**PREA AUDIT: AUDITOR’S SUMMARY REPORT**

**ADULT PRISONS & JAILS**

<table>
<thead>
<tr>
<th>Name of facility:</th>
<th>Dr. Lane Murray Unit</th>
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<tbody>
<tr>
<td>Physical address:</td>
<td>1916 Hwy 36 Bypass Gatesville, Texas 76596</td>
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<tr>
<td>Date report submitted:</td>
<td>November 9, 2015</td>
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<tr>
<td>Auditor Information</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>1145 Eastland Ave Akron, Ohio 44305</td>
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<tr>
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<td><a href="mailto:Barbannkam@aol.com">Barbannkam@aol.com</a></td>
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<tr>
<td>Telephone number:</td>
<td>(330) 733-3047</td>
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<tr>
<td>Date of facility visit:</td>
<td>October 14-16, 2015</td>
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<tr>
<td>Facility Information</td>
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<td>Facility mailing address:</td>
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<tr>
<td>Telephone number:</td>
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<td>X Prison</td>
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<tr>
<td>Name of PREA Compliance Manager:</td>
<td>Angelina Soria</td>
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<td>Email address:</td>
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<td>Telephone number:</td>
<td>(254) 865-2000</td>
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<td>Agency Information</td>
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<tr>
<td>Name of agency:</td>
<td>Texas Department of Criminal Justice</td>
</tr>
<tr>
<td>Governing authority or parent agency:</td>
<td>State of Texas</td>
</tr>
<tr>
<td>Physical address:</td>
<td>861-B I-45 North Huntsville, Texas 77320</td>
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<tr>
<td>Mailing address:</td>
<td>P.O. Box 99 Huntsville, Texas 77342</td>
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<tr>
<td>Telephone number:</td>
<td>(936) 295-6371</td>
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<tr>
<td>Agency Chief Executive Officer</td>
<td></td>
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<tr>
<td>Name:</td>
<td>Brad Livingston</td>
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<tr>
<td>Title:</td>
<td>Executive Director</td>
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AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Dr. Lane Murray Unit was conducted on October 14-16, 2015 by Auditor Barbara King. Three weeks prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The auditor communicated with the agency requesting further documentation for clarification and review to be provided during the audit. The auditor reviewed the Texas Department of Criminal Justice and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative schedule was set with the Warden for the audit timeframe.

The evening before the audit, the auditor met with Warden Debbie Erwin and Assistant Warden Kimberly Massey. The facility provided the requested information to be used for random selection of offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers. Additional information in the packet included the daily population reports.

Key facility staff during the audit included Warden Debbie Erwin; Kimberly Massey, Assistant Warden; Sgt Angelina Soria, Unit Safe Prisons PEA Manager; Brandy Mouse, Regional Safe Prisons Manager; and Cassandra McGilbra, Safe Prisons/PREA Program Manager.

The audit began with an entrance meeting with the Warden and key staff. The Auditor began the audit with offender interviews while the facility staff were in the process of completing their accreditation audit. A facility tour was completed in the afternoon with the Warden and staff. All required facility staff and offender interviews were conducted on-site during the three day audit. Offender interviews were completed with a minimum of one offender from each housing area. The random interviewees were selected from the lists of offenders and staff provided by the facility. Offenders who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who reported a sexual abuse) were interviewed. Additionally, specialized staff were interviewed including the Warden, PREA Manager, Investigators, first responders, health care staff, and mental health staff. A total of 39 offenders (one refused) and 54 staff interviews were completed. A review of submitted written interviews of the Director, PREA Coordinator and Contract Administrator was completed. Informal interviews were also conducted during the facility tour consisting of 65 offenders and 16 staff.

There were forty-two (42) allegations in the past twelve months at the Murray Unit: 15 were alleged staff on offender sexual abuse; 2 were alleged staff on offender sexual harassment; and 25 were alleged offender on offender sexual abuse. Thirty six (36) investigations were available for review, the six cases reported directly to OIG and those files were not available for review. A review of eight (8) investigations was conducted.

The auditor received one letter prior to the audit submitted by third party in regards to offender concerns within the facility. The majority of the concerns were physical plant issues. These concerns were shared with the accreditation auditors for review. The PREA concern listed in the letter was the lack of confidentiality, stating that offenders are required to discuss their PREA concerns in group situations in front of prison staff and other offenders. During the interviews with staff and offenders, all stated they are afforded privacy to discuss and report any PREA concerns. Also while observing the intake process, offenders are provided privacy to report confidential concerns. No further action was taken.
An exit meeting was conducted by Auditor Ms. King at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings. The Auditor thanked Texas Department of Criminal Justice, Warden Erwin, the Murray Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Mission of the Texas Department of Criminal Justice (TDCJ) and the Murray Unit is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime."

The Murray Unit is a TDCJ prison that has the capacity to house 1,341 female adult offenders. The custody levels of the general population offenders housed includes G1, G2, G3, G4, and G5 as well as Administrative Segregation 1A, 2A, and 3A.

The facility is located on a 1,317 acre site. The Murray Unit has 13 buildings within the secure compound that provides spaces for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, central control, and Chapel. There are three single level dormitories (K1, K2, and K3) which have two pods each and one split level dormitory (F) with 4 pods for general population offenders. There are two split level buildings, J1 and J2, and they each have 3 pods. J1 has one pod for general population and two pods for medium custody. J2 is single bunked unit for maximum custody, transient, pre-hearing detention, and security detention classified offenders. Perimeter security is maintained by mobile patrol officers who provide 24 hour armed supervision. There are two perimeter sallyports/entrances, one located at the front gate which is the main entrance and the other is the back gate used for transports and deliveries. There currently are 154 cameras in place which are centrally monitored continuously by a closed circuit in central control. Closed circuit monitors are also located in each housing unit and in central control. A camera expansion project is planned.

The Unit is managed by a Senior Warden and one Assistant Warden.

**SUMMARY OF AUDIT FINDINGS:**

On October 14-16, 2015, a site visit was completed at the Dr. Lane Murray Unit. The final report was provide on November 9, 2015. The results of the Dr. Lane Murray Unit PREA audit is listed below:

- Number of standards exceeded: 3
- Number of standards met: 38
- Number of standards not met: 0
- Non-applicable: 2
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)

The Texas Department of Criminal Justice (TDCJ) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty page document that outlines the agency's zero tolerance and safe prison plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The PREA policy and Safe Prison/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the Murray Unit is committed to Zero Tolerance of sexual abuse and sexual harassment.

Mr. Stephen Stephens is the Director of Correctional Institution Division (CID) and is the agency's PREA Coordinator. He has direct access to the Executive Director and has the authority to manage the Safe Prisons/PREA Program. His office supervises the regional PREA Managers and provides training and guidance as needed. Agency updates and changes are forwarded from this office to the units. Ms. Cassandra McGilbra, Safe Prisons/PREA Program Manager was present during the audit. She was knowledgeable of the PREA standards and is a Certified PREA auditor. Brandi Mouse, Regional Safe Prison Manager was also present during the audit and knowledgeable of the PREA standards and the agency's compliance measures.

Sergeant Soria is the Murray Unit's PREA Compliance Manager. She was promoted about five months ago into this position. She also oversees the Safe Prisons office for the facility. She is gaining knowledgeable of the PREA standards and was actively involved in the PREA activities for the facility. The Safe Prisons Office also has an assigned officer, Officer Sabrinia Capps. The offenders who reported sexual abuse and the LGBTI offenders were familiar with Sgt. Soria and Officer Capps. They indicated they were able to report concerns to the Safe Prison Office and were secure that the office would follow-up on issues. The Safe Prisons staff starts the offender education upon arrival at the facility and explains the Safe Prisons staff responsibilities and availability to the offenders. The Safe Prisons staff makes rounds in the housing areas to make the office services available to the offender population. Offenders were able to identify the Safe Prisons staff which demonstrates the active role and accessibility the Safe Prisons staff has created at the Murray Unit. Sgt Soria is still learning the job responsibilities and balancing the duties assigned to the office.

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)
Texas Department of Criminal Justice (TDJC) has renewed one contract for the confinement of offenders on or after August 20, 2012. The contract language states, “The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy.” Additionally, 7 of 15 contracted secure facilities have undergone PREA audits and have exhibited full compliance; the other 8 are tentatively scheduled for audits. The reports of the completed audits can be viewed at the agency’s website.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure compliance with the PREA standards. The contract monitor oversees all the operational practices, contract practices including PREA compliance, and the day to day operations of the facility. PREA Compliance is accomplished through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided by Cassandra McGilbra, Safe Prisons/PREA Program Manager and Shannon Kersch, Manager II, Administrative Review and Risk Management Review and Standards.

### 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)

The Dr. Lane Murray Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facility’s physical plant (including “blind spots” or areas where staff or offenders may be isolated); the composition of the offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. Based on the review of the staffing plan and interviews, the staffing plan was developed by the leadership of the Murray Unit with input from the PREA Manager and unit staff, regional staff, TDCJ Correctional Institution Division Security Systems Office and in coordination with the PREA Coordinator. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated and the reason for the deviation are documented on the staff turnouts shift reports. Warden Erwin indicated during her interview that the deviation reports are reviewed daily by the shift supervisors, Warden’s area, and Human Resources Office to ensure compliance with the staff priority plan. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Systems Office for review and action. The most common reasons for deviation listed in the questionnaire were staff shortages, transports, constant direct observation, and hospital duty. The staffing plan annual review was completed on July 9, 2015. The recommendation from the previous annual review on July 8, 2014 was completed, changing the first shift position #38 administrative segregation solitary and second shift position #33 administrative segregation solitary was moved from Priority 2 to Priority 1 placement and re-named administrative segregation pre-release.

Intermediate and higher level staff conduct announced rounds. Through reviews of housing area logs, and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility. The agency’s policy prohibits staff from alerting other staff members that supervisory staff rounds are occurring.
115.14 – Youthful Inmates

☐ Exceeds Standard (substantially exceeds 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)

X Non-Applicable Standard

Dr. Lane Murray Unit does not house youthful offenders. Youthful offenders are housed at Clemens Unit (males) and Hilltop Unit (females). The Safe Prison/PREA Plan covers the standard of separating youthful offenders from adult offenders and ensuring youthful offenders have access to programs and work opportunities.

115.15 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Through the review of the policy and procedures governing offender searches and cross gender searches, interviews with staff and offenders, and observation of actual searches conducted during the audit, the Murray Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in emergency situations. There were no cross gender searches conducted or logged for exigent situations during this audit period. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training. All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and as a refresher during the annual in-service training.

The policy and practice allow all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. Inmates felt they received a sense of privacy for these functions. During the offender interviews, a few offenders indicated they felt the shower curtains did not provide enough privacy. This was reviewed during the facility tour and housing unit visits and it was determined the shower curtains are appropriate and provide privacy for the offender.

Procedures require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Male staff "knock and announce," they knock on the door when entering the area and loudly announce man on the run or male on the floor. The facility also has notices posted on the doors entering the housing areas stating, "A cross gender viewing area in a female housing location, all members of the opposite gender must announce their presence upon entering." There is also a light indicator in the housing area that signals if a male is on duty, if the blue/green light is lit it indicates a male is on duty in the unit. Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing.
The agency has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies and directives address interpreter service, American Sign Language services and offenders with special needs. The Murray Unit employs qualified interpreters who have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has sixteen (16) certified qualified interpreters on various shifts and positions within the facility. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. During the audit, three interviews were conducted with limited English offenders. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The agency policy prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances were an offender interpreter was utilized.

Through a review of policies and executive directives it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one month for viewing and six months for recall. The system of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five years.

Employees and contractors annually complete the Employee Acknowledgement Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup,
community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse.

Personnel files were reviewed with the Human Resource Manager. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks.

### 115.18 – Upgrades to Facilities and Technology

|  | 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) |

The Dr. Lane Murray Unit has not made any substantial expansions or modifications of the existing facility since August 20, 2012. There currently are 154 cameras in place which are centrally monitored continuously by a closed circuit in central control. Closed circuit monitors are also located in each housing unit and in central control. A camera expansion project is planned for installation of an additional nine cameras. This was determined based upon statistics provided by the Safe Prisons/PREA Office. The cameras are to be installed in the following areas: one camera between K2 and K3 dorms allowing view of laundry, commissary, and officer's dining room; two cameras between K3 and J1 for different views of laundry, commissary, and officer's dining room; one camera between D building and F dorm facing back of the pill line and include coverage for J1 and the separation gate; one camera for J1A, J1B and J1C pods showing rear of the pod to the front entrance; two cameras for the offender dining hall; and two cameras in the kitchen and dry storage areas.

The Security Operations Procedures manual; directs coordination with agency Safe Prison/PREA compliance Manager prior to the deleting installing, or relocating video surveillance equipment.

### 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) |

TDCJ is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. Policy and procedures and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ’s National Protocol for Sexual Assault Medical Forensic Examinations. Interviews were conducted with Murray Unit’s Investigator Sgt Soria of the Safe Prisons Office and OIG Investigator Armstrong. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are provided at an outside facility, Baylor Scott and White Hospital, with no cost to the offender. There were no forensic medical exams performed by SANE/SAFE staff during the last twelve months. The interview conducted with Murray Unit’s PREA Investigator and OIG Investigator confirmed the practices for PREA investigations and both were very knowledgeable of the Sexual Abuse Response Plan steps.
The agency and facility has an agreement with Families in Crisis for victim advocate services. The agreement outlines the services provided by Families in Crisis as: providing a sexual assault advocate to the unit or to a neighboring hospital to accompany and support the victim through the forensic medical examination process and provide emotional support, crisis invention, information, and referrals upon request by the offender victim; provide an advocate at a frequency agreed by both parties to provide face-to-face crisis counseling with offender victims of sexual violence at the unit; provide awareness training for unit staff; and communicate any questions or concerns with the appropriate unit administration and/or TDCJ Safe Prisons Program representative. A log was reviewed showing services provided by the Families in Crisis agency.

Murray Unit has designated staff as offender victim representatives (OVR). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. They are available to respond when requested by the victim to provide services. The Department Policy requires each unit to have at least two staff members designated and trained as offender victim representatives.

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)

The Safe Prison/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency’s policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigation is maintained in the Safe Prisons Office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. Interviews were conducted with Murray Unit’s Investigator Sgt Soria of the Safe Prisons Office and OIG Investigator Armstrong. Sgt Soria demonstrated the knowledge of her responsibilities and the responsibilities of the OIG Investigator. The roles and responsibilities of each agency were clearly defined and understood. The agency’s policy is available on the agency’s website.

There were forty-two (42) allegations of sexual abuse and harassment in the past twelve months. Thirty-six (36) resulted in administrative investigation and eighteen (18) were referred for criminal investigation. Four (4) of the eighteen (18) cases were opened by OIG. Six cases were directly reported to OIG and cases were opened and reported to the agency, these cases were not administratively investigated. An administrative or criminal investigation was completed on all allegations of sexual abuse and sexual harassment. Eight (8) investigations of the available thirty-six (36) investigations were reviewed. The six cases reported directly to OIG were not available for review.

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)
TDCI has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident; and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prison/PREA staff and leadership discussing the PREA information and requirements. This training occurs annually during in-service. Additional training occurs during roll calls. The training records indicated all staff at the Murray Unit have received the required training. TDCJ policy requires staff to complete the training annually as a refresher instead of the every two years as required by the standard. New employees receive the training as part of the pre-service training within sixty days of employment. Training is documented through the signature of the employee.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is knowledgeable on how to perform their responsibilities in detention, reporting and responding to sexual abuse and sexual harassment. A pocket information brochure is provided to each employee that outlines the agency’s zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

### 115.32 – Volunteer and Contractor Training

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

All contractors and volunteers who have contact with offenders at the Murray Unit receive PREA training prior to assuming their responsibilities. This training includes the agency’s policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video to help educate volunteers. Interviews of volunteers and contractors demonstrated their knowledge of PREA, their responsibilities, and the agency’s zero tolerance policy. Volunteers are provided a handbook which is also available on the public website that covers PREA. Contractors attend the annual employee in-service training. Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented the understood the training through a signature.

### 115.33 – Inmate Education

- X 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)

At intake into the agency, offenders are provided information through a PREA pamphlet and offender rule book (both available in English and Spanish) that explains the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving offenders at the unit, the receiving staff during the risk assessment process covers the PREA information with the offender.
During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency’s Safe Prisons Office. Peer to Peer Class is a four day, four hour training taught by offenders. The training provides open discussion and interactive activities. Inmates interviewed regarding the class indicated the class is well received and educational. They indicated the interaction, role playing skits, and receiving information from their peers is a positive method of sharing and reinforcing PREA information.

Random offenders interviewed and during discussion on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility and reinforced daily through staff interaction and information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero tolerance policy. The receiving process was observed demonstrating the sharing of the PREA information with incoming offenders. The Classification Committee also reviews PREA information with the offender during the interview including how to report, who to report to, and maintaining appropriate professional relationships with staff and other offenders.

### 115.34 – Specialized Training: Investigations

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

The agency’s policy reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The training curriculum includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The facility’s investigators attend the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records. OIG investigators are trained using the NIC PREA Investigation course.

### 115.35 – Specialized Training: Medical and Mental Health Care

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

The medical and mental health staff are contractors of Murray Unit. The Correctional Managed Health Care policies direct specialized PREA training and continuing education for all medical and mental health staff. The training records for the medical and mental health staff demonstrated that specialized and general PREA training was conducted. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The medical and mental health staff also attend annual in-service training with the department’s employees. The facility’s healthcare practitioners do not conduct forensic medical exams.
Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are provided at an outside hospital facility with no cost to the offender.

115.41 – Screening for Risk of Victimization and Abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The screening processes for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM). The policy, manual, and Offender Assessment Screening Form were reviewed. The auditor had the Safe Prison staff explain the assessment process from the receiving of the offender at the facility to the completion of the screening process. During the site visit, the auditor observed the screening process starting at receiving through classification. The Safe Prison’s staff begins the process the day prior by reviewing the incoming offender’s information in the agency’s computer data system. The process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender’s criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender’s own perception of vulnerability. The forms are usually completed on the day of receiving. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival.

The classification committee reassesses the offender’s risks of victimization and abusiveness. The agency’s policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender’s risk of sexual victimization. In the past twelve months, no offenders were identified for reassessment. There are 104 offenders identified for monitoring to determine if reassessment will be needed. Through policy review and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender’s institutional file in the Record Department. Other than the record staff, the only other staff with access is the Warden, Assistant Warden, intake staff, Safe Prisons Office staff, and the UCC Committee. Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

115.42 – Use of Screening Information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. During the site visit, the auditor observed the risk assessment process during receiving. The housing and program assignments are made on a case by case basis. Through
offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

There were six (6) offenders listed as transgender. During interviews with three (3) transgender offenders, they indicated they had the opportunity to shower separately, were treated with respect, and were not housed in dedicated housing areas. The offenders indicated during interviews that the Safe Prisons staff monitor them for concerns and conduct reassessments every six months. The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The facility has a safekeeping housing cells that houses vulnerable offenders which includes some of the transgender offenders. Other identified transgender offenders are housed in general population. By policy transgender and intersex offenders are reassessed twice a year and have the opportunity to shower separately.

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)

The agency’s policy prohibits the placement of offenders at high risk for sexual victimization in the 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. The Murray Unit has not placed an offender in protective custody involuntary. From the interviews with staff and offenders, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the offender. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted every seven days for the first sixty days then at least every thirty days thereafter per policy.

115.51 – Inmate Reporting

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

The agency’s Safe Prisons/PREA Plan establishes procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, and on posters throughout the facility. Offenders can report verbally and in writing to staff, report through the grievance system, third party reporting, or send an anonymous note. Inmates may also report allegations in writing to the Office of the Inspector General and PREA Ombudsman as an outside agency. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, and interviews with offenders and staff. During the offender interviews, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them for reporting.
Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. They were aware they could privately report an incident. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing.

### 115.52 – Exhaustion of Administrative Remedies

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

The agency’s administrative procedure addresses offender grievances regarding sexual abuse and the agency’s policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process. The agency’s policy requires that within 5 days of notification of a grievance, a staff member must respond with the action taken. The agency’s policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. Through a review of the grievances, it was determined they were handled in a timely and proper manner.

In the past twelve months, thirty-two (32) grievances were filed that alleged sexual abuse (1 allegation of sexual assault by another offender; 6 allegations of sexual contact by another offender; 2 allegations of sexual assault by staff; 2 allegations of sexual contact by staff; 20 third party allegations of sexual abuse by another offender; and 1 third party allegation of sexual abuse by staff).

Thirty-one (31) of the grievances were closed and one remains open. Seven (7) were administrative closed due to the offender stated she did not write the grievance. Two (2) had further action taken, reflecting a housing change and unit transfer. Seventeen (17) were referred to OIG and no investigation was warranted and no further action was taken. Five (5) were referred to OIG for investigation by sending a form with the grievance, specific information, and supporting documentation to determine if an investigation is warranted. Of the five, four were closed and one case remains open.

### 115.53 – Inmate Access to Outside Confidential Support Services

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

The Safe Prisons/PREA Plan indicated that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available. There is a list of outside confidential support services available to the offender population through the law library. Inmates can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.
The agency and facility has an agreement with Families in Crisis for victim advocate services. The agreement outlines the services provided by Families in Crisis as: providing a sexual assault advocate to the unit or to a neighboring hospital to accompany and support the victim through the forensic medical examination process and provide emotional support, crisis invention, information, and referrals upon request by the offender victim; provide an advocate at a frequency agreed by both parties to provide face-to-face crisis counseling with offender victims of sexual violence at the unit; provide awareness training for unit staff; and communicate any questions or concerns with the appropriate unit administration and/or TDCJ Safe Prisons Program representative. A log was reviewed showing services provided by the Families in Crisis agency.

Murray Unit has designated staff as offender victim representatives (OVR). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. They are available to respond when requested by the victim to provide services. The Department Policy requires each unit to have at least two staff members designated and trained as offender victim representatives.

### 115.54 – Third-Party Reporting

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

The agency’s website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency’s ombudsman coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

### 115.61 – Staff and Agency Reporting Duties

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

The agency’s policy requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training for all staff. The Safe Prison/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report.
115.62 – Agency Protection Duties

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

The agency’s policy requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender.

In the past twelve months, no offender reported feeling at imminent risk of sexual abuse or any staff reported that an offender was subject to substantial risk of imminent sexual abuse.

115.63 – Reporting to Other Confinement Facilities

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

The agency’s policy requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred. This is also outlined in the Safe Prisons/PREA Operating Manual and Safe Prison/PREA Plan. The facility must also notify the Safe Prisons/PREA Manager. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident. In the past twelve months, there was one (1) allegation received that an offender was abused while confined at another facility. Notifications were reviewed and the notifications were made within the acceptable time frame.

115.64 – Staff First Responder Duties

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

The agency’s policies and Safe Prisons/PREA Operating Manual clearly specifies the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift commander. The
supervisor or shift commander will make further notifications to the Warden, Investigator, OIG and medical.

In the past twelve months, there were forty (40) allegations that an offender was sexually abused. In all these cases, a security staff member was the first responder and separated the alleged victim and abuser. None of those allegations were within a time frame that still allowed for the collection of physical evidence.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps to as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the offender. Training during annual in-service and roll calls also prepare staff to respond.

### 115.65 – Coordinated Response

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

The Murray Unit has a written institutional plan coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the department’s plan outlined in the Safe Prisons Plan. A checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response.

### 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)
- X Not Applicable

TDCJ reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is a “right to work state” and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.
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)

The agency’s Safe Prisons/PREA Plan outlines protection of all offenders and staff who report sexual abuse or sexual harassment cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. Policy designates the Warden or the Safe Prisons/PREA Compliance Manager as the staff member to monitor retaliation. The Warden of the Murray Unit monitors high level staff and the Safe Prison/PREA compliance Manager Sgt James monitors some staff positions and the offenders. Sgt Soria completes a minimum thirty (30) day reviews for retaliation. She maintains a file with documentation for each offender that is being monitored. She also reviews their offender files for changes that may reflect retaliation concerns. She is very knowledgeable of her responsibilities. The files reviewed were not up to date and need to become a priority for documentation. This concern was shared with the Warden and the Department’s Safe Prison Managers. Inmates being monitored for retaliation indicated during their interviews they were comfortable contacting Sgt Soria or Officer Capps with issues and felt they would respond appropriately to their concerns. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted.

The agency’s personnel policies covering sexual harassment, discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, and discrimination in the workplace also address the protection against retaliation.

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)

The agency’s Administrative Segregation Plan prohibits the placement of offenders who alleged to have suffered sexual abuse 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. The Murray Unit utilizes their transient housing cells to separate offenders as needed during the investigation process. There were no offenders who suffered sexual abuse held in involuntary segregation housing in the past twelve months.

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)
The agency's Safe Prisons/PREA Plan addresses investigations under general considerations. The Plan follows a uniform evidence protocol to investigate sexual abuse and sexual harassment; sexual investigations shall be conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. In the review of the training records, all investigators have received special training in sexual abuse investigators. OIG investigators are trained using the NIC PREA Investigator Course. Based on the review of the investigations, the agency's policies, and interviews with facility staff, OIG Investigator Armstrong and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. When an allegation is reported, the facility staff begins an administrative investigation and OIG begins a criminal investigation. There appears to be a good working relationship between the facility and OIG investigators with open communication about the progress of the investigation and outcome. If OIG determines a crime has been committed, the case is referred for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Written reports are maintained as along as the alleged abuser is incarcerated or employed by the agency, plus five years.

There were forty-two (42) allegations in the past twelve months at the Murray Unit. Fifteen (15) were alleged staff on offender sexual abuse and only one case was opened by OIG. Two (2) were alleged staff on offender sexual harassment, no cases were opened. Twenty-five (25) were alleged offender on offender sexual abuse. Of those 25, thirteen were unsubstantiated, seven were unfounded, and three cases were opened by OIG with no charges. Five of the twenty-five were direct reports to OIG and an outcome was not available. Eight (8) investigations of the forty-two (42) allegations were reviewed. Six of the cases were reported directly to OIG and those files were not available for review and were not administratively investigated. An administrative or criminal investigation was completed on all allegations of sexual abuse and sexual harassment. Investigation files reviewed were properly documented and organized.

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)

The agency's Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. The interviews with the investigators and staff confirm compliance with the policy and standard.

115.73 – Reporting to Inmate

☐ 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)

The agency's Safe Prisons/PREA Operations Manual requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated,
unsubstantiated, or unfounded. Through a review of the investigations completed, interviews with the facility staff and offenders, and the notifications indicated that offenders are informed of the outcome of the investigations. If the allegation of sexual abuse was by a staff member, the policy requires the offender be informed of the status of the staff member in writing to include whether the staff member is no longer posted within the offender’s unit, the staff member is no longer employed at the facility, the agency’s learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility informs the offender whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. During interviews with facility staff, they indicated the initial process was to inform the offender verbally by the UCC Chairperson. The current process is the offender is notified verbally and in writing by the UCC Chairperson, and the offender signs off on the notification. This process was confirmed during interviews and reviews of the notifications in the case files.

### 115.76 – Disciplinary Sanctions for Staff

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The agency’s policies and the General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff is subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of the agency’s policies relating to sexual abuse or sexual harassment 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. In the past twelve months, there have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment.

### 115.77 – Corrective Action for Contractors and Volunteers

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The agency’s policies, the Volunteer Service Plan, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. They are also prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with contractors and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of offenders. In the past twelve months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders.
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)

The agency’s policies, Disciplinary Rules and Procedures for Offenders, Safe Prisons/PREA Plan and interviews with facility staff outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative findings that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse, sanctions are commensurate with the nature and circumstances of the abuse committed, the offenders disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and considers whether an offenders mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. The agency’s policy prohibits all sexual activity between offenders to include consensual and will process discipline on offenders, but will not consider it sexual abuse. The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient to substantiate the allegation for purposes or disciplinary action. In the past twelve months, there were six administrative findings of offender-offender sexual abuse. There was no criminal finding of guilty for offender-on-offender sexual abuse.

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)

The agency’s policies, Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual requires medical and mental health follow-up within ten business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. Review of files demonstrated medical and mental health screening were conducted and documented within the ten business days of intake screening. Interviews with medical and mental health staff outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Interviews with offenders who indicated prior sexual victimization confirmed they received follow-up with medical and mental health the same day of disclosure. Information related to sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners, and other staff as required. Information is shared with appropriate staff as needed to make housing, bed, work, education, and program assignments. The medical and mental health staff obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting.
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)

The agency's policies for mental health and managed health care and the Safe Prisons/PREA Operating Manual state that offenders who are victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. Emergency medical attention is provided through tele-med from another institution or contacting on-call medical and/or mental health after normal medical operating hours. This process was verified through incident reviews and interviews with staff and offenders. The offenders also receive timely information about sexually transmitted infections prophylaxis. Treatment services are provided to every victim without any financial costs. The Safe Prisons/PREA Plan outlines the security first responder is to immediately notify medical and mental health as part of their notifications.

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)

The agency's policies and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no cost to the offenders and are consistent with the community level of care. Per policy, offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with medical and medical health staff, offenders, and file reviews verify and document the process.

The Safe Prisons/PREA Plan states a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. There was no confirmed offender abuser in the twelve month period.

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)

The agency's policies and Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents,
unless determined unfounded, The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team shall include upper-level management, with input from line supervisors, investigators, medical, and mental health practitioners. The review shall include: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The unit shall implement recommendations that result from the review, or document the reasons for not doing so. The review must be completed and submitted to the Regional Director within ten working days. The Regional Director’s review and comments will be forwarded to the EAC within twenty working days.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review findings and implement recommendations or improvements. The Sexual Abuse Incident Review Team meets monthly and is documented through meeting minutes. This team includes upper level management staff. A review of the monthly meeting minutes and files including the administrative incident review team reports indicate the standard is being met.

115.87 – Data Collection

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

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. It collects uniform data using a standardized instrument. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency aggregates this incident based sexual abuse data at least annually. The 2013 Report is available for review. The 2014 Report has been submitted to BJA. This information is submitted annual to DOJ Survey of Sexual Violence and incorporated into the Inspector General’s Annual Report. Both documents were reviewed a part of the audit process.
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)

The PREA Ombudsman’s responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the TBCI chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. This office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. The report is published in the Texas Board of Criminal Justice PREA Ombudsman website. The 2013 Report is available on the website for review. The 2014 Report has been submitted to BJA. Through interviews with the PREA Compliance Manager and Warden and review of the facility’s monthly reports documents the data collection process and correction actions taken by the facility.

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)

The agency’s Safe Prison/PREA Plan directs that the incident based information and aggregate data is collected, properly stored, and securely retained. Access to the data is controlled. The agency’s aggregate data is available to the public through the agency’s website and the PREA Ombudsman annual report. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All criminal investigations which include sexual abuse cases are permanently maintained.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara A King
Auditor Signature

Nov 9, 2015
Date