD-73 P:1,3-4; PD-75 P:4; PD-27 P:1,5; PD-75 P:4.

I reviewed the multiple policy/procedures and statements submitted for this standard. All employees and contractor staff undergo initial background checks. Additionally, staff undergo an annual criminal background check during their birth month and six months after this date. This allows for detection of new and pending warrants. PD 71 also describes a background check for specific job descriptions (laundry, food supervisor) and certain promotional positions.

Standard 115.18 Upgrades to facilities and technologies

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

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

Since August 20, 2012 Middleton Unit has added privacy curtains to all showers, has added permanent privacy dividers between urinals and toilets, visual shielding on outside (rec) urinals, and has constructed portable privacy screens for strip search areas. Inmate interviews confirm that these have been in use for more than two months. No new video monitoring or electronic surveillance systems specific to PREA have been installed. However the Warden has a well thought-out plan for video monitoring equipment as it becomes available.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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TDCJ - Middleton Reference: G57.1. This is the central reference procedure describing the examination, collection and processing of sexual assault forensic material; treatment of STDs and pregnancy. I interviewed the SANE nurse who is an employee of Hendrick Health System, a subcontractor to Texas Tech University. The last SANE evaluation occurred greater than five years ago. Multiple levels of investigation are involved depending on the nature of the event, including the Facility as well as the Office of the Inspector General.

Regular solicitation letters have gone out to community rape crisis centers, however my conversation with these organizations indicates that they do not yet have the resources to support TDCJ-Middleton's PREA mission. The [full-time] PREA Compliance Manager is involved in all investigations and reporting.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

TDCJ - Middleton Reference: SPPOM-05.05 P:1. The [full-time] PREA Compliance Manager is involved in all investigations and reporting. Inmates are present at the conclusion of the investigation and sign documentation that they have been made aware of the outcome of the investigation. During my inmate interviews, an individual reported that he had not been informed of the outcome of an allegation. The Regional PREA Coordinator was able to efficiently retrieve his classification file and demonstrate that the inmate had in fact made no allegation. The facility provided examples of investigations, hearings, and outcomes.

Standard 115.31 Employee training

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

- Does Not Meet Standard (requires corrective action)

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

TDCJ - Middleton Reference: AD-12.20 P 1,8. Training logs were reviewed. All staff and contractors receive annual PREA training at an off-site conference center in Abilene. Additionally staff receive monthly and sometimes weekly PREA training modules during the 30 minute shift overlap. All staff carry a fold-out, multi-panel PREA handbook which is part of the required uniform. During interviews all staff evidenced an admirable working knowledge of PREA.

Standard 115.32 Volunteer and contractor training

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

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TDCJ - Middleton Reference: Curriculum P:21-24, S:34-35. Staff attend the same annual off-site training as the rest of the staff. Interviews with volunteers and staff indicate that high importance is placed on PREA and its principles. All interviewed health care staff were able to intelligently discuss the intent and mechanics of PREA.

Standard 115.33 Inmate education

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

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

TDCJ - Middleton Reference: UCPM-05.00 P:1. Inmates receive video instruction, handbooks and peer education at intake. I did not personally view the videos but most inmates were able to describe the Actors involved. I interviewed one of the inmate Peer-educators who had a solid grasp of PREA and an enthusiastic presentation.

Standard 115.34 Specialized training: Investigations

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

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TDCJ - Middleton Reference: BP-01.07, OIG LP-3201. Specialized training programs are provided by the Office of the Inspector General (OIG). I reviewed training logs and performance tests for the various specialty training programs. These programs cover all elements of the PREA standard.

Standard 115.35 Specialized training: Medical and mental health care

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

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TDCJ - Middleton References: CMHC C-25, CMHC G-57, CMHC C-19. Health care staff receive the same initial and annual PREA training as given the custody staff. The medical contractor (Texas Tech) employs a SANE nurse who is also a nurse manager. This person shares her time between TDCJ – Middleton and TDCJ-Robertson. The medical staff are well-trained on PREA and are part of the intake process in providing PREA support.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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TDCJ - Middleton Reference: SPPOM-03.01. I reviewed the screening tool and the companion mental health screening tool and reviewed PREA Audit Report

their use. All PREA intakes are completed by the PREA Compliance Manager and a single additional Screener. This likely increases the consistency of the screening tool. I also looked at the flow and timing of events in the intake area and reviewed the process with the area supervising Officer. There were no new intakes performed during my time on site so I was unable to observe the process, however ad hoc interviews in the area with various screeners corroborate that the tasks are completed within 72 hours. The PREA Compliance Manager is personally responsible for conducting required follow-up visits.

Standard 115.42 Use of screening information

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

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TDCJ - Middleton Reference: IMP-04.01, AD-04.17. The Safe Prisons/PREA Plan page 18 provides PREA-specific guidance on how to apply information from the screening tool. I was unable to see the Classification Committee in action however the PREA Compliance Manager described the process in sufficient detail to establish that the information from the screening tool was used in housing, bed, work, education and subsequent jail assignment decisions. Specific arrangements are made to shower intersex and transgender inmates in a private shower within the medical area.

Standard 115.43 Protective custody

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

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TDCJ - Middleton Reference: SPPOM-05.05, Ad Seg Plan P:1, 2, 4. I interviewed an inmate from Ad Seg during my tour however there were no “PREA” inmates held in involuntary segregated housing during my tour or in the prior 12 months. The facility has a policy and plan that prohibits the housing of inmates at risk of sexual victimization in restrictive housing except in instances where no other alternative exists.

Standard 115.51 Inmate reporting

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

TDCJ - Middleton Reference: TBCJ PREA Brochure. During my tour I observed durable posted signs indicating contact information for the Facility PREA Compliance Manager as well as contact information for the State-wide PREA Ombudsperson who is located outside of the facility. During my inmate interviews, all inmates were able to describe multiple pathways to reporting abuse – both the published routes, but also unpublished contacts that they expressed comfort with. The unpublished routes were generally ranking Officers and administrative staff.

Standard 115.52 Exhaustion of administrative remedies

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

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TDCJ - Middleton Reference: AD-03.77, AD-03.82 (the grievance process). The retrieval and processing of grievance forms is performed by designated Grievance Staff who insure confidentiality. The procedures describe time frames which I verified during my inmates interviews.

Standard 115.53 Inmate access to outside confidential support services

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

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TDCJ - Middleton Reference: BP-03.91, Safe Prisons PREA Plan. Solicitation letters to community providers have been sent repeatedly since August 2014 however to date no local (Abilene) providers have signed an MOU. I did speak with the Director of the Regional Victim Crisis Center (Abilene) however at this time they do not have the resources to support inmates. Policy BP-03.91 outlines the process of connecting the inmate to community providers as they become available. An effective policy and practice infrastructure is in place once

these outside services become available.

Standard 115.54 Third-party reporting

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

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TDCJ - Middleton References: ED-02.03, ED-02.10 Chapter four of the Safe Prisons/PREA handbook details the process on third-party reporting.

Standard 115.61 Staff and agency reporting duties

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

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TDCJ - Middleton References: PD-29. Staff are required to immediately report instances of inmate sexual abuse and may do so using any written form, document, or verbal communication. Monitoring for retaliation is performed by the Facility PREA Compliance Manager.

Standard 115.62 Agency protection duties

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

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

corrective actions taken by the facility.

TDCJ - Middleton References: AD-02.16, SPPOM-05.01 and SPPOM-05.0. SPPOM-05.01 (Sexual Abuse Response and Investigation) details the procedure for Notification and Response, Forensic Evidence Handling, and Referral to outside crisis centers.

Standard 115.63 Reporting to other confinement facilities

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

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

TDCJ - Middleton References: AD-16.20, BP-01.07, SPPOM-04.01, PREA Plan. BP-01.07 (Inspector General Policy Statement) outlines the reporting expectations and provides the procedure for reporting. No specific instances of a facility response were noted in the last 12 months.

Standard 115.64 Staff first responder duties

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

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

TDCJ - Middleton References: SPPOM-05.01, AD-16.03, OIG OPM-04.05. All Officers are First Responders. OIG4.05 discusses preservation and processing of forensic evidence. AD-16.03 provides the procedure for securing the site and protecting the victim of sexual assault. Multiple examples of actual investigations and outcomes were provided and reviewed. The provided examples demonstrated a structured, rigorous approach to data collection, analysis and resolution of the assault or allegation.

Standard 115.65 Coordinated response

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-5.01 The Facility’s Warden is intimately involved in the investigation of all PREA assaults or allegations and is the final signatory to all investigations. The PREA Plan describes the role of medical and mental health in the response.

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

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

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

TDCJ - Middleton References: The Facility has adequate housing to separate and protect inmates from contact from abusers. Because TDCJ – Middleton is a Transfer/Intake Unit it has the option of accelerating the process of removing the inmate from TDCJ – Middleton to another external facility.

Standard 115.67 Agency protection against retaliation

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

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

TDCJ - Middleton References: PD-22, PD-29, PD-31, PD-13, SPPOM-5.08. The Facility PREA Compliance Manager (Sgt. David Martinez) is responsible for investigating, monitoring and following up on. During the Auditor’s interview this process was reviewed in detail.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

TDCJ - Middleton References: Ad Seg Plan, AD-03.50. The policy and procedure were reviewed with the PREA Compliance Manager. No instances were noted in the prior 12-months, and a tour of the restricted housing areas demonstrated no extant cases.

Standard 115.71 Criminal and administrative agency investigations

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

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

TDCJ - Middleton References: PREA Plan, AD-16.20, AD-02.15, OIG OPM-3.72, BP-01.07. Policy and procedures describes the Agency's record retention requirements. AD-16.20 describes the reporting of criminal acts to the Office of the Inspector General.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-5.05, CTSD Investigator Training. The CTSD Training manual describes standards for using evidence in establishing whether allegations of sexual abuse are substantiated.

Standard 115.73 Reporting to inmates

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-5.05, SPPOM-5.11. Multiple examples of investigations were reviewed including medical notes. Facility staff met with inmate to review investigation outcome and inmate signs form acknowledging receipt of outcome.

Standard 115.76 Disciplinary sanctions for staff

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

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

TDCJ - Middleton References: PD-13, PD-22. The Facility reports no instances of termination or discipline within the last 12 months. As per the policy, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.” Samples of the Facility’s Termination and Disciplinary forms were submitted for review. In instances where the employee voluntarily resigns, the investigation is still pursued and reporting to law enforcement (or licensure boards) proceeds.

Standard 115.77 Corrective action for contractors and volunteers

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

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

TDCJ - Middleton References: PD-29, PREA Plan, Volunteer Training Orientation. As per the policy, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” No instances of removal or reporting to licensure boards within the last 12 months was reported. This was verified during the Random Staff interviews.

Standard 115.78 Disciplinary sanctions for inmates

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

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

TDCJ - Middleton References: PREA Plan, GR-106, CMHC E-35, SOTP-01.01. Officer Staff were familiar with, and able to articulate the inmate disciplinary process. Disciplinary Code 20.2 (Sexual Fondling) was added in May 2014. The PREA Plan has a comprehensive section on the inmate disciplinary process.

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

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-3.01, CMHC E-35, CMHC G-57.1. Medical staff were interviewed and the use of the various intake forms was discussed. The facility provided multiple samples of completed medical intake forms for review. The medical staff use a commercial grade electronic medical record system (PEARL) which potentially could be expanded to function as a tracking reporting instrument. Credentialing of [professional] users of the EHR insures the confidentiality of protected health care information.

Standard 115.82 Access to emergency medical and mental health services

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

- Does Not Meet Standard (requires corrective action)

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

TDCJ - Middleton References: CMHC A-01, CMHC G-57, SPPOM-05.01. Actual medical notes from instances of physical assault were reviewed and met the requirements of the standard. Medical staff were interviewed about the response to assault and sexual assault. A SANE nurse is part of the medical staff (shared between TDCJ-Middleton and TDCJ-Robertson).

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

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-05.01, SPPOM-05.05, CMHC G-57. This Facility does not house female inmates. Document G-57 outlines the procedure for medical care as provided by licensed professional staff. During the on-site audit I interviewed medical and mental health practitioners and compared their knowledge with published procedure.

Standard 115.86 Sexual abuse incident reviews

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-08.01. The Warden sits on the Incident Review Committee and is the final signature on the Committees findings. Multiple examples were submitted for review. Dates on the submitted reviews were within the 30 day requirement of this Standard.

Standard 115.87 Data collection

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

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

TDCJ - Middleton References: PREA Plan, SPPOM-08.01. The Warden sits on the Incident Review Committee and is the final signature on the Committees findings. Multiple examples were submitted for review. Dates on the submitted reviews were within the 30 day requirement of this Standard.

Standard 115.88 Data review for corrective action

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

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

TDCJ - Middleton References: PREA Plan. Chapter 7 of the Safe Prisons/PREA Plan outlines data collection and analysis. Annual reports are available on the Agency’s web site <http://www.tdcj.state.tx.us>. There are multiple database collected from various committees and activities that form the basis of quality improvement programs.

Standard 115.89 Data storage, publication, and destruction

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

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

TDCJ - Middleton References: TDCJ Record Retention Schedule. The 32 page manual on record retention is certified by the Records

Management of the Texas State Library. Multiple sections direct the retention of records relevant to PREA.

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.

Ralph P. Woodward

November 22, 2015

Auditor Signature

Date