# Prison Rape Elimination Act (PREA) Audit Report

**Adult Prisons & Jails**

<table>
<thead>
<tr>
<th>Interim</th>
<th>Final</th>
<th>Date of Interim Audit Report: N/A</th>
<th>Date of Final Audit Report: 12/6/2021</th>
</tr>
</thead>
</table>

## Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Kristin Winges-Yanez</th>
<th>Email:</th>
<th><a href="mailto:kristin@preaauditing.com">kristin@preaauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>PREA Auditors of America</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>PO Box 1071</td>
<td>City, State, Zip:</td>
<td>Cypress TX 77410</td>
</tr>
<tr>
<td>Telephone:</td>
<td>713-818-9098</td>
<td>Date of Facility Visit:</td>
<td>October 20-22, 2021</td>
</tr>
</tbody>
</table>

## Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Texas Department of Criminal Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>State of Texas</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>861-B I-45 N</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>PO Box 99</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☑ State</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td><a href="http://www.tdcj.texas.gov/tbcj/prea.html">www.tdcj.texas.gov/tbcj/prea.html</a></td>
</tr>
</tbody>
</table>

## Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Bryan Collier</th>
<th>Email:</th>
<th><a href="mailto:Bryan.collier@tdcj.texas.gov">Bryan.collier@tdcj.texas.gov</a></th>
<th>Telephone:</th>
<th>936-437-2101</th>
</tr>
</thead>
</table>

## Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Cassandra McGilbra</th>
<th>Email:</th>
<th><a href="mailto:cassandra.mcgilbra@tdcj.texas.gov">cassandra.mcgilbra@tdcj.texas.gov</a></th>
<th>Telephone:</th>
<th>936-437-5570</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREA Coordinator Reports to:</td>
<td>Honorable Patrick L O’Daniel, Chairman of the Texas Board of</td>
<td></td>
<td></td>
<td>Number of Compliance Managers who report to the PREA Coordinator:</td>
<td>6</td>
</tr>
</tbody>
</table>
# Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Dr. Lane Murray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1916 North Hwy 36 Bypass</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Gatesville, TX 76596</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ State</td>
</tr>
<tr>
<td>Military</td>
<td>☐</td>
</tr>
<tr>
<td>Private for Profit</td>
<td>☐</td>
</tr>
<tr>
<td>Private not for Profit</td>
<td>☐</td>
</tr>
<tr>
<td>Municipal</td>
<td>☐</td>
</tr>
<tr>
<td>County</td>
<td>☒</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Jail</td>
<td>☐</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.tdcj.texas.gov/tbci/prea.html">www.tdcj.texas.gov/tbci/prea.html</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</td>
<td>☒ ACA</td>
</tr>
<tr>
<td>☐ NCCHC</td>
<td></td>
</tr>
<tr>
<td>☐ CALEA</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe):</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td>Division Level Operational Review (October 2017); Review by each functional area proponent at least every three years</td>
</tr>
</tbody>
</table>

## Warden/Jail Administrator/Sheriff/Director

| Name: | Audrey England |
| Email: | audrey.england@tdcj.texas.gov |
| Telephone: | 254-865-2000 ext 100 |

## Facility PREA Compliance Manager

| Name: | Sabrina Capps |
| Email: | sabrina.capps@tdcj.texas.gov |
| Telephone: | 254-865-2000 ext 485 |

## Facility Health Service Administrator

<p>| Name: | Richelle Aus |
| Email: | <a href="mailto:Rlaus@utmb.edu">Rlaus@utmb.edu</a> |
| Telephone: | 254-865-2000 ext 294 |</p>
<table>
<thead>
<tr>
<th>Facility Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Designated Facility Capacity:</strong></td>
<td>1264</td>
</tr>
<tr>
<td><strong>Current Population of Facility:</strong></td>
<td>1076 on 10/20/21</td>
</tr>
<tr>
<td><strong>Average daily population for the past 12 months:</strong></td>
<td>995</td>
</tr>
<tr>
<td><strong>Has the facility been over capacity at any point in the past 12 months?</strong></td>
<td>☒ No</td>
</tr>
<tr>
<td><strong>Which population(s) does the facility hold?</strong></td>
<td>☒ Females</td>
</tr>
<tr>
<td><strong>Age range of population:</strong></td>
<td>18-92</td>
</tr>
<tr>
<td><strong>Average length of stay or time under supervision:</strong></td>
<td>2 yrs 2 mos</td>
</tr>
<tr>
<td><strong>Facility security levels/inmate custody levels:</strong></td>
<td>G1-G4, Security Detention, MD</td>
</tr>
<tr>
<td><strong>Number of inmates admitted to facility during the past 12 months:</strong></td>
<td>694</td>
</tr>
<tr>
<td><strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</strong></td>
<td>689</td>
</tr>
<tr>
<td><strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</strong></td>
<td>578</td>
</tr>
<tr>
<td><strong>Does the facility hold youthful inmates?</strong></td>
<td>☒ No</td>
</tr>
<tr>
<td><strong>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</strong></td>
<td>☒ No</td>
</tr>
<tr>
<td><strong>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Number of staff currently employed by the facility who may have contact with inmates:</strong></td>
<td>284</td>
</tr>
<tr>
<td><strong>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</strong></td>
<td>61</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>3</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>Medical-51; Windham – 16; College -5</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>36</td>
</tr>
</tbody>
</table>

### Physical Plant

| Number of buildings: | 16 |

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of inmate housing units: | 6 |

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of single cell housing units: | 1 |
| Number of multiple occupancy cell housing units: | 1 |
| Number of open bay/dorm housing units: | 4 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 137 |

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

- [ ] Yes
- [x] No
- [x] N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

- [x] Yes
- [ ] No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

- [ ] Yes
- [x] No
### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- On-site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Local hospital/clinic</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>- Rape Crisis Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other (please name or describe: Investigations)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</th>
<th>0 [OIG has 150 investigators]</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>☐ Facility investigators</td>
</tr>
<tr>
<td>☒ An external investigative entity</td>
<td></td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>☐ Local police department</td>
</tr>
<tr>
<td>☐ Local sheriff's department</td>
<td></td>
</tr>
<tr>
<td>☐ State police</td>
<td></td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
<td></td>
</tr>
<tr>
<td>☒ Other (please name or describe: Office of Inspector General)</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
</tbody>
</table>

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>☒ Facility investigators</td>
</tr>
<tr>
<td>☐ Agency investigators</td>
<td></td>
</tr>
<tr>
<td>☒ An external investigative entity</td>
<td></td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
<td>☐ Local police department</td>
</tr>
<tr>
<td>☐ Local sheriff’s department</td>
<td></td>
</tr>
<tr>
<td>☐ State police</td>
<td></td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
<td></td>
</tr>
<tr>
<td>☒ Other (please name or describe: OIG conducts admin investigations on staff)</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Dr. Lane Murray Unit is a Texas Department of Criminal Justice prison housing adult females located in Gatesville, TX. The facility last underwent a PREA audit in October 2018, and the timing of this audit meets the requirements under PREA Standard 115.401(a). This audit was completed by The PREA Auditors of America (PAOA) certified auditor Kristin Winges-Yanez.

Pre-On-site Audit Phase

The agency has a centralized PREA ombudsman office that reports directly to the Texas Board of Criminal Justice, an oversight body. The ombudsman’s office oversees regional managers who coordinate with facility-based Safe Prisons staff to ensure PREA compliance at each facility. The central office was the auditor’s primary point of contact in the pre-onsite audit phase, although the facility Warden also responded to inquiries. Because the agency and facility were experienced with the audit process and timelines, communication was handled via email. The agency used the paper audit process. The auditor requested that facility lists for interview selections and document sampling as well as a map/floorplan of the facility be available upon arrival for the on-site portion.

The PREA Compliance Manager (Unit Safe Prisons/PREA Manager USPPM) completed the Pre-Audit Questionnaire (PAQ) on 8/5/21. The agency and facility provided documents electronically via a locked USB drive, which the auditor received on 9/13/21. The agency provided policy documents, training slides, brochures and posters, explanatory memoranda, and other documents. The facility provided inmate records, employee files, investigation documents, and facility-specific policy and procedure documents.

The facility posted audit notices on 9/3/2021 and submitted photographs of the notices in Administration, the Chapel, Commissary, Food Services, housing units, and Visitation. The auditor saw those notices as well as identical notices posted in every housing unit, by the phones, in programming and recreation areas, and on other available billboards around the institution while on-site. The notices are posted in English and Spanish, are labeled with large, brightly colored NOTICE title, and contain bold typeface contact information for the auditor. The notices state clearly that correspondence and any disclosures during interviews are confidential and will not be broken except in limited circumstances as required by law. The facility appropriately posted notices more than six weeks in advance of the on-site portion. The auditor did not receive any letters from the facility.

The auditor reviewed the facility and agency’s websites and downloaded and reviewed the previous audit report. From the agency’s website, she reviewed the annual PREA reports for the multiple prior years and the site information on the agency PREA program. The auditor also conducted an internet search for news stories regarding the institution. No press related to misconduct at the facility was discovered.
On-site Audit Phase

The auditor visited the facility in Gatesville, TX from 10/20/21 to 10/22/21. Upon arrival, the auditor met facility leadership and then met with the USPPM and Safe Prisons sergeant in the Safe Prisons office located in the facility chapel. The facility presented binders with hard copies of documents produced electronically, additional documents, and full rosters of inmate housing units, targeted populations, staff, contractors, and volunteers. The auditor made inmate interview selections at that time. The facility was also undergoing an ACA audit that concluded 10/20/21, and in late morning that audit concluded with an out-briefing and the auditor met with the Warden and command staff. Following introductions and an overview of audit process, the auditor began the site review.

Site Visit

Every area of the facility was examined, including the K1, J2, and F dorms, the chapel, pill line, commissary, captain and administrative offices, Line Control, dining hall, commissary, laundry, gym, education, maintenance, and administration areas. The auditor viewed every room, examining bathrooms, side room/closets, signage, and staffing levels. Units K2, K3, and J1 had inmates quarantined for COVID reasons. The auditor visited those units and viewed all areas (some through windows and doors) but did not physically enter every area of those units to avoid risk of spreading the virus. The auditor kept track of visited areas on a printed site plan.

Interviews

Staff Interviews

Formal staff interviews were conducted in their offices with the door closed, in the facility but away from other individuals, or in the administrative area conference room. No other parties were present during the conversations. Several informal interviews were conducted while touring the facility as well. Agency staff interviews were conducted virtually prior to the on-site portion (Agency Head, PREA Ombudsman, Agency Contract Administrator).

Specialized staff were selected based on position as listed below—when multiple candidates existed, the auditor selected based on availability. The facility contracts with 72 individuals through 3 contracting bodies—primarily medical, but also education. The auditor spoke with contractors in both medical education. The facility has 36 volunteers, and the auditor spoke with one religious services volunteer who was on site during the audit.

The facility employs 284 total staff members. Other staff were randomly selected to account for a variety of assignment and shift—the auditor reviewed the post/work assignment schedule and selected an interviewee from each work area, but some staff were selected by the auditor based on availability for interview. Interviewees were both uniformed and non-uniformed and represented a diverse cross-section of duties.

Specialized Staff interviews completed:
- Agency Head
- PREA Ombudsman
- Warden
- PREA Compliance Manager
- Intermediate/Higher Level Facility Staff
- Agency Contract Administrator
- Intake Staff
- Screening Staff
- Classification Staff
- Volunteer
- Contractors
- Staff responsible for screening for risk of abusiveness
- Staff who supervise inmates in segregation/restrictive housing
- Incident review team staff
- Monitor of retaliation
- First responders
- HR staff
- Grievance staff
- Food services staff supervising inmates
- Medical staff
- Mental health staff
- Maintenance staff supervising inmates

<table>
<thead>
<tr>
<th>Staff Title</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Head</td>
<td>1</td>
</tr>
<tr>
<td>PREA Ombudsman</td>
<td>1</td>
</tr>
<tr>
<td>Warden</td>
<td>1</td>
</tr>
<tr>
<td>Major</td>
<td>1</td>
</tr>
<tr>
<td>Lieutenant (including night shift)</td>
<td>3</td>
</tr>
<tr>
<td>Correctional Sergeant</td>
<td>2</td>
</tr>
<tr>
<td>Agency Contract Administrator</td>
<td>1</td>
</tr>
<tr>
<td>Unit Safe Prisons/PREA Manager</td>
<td>1</td>
</tr>
<tr>
<td>Safe Prisons Sergeant</td>
<td>1</td>
</tr>
<tr>
<td>Correctional Officers (including staff who work night shift and staff who work in restrictive housing)</td>
<td>7</td>
</tr>
<tr>
<td>Gym/Recreation Officer</td>
<td>1</td>
</tr>
<tr>
<td>Control Room Officer</td>
<td>1</td>
</tr>
<tr>
<td>Dental Assistants (Contractor)</td>
<td>2</td>
</tr>
<tr>
<td>Wyndham Principal (Contractor)</td>
<td>1</td>
</tr>
<tr>
<td>Laundry Manager</td>
<td>1</td>
</tr>
<tr>
<td>Food Services Manager</td>
<td>1</td>
</tr>
<tr>
<td>Maintenance Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Grievance Investigator</td>
<td>1</td>
</tr>
<tr>
<td>Medical Supervisor</td>
<td>1</td>
</tr>
<tr>
<td>Nurse Practitioner Manager</td>
<td>1</td>
</tr>
</tbody>
</table>
Inmate Interviews
The facility provided rosters of inmates in the facility upon arrival. The lists were organized by housing unit, and additional lists were provided with inmates in the categories required by the Auditor Handbook. The auditor randomly selected inmates from each unit by taking the first name from page one, the second name from page two, etc., and then editing the list to account for a wide variety of work assignments. Because several inmates were unavailable to be interviewed, additional inmates were randomly selected while walking around the chapel and other work assignment areas. This provided a sample of inmates from a variety of units, demographic groups, work assignments, and length of time at the institution. The selection covered every housing unit except COVID-exposed inmates (COVID-19 protocol).

Targeted population inmates were also selected randomly from the provided lists. The auditor paid special attention to inmates who had reported sexual abuse and interviewed to every inmate still in custody who had made a report during the audit period. Numerous inmates who were randomly selected also fell into targeted inmate categories, but the auditor counted them separately to ensure adherence to the protocols in the Auditor Handbook. Inmates were interviewed in a closed room in the office area or in one of the classrooms in the chapel building with only the auditor and inmate present.

Inmate interviews completed:

<table>
<thead>
<tr>
<th>Randomly selected inmate interviews</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted populations inmate interviews (note some inmates met more than one of the following categories)</td>
<td>20</td>
</tr>
<tr>
<td>• Inmates with a Physical Disability (Inmates who are Hard of Hearing)</td>
<td>5</td>
</tr>
<tr>
<td>• Inmates who are Limited English Proficient</td>
<td>2</td>
</tr>
<tr>
<td>• Inmates who identify as Gay or Bisexual</td>
<td>3</td>
</tr>
<tr>
<td>• Transgender or Intersex Inmates</td>
<td>5</td>
</tr>
<tr>
<td>• Inmates Who Reported Sexual Abuse</td>
<td>7</td>
</tr>
<tr>
<td>• Inmates who Reported Sexual Victimization During Screening</td>
<td>3</td>
</tr>
<tr>
<td>• Inmates housed in disciplinary housing</td>
<td>2</td>
</tr>
</tbody>
</table>

|Total Individual Inmates Interviewed | 42 |

The auditor conducted numerous informal interviews of both staff and inmates during the audit site visit.
Document Review

In addition to the records reviewed in the pre-on-site portion, the auditor reviewed records on-site. Based on information gained during the site visit and interviews, the auditor requested additional inmate, staff, and investigation records that were promptly provided.

The auditor viewed screening and education documentation of a wide sample of inmates, and randomly selected a sample of interviewed inmates to view file information electronically. The Regional PREA Compliance Manager demonstrated the electronic records system and showed the requested documents and information to the auditor on site. The auditor viewed intake and screening records for inmates admitted in the 12 months preceding the on-site portion. The auditor also viewed mental health records and documents showing follow-up screening for inmates who had reported victimization.

The auditor viewed a sample of investigation reports completed during the audit period. On site, the auditor requested additional investigation documents based on information received in interviews. The facility identified five investigations of inmate/inmate sexual offense, and 22 investigations of staff/inmate sexual offenses. The auditor reviewed eight investigation files and information on each case where the inmate was interviewed.

The facility ran a search for any administrative remedies (grievances) related to sexual safety. The auditor discussed sexual abuse grievances with the grievance investigator on site.

The auditor reviewed full rosters of staff training attendance and requested additional documentation for the contractors and volunteer who were interviewed. The auditor viewed background check information for a randomly selected sample of employees who were interviewed, as well as a larger set of documents reflecting background checks for employees hired during the audit period.

The on-site portion of the audit concluded in mid-morning on the third day. The auditor conducted a brief-out meeting with the Warden, command staff, Safe Prisons/PREA staff, the Regional PREA Compliance Manager, and discussed strengths, recommendations, and the report plan.

Post-On-site Audit Phase

As the auditor did not identify any necessary corrective action, the final report was prepared and submitted on 12/6/2021.
Facility Characteristics

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

The Dr. Lane Murray Unit is located in Gatesville, TX, collocated on property with several other TDCJ facilities. The facility has a designated capacity of 1264. The facility houses females and transgender inmates in 6 housing buildings. Buildings were organized around a central courtyard with walkways, some landscaping, and lawn.

K1, K2, and K3 are identical buildings with two separate dorm-style units with open cubicles each housing 102 inmates. J1 and J2 are identical buildings housing inmates in three units each, with cells on each of two floors. J2 includes administrative segregation housing. The F building has four separate dorm style units with a lofted floor in each. The units include housing for inmates in chronic care, inmates participating in the dog training program, and other inmates with medical needs.

Inmate services are all located in a long central building that also houses offices and line control. Medical and mental health offices and the pill line are in this building, as is the dining hall, the commissary, and laundry. Inmates worked in each of these areas. Healthcare services are provided by the University of Texas Medical Branch (UTMB) contractors. Inmates have access to practitioners, therapists, dental providers, and other staff on site. Inmates housed in the F dorm are treated by medical and mental health staff in a clinic in that building.

The center of the building contained an enclosed hallway that was used for searches—all inmates are searched in this location going to and from assignments. The hall has limited entryways, allowing for a secure and private location to conduct searches, and privacy screens hid the doorways from view. The gym area was an open space with numerous activities provided, allowing for good visibility. A painting area was located in that building but was only accessible by inmate painters. The education building was large and housed numerous classrooms. Wyndham School District contractors provide numerous academic programs. Each had windows facing a u-shaped hallway, allowing for good visibility throughout. The maintenance area was separate but still inside the fence, and the area had inmate workers in several work assignments present.

The perimeter is surrounded with a wire fence which includes a curved overhang outfitted with razor wire. The facility has one roving perimeter officer. Staff and visitors enter the facility through a walk-in sally port entrance at the front, and a drive-through sally port gate at the back of the facility is used for inmate transports and deliveries. The facility has 159 cameras on site which are centrally monitored.
Summary of Audit Findings

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

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

### Standards Exceeded
- Number of Standards Exceeded: 2
- List of Standards Exceeded: 115.31, 115.33

### Standards Met
- Number of Standards Met: 43

### Standards Not Met
- Number of Standards Not Met: 0
- List of Standards Not Met: 0
PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Texas Department of Criminal Justice Safe Prisons/PREA Plan (Feb 2019)
2. Unit Organizational Chart 2021
4. Agency Organizational Chart
5. ED-03.03 Safe Prisons Program
6. PO-07.150 Unit Safe Prisons/PREA Manager (1/15/16)

Interviews:
1. Agency contract administrator
2. Unit Safe Prisons Prea Manager (USPPM, designated PREA Compliance Manager)

Findings

115.11(a): The TDCJ Safe Prisons Plan details the agency’s policy and implementation instructions for the Prison Rape Elimination Act standards. The document clearly states the agency has zero tolerance toward all forms of sexual abuse and sexual harassment. This policy outlines the agency’s efforts to prevent, detect, and respond to sexual abuse, and clearly provides the requirements of each facility, higher agency management, and investigators.

115.11(b): The agency has a PREA Ombudsman who reports to the Texas Board of Criminal Justice and thus has significant oversight authority. This position is in the upper level of agency hierarchy as evidenced by the division organizational chart. The PREA Ombudsman is a full-time position within the agency, and she states she has sufficient time to develop, implement, and oversee the agency’s PREA efforts. The PREA Ombudsman directly oversees regional PREA compliance managers and the team serves a supportive and organizational role that connects the facilities’ efforts. The PREA Ombudsman office also reviews facility PREA compliance and works with Wardens and Compliance Managers should any noncompliance be identified. The agency also has a Safe Prisons/PREA Manager in the Correctional Institutions Division. The office provides technical support to facilities to ensure implementation and compliance, and also maintains a database of reported allegations to analyze incident data.

115.11(c): The agency has regional PREA compliance managers and facility-based Safe Prisons staff who operate as the facility PCMs. The Safe Prisons Program (SPP) officer designated as PREA Compliance Manager (USPPM) as well as the SPP sergeant both complete PREA monitoring and duties, and interviews with them, the Warden and with inmates clearly demonstrate that they have sufficient time and authority to coordinate facility PREA efforts. The USPPM post order documents the duties for this position, which are fully dedicated to PREA duties. Facility records including inmate records, statistical reports and investigation documents also demonstrate that the USPPM is involved in all PREA-related matters and is able to spend significant time on her role coordinating PREA compliance. The other Safe Prisons staff and the Warden and upper command are all fully aware of PREA issues and clearly receive regular briefings and work cooperatively to resolve any reports or compliance issues.
Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Administrative Directive AD-02.46(rev. 4) Employees of Private Businesses and Governmental Entities Contracting with the TDCJ
2. Contracts with Residential Reentry Centers valid at time of onsite audit (8)
3. Contracts with Transitional Treatment Centers valid at time of onsite audit (18)
4. Contracts with Secure Facilities valid at time of onsite audit (11)
Interviews:
1. Agency contract administrator

Findings

115.12(a): The agency contracts with private businesses and enters into interagency and interlocal agreements and memoranda of understanding with other government entities to provide services. The agency contracts with numerous entities for the confinement of inmates, including residential reentry centers, transitional treatment centers, and a number of secure facilities. The auditor reviewed each of these contracts and PREA compliance is required by each. The AD-02.46 requires that employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.

115.12(b): The contract administrator described the monitoring in place. At the contracting secure facilities, a full time TDCJ employee is responsible for on-site contract monitoring. At the treatment and residential centers, the TDCJ monitors monthly or more frequently with unscheduled contract reviews. The contract administrator confirms that the contracting facilities are required to report information to the contract monitor, who checks protocol to ensure all required standards are met, as well as other contractual requirements.

### Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

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

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

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

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including
“blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☒ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
• Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

• Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Murray Unit Staffing Plan System II (5/17/21)
4. Post Orders for Sergeant, Lieutenant, Captain, and Major of Corrections
5. AD 11.52 Security Staffing
6. SOPM 08306 Security Operations Annual Review of Turnout Roster
7. SOPM 08.01 Turnout Roster Management
8. SOPM 07.02 Deletion, New Installation, or Relocation of Video Surveillance Equipment
10. Employee and Visitor Logs (completed for numerous areas of the facility during the audit period)

Interviews:
1. Warden
2. PREA Coordinator
3. USPPM
4. Intermediate- and Higher- level staff

Site Review:
1. Staff located in each area and throughout facility
2. Monitoring technology
Findings

115.13(a): The facility has a documented staffing plan, and annual modifications are documented in the Annual Review. The Statements of Participation explicitly state that each factor in 115.13(a) is considered while the plan is discussed. The PREA Ombudsman, Warden, and high-level agency administrators participated in the creation of the plan and documentation shows they take part in annual reviews. When interviewed, the Warden and USPPM stated the plan takes into account generally accepted detention and correctional practices, any findings of judicial inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the composition of the inmate 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.

Security and civilian staff were seen entering and exiting the housing areas on a frequent basis, and supervisors and command staff regularly visit every area of the facility. The auditor observed staff (both unit staff and high-level management) having casual, professional conversations with inmates. Unit staff regularly move about, do random counts, and constantly interact with the inmate population. Facility leadership appeared very familiar with the population, and their regular presence in all areas of the facility was obvious. It was apparent that staff presence in the units is high and the staffing ratio appeared sufficient to deter and detect sexual misconduct.

Numerous mirrors and windows provided visuals of potentially blind areas. Numerous cameras were observed in gathering areas such as food service as well as in housing units, and the views are centrally monitored. The staffing levels at the facility appear adequate.

115.13(b) and (c): The Warden confirmed no significant deviations to the staffing plan have taken place. Minor adjustments to staff numbers are noted on the staffing rosters viewed by the auditor and are thus properly documented. The annual reviews are well documented, and the facility and is in compliance with these provisions. Further, interviews with the warden and Safe Prisons staff as well as the Regional PREA manager demonstrate that any PREA issues or staffing issues are immediately discussed, and the facility clearly takes a proactive approach to resolve any potential concern in this area. SOPM 07.02 and SOPM 08.06 both clearly state that any changes to staffing or video surveillance equipment require consultation with Safe Prisons/PREA staff.

115.13 (d): All levels of security supervisor conduct unannounced rounds of the facility. The Post Orders for correctional sergeant, lieutenants, captain, and major all include unannounced rounds in the required duties for the positions. A sergeant, a lieutenant, and the Warden all described a similar process of conducting rounds whereby random checks of all areas of the facility are completed and documented. The auditor observed the Warden performing rounds in several housing buildings during the site visit. The Employee and Visitor logs, provided in the pre-onsite portion and viewed on site, document “PREA Rounds” at random times and by all supervisory levels of security staff. PD-22 provides that alerting other staff members when supervisor rounds are being conducted is a misconduct-violation level 4.
# Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

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

### 115.14 (c)

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

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

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does*
The facility does not house youthful inmates. This was confirmed during the site visit and with the interview of the Warden. Inmate roster documents also confirm all individuals are 18 or older.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  - Yes ☒ No ☐ NA ☐
- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)
  - Yes ☒ No ☐ NA ☐

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  - Yes ☒ No ☐
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?
  - Yes ☒ No ☐
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?
  - Yes ☒ No ☐
115.15 (e)  
- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes  ☐ No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes  ☐ No

115.15 (f)  
- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes  ☐ No

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

Auditor Overall Compliance Determination

☐ Exceeds Standard ([Substantially exceeds requirement of standards])

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

☐ Does Not Meet Standard ([Requires Corrective Action])

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Safe Prisons/PREA Plan
2. ED 01.21 Policies and Procedures Systems
3. Safe Prisons/PREA Operations Manual (SPPOM) 02.05 Cross-Gender Searches and Log (Feb 2020)
4. AD 03.22 Offender Searches
5. Statement of Fact re: 115.15
6. On the Job Training (OJT) Program Procedures Guide
7. Correctional Training and Staff Development (CTSD) Curriculum Legal Responsibilities: Contraband and Searches PRES021

8. Post Orders for housing staff

Interviews:
1. Warden
2. Random sample of staff
3. Random sample of inmates
4. Transgender Inmates

Site Review Observations:
1. Housing areas including bathroom/shower areas
2. Opposite gender staff announcements

Findings

115.15(a), (b): The Safe Prisons Plan, citing AD-03.22 “Offender Searches,” mandates that the agency does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. It also states that pat searches of female inmates will only be conducted by female staff. No inmates stated that they had undergone a search of any kind with a male officer. The auditor viewed the area where inmates are searched before and after activities outside of the housing unit and walked through the search process with staff. The process is designed to be private and separate from male staff as well as any unnecessary view from other inmates and staff.

115.15(c): AD 03.22 requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The facility has not conducted any cross-gender strip or visual cavity searches in the past 12 months. This fact was confirmed with the Statement of Fact, the Cross-Gender Search Log and conversations with the Warden and USPPM. No inmates stated they had undergone a search by a male officer.

115.15(d): The Safe Prisons Plan requires that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks.

The facility housing units each contain showers that have privacy doors or curtains. Most units also had stalls for toilets, except in one building, F. Several inmates housed in that building complained about the toilets there, as the stall walls were not full height, each was separated with a half-wall. The auditor viewed the toilet areas in question and saw easily movable screens that protected the inmate from view by others. Although the units have upper floors that allow some view into a few of the toilet stalls, there are other stalls that are more private, and the screens provide additional blocks. Further, male staff announce their presence before entering the unit, and would only view inmates using the toilet incidentally to a unit check, thus the facility meets the requirements of this standard.

Post Orders for housing staff all include a requirement that the officer has to announce his presence upon entering a unit with female inmates (the announcement must be made any time the status quo of the gender-supervision of a housing area changes from exclusively same gender, to mixed or opposite gender-supervision. The post orders also specifically require that officers must also announce the presence of opposite gender visitors, volunteers, medical staff, and other entering individuals. Upon entering each housing area, the auditor witnessed staff loudly announcing male staff presence.
115.15(e): No searches of transgender inmates for the purposes of determining gender have taken place, in compliance with the standard. The Safe Prisons Plan and the search rule provide that transgender inmates are not searched in this manner. The auditor interviewed numerous transgender inmates, who all stated they had not been searched for this purpose.

115.15(f): Staff are required to attend several different types of training on searches. Review of pre-service training curricula and in-service training including on-the-job training showed that staff receive comprehensive training on how to appropriately search inmates of all gender identities. All staff interviewed reported recalling information on searches of male and female inmates including transgender inmates. Transgender inmates are searched before or after other inmates are searched, and as the search hallway has protective screens, this allows them additional privacy. All transgender inmates reported searches occurring in this manner, and it is clear this practice is fully implemented at the facility.

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

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

115.16 (a)

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

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

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

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

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

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

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

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Inter-Office Communication memo from Institutional Division re: Spanish Interpreters (5/1/21)
2. Intake Procedures 1.10 Initial Orientation; 6.05 Intake Processing of Inmates in Need of an Interpreter
3. AD-06.25 (4/10/15)
5. CMHC G.51.11 Offenders with Special Needs
6. AD-04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking
7. SM-05.50 Qualified Spanish Interpreters Guidelines
8. Health Services Liaison Facility Types
9. Staff Who Speak Language Other Than English or Spanish list (April 2018)

Interviews:
1. Random Sample of Staff
2. Inmates who are LEP
3. Inmates with physical disabilities including inmates who are hard of hearing

Findings

115.16(a): The Safe Prisons Plan provides that the agency provides accommodations to ensure all inmates have access to the sexual safety program, including ensuring inmates can effectively communicate with staff. AD-06.25 states that TDCJ shall provide ASL interpreters for informal governmental proceedings for those who use ASL as their primary means of communicating. These proceedings include classification committee interviews (screening), disciplinary proceedings, grievance investigations, OIG investigations, medical and dental appointments and psychiatric psychological and sociological appointments. PREA proceedings would fall into these categories. Under A-08.3 inmates with developmental and intellectual disabilities are identified through screening and housed in appropriate settings. The Murray Unit does not house inmates with such disabilities; facilities have designated inmate populations as described in the Health Services Liaison Facility Types document. The auditor spoke to several inmates with physical disabilities including inmates with low vision or who were hard of hearing, and each stated they were able to effectively communicate with staff.
The auditor reviewed PREA signage and materials and found them to be in large print, easy to read, and written with plain language. The unit that housed inmates who were hard of hearing had a light notification system—a light could be flashed when male staff enter the unit. The Safe Prisons Staff also regularly met with inmates and were available to describe PREA processes and answer questions, making the system more accessible to inmates with disabilities. They met with inmates in the unit and in their office in the Chapel, which provides a quiet, low distraction atmosphere beneficial to having

115.16(b): AD-04.25 provides that monolingual Spanish-speaking inmates receive institutional materials in Spanish. The Intake Procedures require that orientation is provided in English and Spanish and all written materials are similarly bilingual. If an inmate speaks a language other than English or Spanish, staff should contact the Intake Administrator who will arrange for an interpreter, under Intake Procedures 6.05. TDCJ employs staff that speak numerous other languages, and they are identified and made available for interpretation. The language line is also available. ASL interpretation is also to be provided under the rules. The auditor interviewed inmates who are LEP and they stated they understood the PREA education that was provided and that staff translators were available when necessary.

115.16(c): Interviewed staff stated that inmates are not use as interpreters, and none identified any instance where an inmate interpreter had been used. Inmates who are LEP also stated inmate interpreters were not used, that staff members were available when necessary.

**Standard 115.17: Hiring and promotion decisions**

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

115.17 (a)

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

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

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

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

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

115.17 (b)

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

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

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

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. PERS 598 TDCJ Job Application Supplement for Agency Applicants
2. Executive Directive PD-75 Applicants with Pending Criminal Charges or Prior Convictions
3. Safe Prisons PREA Plan
4. PD-73 Selection Criteria for CO Applicants
5. PERS 282 TDCJ Employment Application Supplement
6. FACT Clearinghouse Background Check Notifications (selected documents)
7. PD-71 Selection Systems Procedures
8. Background Check Clearance for Contractor (selected documents)
9. PD-27 Employment Status Pending Resolution of Criminal Charges of Protective Order
10. Criminal Background Checks memorandum
11. Applicant Criminal Background Checks (selected documents)
12. Verification on Former Employee (sample document)
13. PD-56 Request for and Release of Employment Information or Documents
14. ED-02.29 Records Management
15. Records Retention Schedule
16. Murray Unit List of New Hires and Background Check documentation
Interviews:

1. Human Resources Manager
2. Regional PREA Manager

Findings

115.17(a), (b): The Human Resources Manager confirmed that the agency prohibits hiring or promoting anyone—or enlisting the services of any contractor—who has engaged in sexual abuse, or has been convicted or adjudicated of sexual abuse. The Safe Prisons/PREA Plan (SPP) and PD-73 and PD-75 clearly state this requirement, and the bar also includes pending charges. The SPP and PD-73 also includes sexual harassment as a bar. The HR Manager described the thorough preemployment screening that every employee goes through before hiring, which includes criminal background checks and self-disclosure questions on the job application. The application for hire and promotion includes the questions required by this standard. The agency provided a memorandum detailing the numerous background check procedures.

115.17(c): The agency completes criminal background checks before hiring new employees, as stated in the SPP. New employees are notified of this and the information is included in the job application. Checks for security staff are completed centrally by TDCJ Human Resources Division. The HR manager stated that checks for administrative and civilian staff are completed on site. The auditor viewed documentation reflecting that all new hires at the facility had undergone a background check.

115.17(d): The SPP provides that criminal background checks are performed on contractors who will enter the facility. The auditor viewed contractor records from the audit period which contained documents confirming the check was completed.

115.17(e)(f)(g): Employees have an ongoing duty to report sexual misconduct, which is clearly stated on the job application and in the policies listed here. The agency uses a clearinghouse to provide notification of any new criminal activity on the part of current employees. Employees also undergo an annual background check as well on the anniversary of their hire. The Employment Application Supplement includes out a questionnaire which asks about prior misconduct. All employees are subject to a continuing affirmative duty to disclose misconduct under the SPP and PD-73. Material omissions are grounds for not being hired or for termination. The HR Manager confirmed the application process and consequences.

115.17(h): The agency does provide information about misconduct when requested by other agencies unless prohibited by law, as mandated by PD-56. That process is handled by HR and governed by PD-56. The auditor viewed sample documents of information provided in response to inquiries received by the agency, and the agency is clearly following their process in this regard.

Standard 115.18: Upgrades to facilities and technologies

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

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents
1. Staffing Plan Annual Review documents

Interviews
1. Warden

Findings

115.18(a): The facility undertook no substantial modification, expansion, or new construction during the audit period. The Warden and PCM confirmed this in interviews.
115.18(b): The facility has not substantially modified monitoring technology during the audit period. The auditor notes that staffing plan documents suggest all updates are discussed with PREA considerations in mind.
RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)
- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Sexual Abuse Response and Investigation Coordinated Response Plan (Lane Murray Unit)
2. Memorandum of Understanding with Families in Crisis, Inc., Killeen (including contract modifications with updated dates and contact information
3. Unit Inmate Victim Representative List
4. Offender Victim Representative curriculum and training handouts
5. AD 16.03 Evidence Handling
6. SPPOM 05.01 Sexual Abuse Response and Investigation
7. SPPOM 02.02 Offender Victim Representative
8. CMHC G-57.01 Sexual Assault Sexual Abuse
9. OIG -04.05 Offender Sexual Assault Investigations
10. Coordinated Response Plan Lane Murray Unit

Interviews:
1. USPPM
2. Warden
3. Investigative Staff
4. Medical Staff

Findings:

115.21(a): The SAFE Prisons/PREA Plan provides that staff will follow the Response Protocol when responding to an incident of sexual abuse. The facility Coordinated Response Plan provides detailed guidance for first responders, investigators, and medical and other staff. The medical policy CMHC G-57.01, investigator policy OIG 04.05, and abuse response policy SPPOM05.01 each provide a standard, uniform evidence protocol that allows for physical evidence to be collected. All policies are in line with each other and clearly detail the requirements and practices for evidence. The policies provide for forensic exams including the collection of sexual assault kits by trained providers and collection of other physical evidence.

115.21(b). The auditor confirmed during the site visit that no youth are incarcerated at the facility. Because the evidence protocol would not be used on youth, it satisfies the first portion of the provision.

The evidence protocol is in line with the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women (OVW) publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents” (national protocol), or similarly comprehensive and authoritative protocols developed after 2011. The most recent version of the document is from 2013.
Under the guidelines, victims are sent to medical services for any triage/initial examination and treatment. Staff take steps to preserve evidence on the victim and perpetrator, as well as at the scene of the incident. Investigative staff consist of a small number of highly trained staff that ensure evidence is obtained and preserved to the maximum extent possible in the circumstances.

115.21(c): The policies listed above all provide that forensic examinations will be made available to inmate victims, without cost. When an assault allegation is reported within 120 hours, investigators immediately report to the scene to interview the victim, determine if a forensic medical examination will be offered, and examine and process the crime scene (OIG 04.05). If there is a delay in reporting, the unit supervisor will make a decision as to whether a forensic examination would be appropriate under the circumstances.

No forensic examinations had taken place in the audit period. Review of investigations demonstrated that in no case was an examination appropriate (late reports, touching that would not lead to physical evidence, etc.). Safe Prisons staff and the warden both confirmed that forensic examinations, though they had not occurred in the audit period, have been successfully completed in the past. Exams take place with a qualified SANE at a local hospital, and the staff are familiar with how to arrange the visit. Exams are anticipated by the evidence protocol and would be offered promptly when appropriate. Medical staff were similarly aware of the protocol and ready to treat an inmate victim whenever an allegation did arise.

115.21(d)-(e): Each of the relevant TDCJ policies listed also provide that the alleged victim will have the option of having a qualified staff member or a community victim advocate accompany him/her for support during the medical evaluation and through the investigatory process. The facility’s MOU with Families In Crisis provides for such advocacy and support. Two staff members are also trained to serve as victim advocates, and the training they are provided demonstrates they have been taught skills to support inmate victims should the need arise. Interviewed inmates who had made reports of sexual abuse stated that victim advocacy services had been provided, both by staff and by the community organization.

115.21(f): The facility and agency cooperate fully with internal and external investigating bodies. Under the Safe Prisons/PREA Plan, every investigating body must follow the same evidence protocol.

115.21(h): Services are available from the rape crisis center, but all individuals involved in this process are trained on both sexual abuse dynamics and correctional issues. The training provided to facility staff acting as victim advocates covers communication skills, inmate rights, testing and reporting practices, and other topics. The staff members who are trained to serve in this role are high level staff with the experience and skills to provide advocacy and support.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

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

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

115.22 (b)

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

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

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

115.22 (c)

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

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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☐ Does Not Meet Standard (Requires Corrective Action)

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Evidence

Documents:
1. AD -02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents
2. SPPOM 05.05 Completing the Offender Protection Investigation
3. SPPOM 05.01 Sexual Abuse Response and Investigation
4. AD-16.20 Reporting incidents/Crimes to the Office of the Inspector General
5. OIG 04.05 Offender Sexual Assault
6. BP-01.07 Inspector General Policy statement
7. PD-29 Sexual Misconduct with Offenders

Interviews:
1. Agency Head
2. USPPM

Findings

115.22(a): SPPOM 05.01 provides that every allegation of abuse or harassment is investigated. The Safe Prisons staff monitor the cases, ensuring investigation is completed on every one. Both the USPPM and the Warden demonstrated a high level of knowledge and involvement for every abuse case in the audit period. The facility clearly discusses each case at a high level, ensuring referral where appropriate and full process on each allegation. The auditor interviewed a large number of inmates including inmates who had reported abuse. For every report identified, an investigation was documented. There is no evidence that any allegation went unexamined.

115.22(b)(c): All allegations that could be criminal in nature as well as staff harassment cases are referred to the OIG for investigation. The governmental bodies work closely together, as required by BP-01.07. TDJC and OIG policies are publicly available online. The USPPM tracks all cases and remains aware of status and updates.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

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

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

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

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

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

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

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

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

115.31 (b)

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

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

115.31 (c)

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

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

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

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

Auditor Overall Compliance Determination

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

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Evidence

Documents:
1. Correctional Training and Staff Development (CTSD) Curricula:
   A. Pre-Service Training Safe Prisons Module: Sexual Abuse/Assault PRES021
   B. Pre-Service Training Block 3: OJT Program/Peer Acceptance PRES021
   C. Correctional Awareness/Staff Survivor Training: Safe Prisons/PREA ACAC021/STSUR21
   D. In Service Training (Non-supervisor) Safe Prisons/PREA Program INSN021
   E. Supervisor In-Service Training: Safe Prisons/PREA Program INSS021
   F. Safe Prisons PREA in Texas—video script
3. OJT Program Procedures Guide
4. AD 12.20 Implementation & Operation of the TDCJ In-Service Program
5. ED-12.10 TDCJ Training Database
6. PD-97 Training and Staff Development
7. PD_29 Sexual Misconduct with Offenders
8. SPPOM 06.01 Unit Safe Prions PREA Program Awareness Training

Interviews:
1. Random sample of staff
2. USPPM
Findings

115.31(a): The Safe Prisons/PREA Plan, section VI(B), requires that all staff receive training on every point required in this standard. The Zero Tolerance policy PD-29 also requires training on consequences for violating the zero tolerance policy. PD-97 specifically requires that all employees, contractor, and interns receive training on Safe Prisons/PREA through the training video and by signing an acknowledgement form PERS 632. That form is retained in the master human resources file (or in a unit file for contractors or interns).

The auditor reviewed the agency training materials and the employee training covers zero tolerance, how to fulfill duties under the PREA policy, inmate rights re: abuse and harassment, inmate and staff rights re: retaliation, dynamics of sexual abuse, common reactions of victims, how to detect and respond to signs of threatened and actual abuse, how to avoid inappropriate relationships, effective communication, and mandatory reporting. Every staff interviewed recalled the PREA training and was able to provide specific topics covered. Because the training is reviewed during each annual training period, staff had strong recall of the information. Training records are electronically kept in a training database pursuant to ED-12.10. Safe Prisons/PREA staff ensure that every staff member receives the required training.

The in-service training also covers the zero tolerance policy, how to fulfill one’s responsibilities, inmate right to be free from sexual abuse and harassment, inmate and employee rights to be free from retaliation for reporting, the dynamics of sexual abuse in confinement, common reactions of victims, how to detect signs of threatened and actual sexual abuse, effective communication with LGBTQI inmates, mandatory reporting.

115.31(b): The training does cover female responses to sexual abuse, and is tailored to the gender of the inmates at this facility. All staff receive this training regardless of the gender of inmate at the facility where they work, so all staff are prepared to supervise any inmate. Staff at this all-female (and transgender inmate) facility were able to describe, for example, how to pat search males and females including transgender inmates.

115.31(c): A review of a wide sample of employee files indicates that all current employees who may have contact with inmates have received this training. The auditor viewed the initial training records of a subset of interviewed staff and confirmed initial training completion. The auditor also reviewed records demonstrating in-service training. The employees receive the training annually, which provides refresher training and information each year, thus meeting the requirements of this standard. The Safe Prisons/PREA staff also provide a significant amount of additional training in the form of emails and briefings, on a frequent and random basis. Every staff member recalled receiving numerous trainings on PREA topics throughout the year. The volume and quality of training provided provide a basis to find that the facility has exceeded the requirements of this standard.

115.31(d): The agency documents that employees understand the training they have receive; employees sign an acknowledgement with this affirmation during the in-service training and training records are electronically retained. Employee responses to interview questions clearly demonstrated that they are understanding and retaining the training information. The evidence witnessed by the auditor provides an additional basis to find that the facility exceeded requirements of this standard.
### Standard 115.32: Volunteer and contractor training

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

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

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence

**Documents:**

1. AD 02.46 Employees of Private Businesses and Governmental Entities Contracting with the TDCJ
2. PD-29
3. PD-97
4. Safe Prisons/PREA Plan
5. AD-07.35 Administration of Volunteer Services
6. CMHC C-19.1 Continuing Education—Staff Development
7. CMHC C-25.1 Orientation Training for Health Services Staff
8. University of Texas Medical Branch (UTMB) Training Materials
   A. UTMB Annual PREA Training & Video Inservice Roster dated 1/31/21
   B. New Employee Orientation Schedule
   C. Institutional Handbook of Operating Procedures UTMB
   D. OIG-UTMB New Employee Orientation PREA Training revised 2018
   E. Curriculum slides for PREA: Part 4 Specialized Training for Medical and Mental Health Staff
   F. Lesson Plan for Safe Prison/Sexual Assault UTMB-CMC Employees
9. Volunteer Records
10. Contractor Records

Interviews:
   A. Contractors
   B. Volunteer

Findings

AD 02.46 requires that all contract employees follow the rules and policies of TDCJ. The Safe Prisons/PREA Plan and PD-29 both require that contract employees receive training regarding sexual misconduct with offenders, and vendors entering the facility must receive information regarding the zero tolerance policy as well.

The auditor interviewed a Wyndham educational contract employee who recalled receiving training on the requirements of PREA.

CMHC C-25.1 mandates that all healthcare staff (including contractors) receive training on sexual abuse and sexual harassment, retention of evidence, and how to report allegations under PREA. The facility uses the services of 51 UTMB contractors in the medical area. Review of the UTMB training materials demonstrates that these contractors receive a significant amount of high-level PREA training, and they receive in-service training yearly. The auditor interviewed two contractors in the dental area, both of whom recalled receiving the training.

Volunteers are required to acknowledge that they must abide by TDCJ policies. The volunteer the auditor interviewed was aware of her responsibilities under PREA, and the records retained by the facility demonstrated she had received training.

**Standard 115.33: Inmate education**

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

115.33 (a)

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

115.33 (b)

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

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

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

115.33 (c)

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

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

115.33 (d)

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

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

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

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

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

115.33 (e)
Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Intake Procedures IPM 1.10
2. Unit Classification Procedure UCPM 5.00 Orientation Procedures with Attachments
3. SPPOM 06.02 Offender Sexual Abuse Awareness Training with With Attachment Q (sign-in roster)
4. Offender Sexual Abuse Awareness video script
5. Offender Orientation Handbook
6. SPPOM 02.03 with attachments (posters, brochures)

Interviews:
1. Random Sample of Inmates

Findings

115.33(a): Inmates receive information regarding the zero-tolerance policy and how to report concerns at intake per the Safe Prisons/PREA Plan and IPM 01.10. They receive written materials which are available in English and Spanish. Interviewed inmates all stated they received the handbook information at intake. During the site visit, the auditor viewed the intake area where the information is provided.

115.33(b) The USPPM provides in-depth PREA education to inmates via video, and inmates also receive a significant amount of orientation education and peer education related to sexual safety.
During the screening process, the Safe Prisons/PREA staff also have a one-on-one conversation with the inmates and provide information about support services and PREA (see 115.41 and 115.81, below). Written and video materials cover inmate rights, how to report, agency response to allegation of abuse and harassment, and how to get help and support. With a few exceptions, interviewed inmates remembered their PREA education and the video. All inmates had seen posters and other materials throughout the facility. These postings were also visible during the site visit. The USPPM clearly demonstrated a dedication to in person and ongoing PREA education, providing a basis for the auditor to find that the facility has exceeded the standard requirements. Many staff members in various roles demonstrated a high level of knowledge of PREA requirements, which ensured that if inmates and questions or concerns, they would receive timely and correct information. This evidence supports a finding that the facility exceeds the requirements of this standard.

115.33(c): All interviewed inmates had received the education. Both intake and comprehensive education are reflected in the easily searchable online inmate database, viewed by the auditor on site. During interviews, inmates were able to recall topics and information from the program. Inmates receive information upon transfer to a different facility. The education program is specific to the facility and would be given at any new facility should a transfer occur. Many interviewed inmates had arrived at the facility from another TDCJ institution, and they reported receiving the in-person education (as well as the inmate handbook) at each facility.

115.33(d): The intake and orientation materials are available in both English and Spanish. The facility has a large number of Spanish-speaking staff that can provide translation during in-person education. The facility uses the Language Line for other language barriers.

As discussed in 115.16, the facility does not typically house inmates with complex accessibility support needs, but the facility has anticipated providing one-on-one support should the need arise. The auditor interviewed several inmates that were identified as having disabilities. Each inmate recalled understanding the PREA education materials and knew how to access support if necessary.

115.33(e): Both intake and comprehensive education are documented in the electronic inmate files, viewed by the auditor on site.

115.33(f): As viewed during the site visit, the Agency ensures that key information is continuously and readily available via the inmate handbook, numerous and varied posters which are available in every housing unit and major area of the facility, and phone numbers posted above the phone banks in the yard. Interviewed inmates were all aware how to access information about reporting sexual safety issues. The volume and variety of PREA materials provides an additional basis to find the facility exceeded the standard requirements.

**Standard 115.34: Specialized training: Investigations**

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents:
1. BP-01.07 Inspector General Policy Statement
2. Conducting a Thorough Investigation FY 2020 SOOCT PowerPoint
3. SPPCTI Conducting a Thorough Investigation FY2020
4. OIG OPM 02.15 Training Procedures
5. OIG LP3201 Sexual Assault Investigative Topics
6. PD-97 Training and Staff Development
7. AD 16.03 Evidence Handling
8. OIG LP 2029 Interviewing and Interrogation Lesson Plan
9. ED-12.10 Training Records and Database
10. OIG Roster NIC PREA Training 2020 and 2021
11. Employee files

Interviews:
1. Investigative Staff
2. USPPM

Findings

115.34(a): The Safe Prisons/PREA Plan ensures that all staff who investigate allegations of sexual abuse or sexual harassment are appropriately trained. The USPPM ensures compliance. Staff complete a training entitled Conducting a Thorough Investigation. OIG staff responsible for abuse and potentially criminal investigations complete a significant amount of specialized training in this area, as evidenced by the lesson plans. Institutional staff have completed training as well, and the auditor interviewed a lieutenant who had recently investigated an allegation; he recalled specialized investigator training.

115.34(b): This auditor reviewed the specialized training materials. The specialized investigator training covers techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigative staff recalled the training. Information on proper investigation process remains constantly and readily available via the TDCJ policies.

115.34(c): The Safe Prisons/PREA Plan and PD-97 both provide that specialized training documents are retained on file. The auditor reviewed training records showing course completion.

Standard 115.35: Specialized training: Medical and mental health care

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

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

**Auditor Overall Compliance Determination**
☐  **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence**

Documents:
1. AD-16.03 Evidence Handling
2. National PREA Resource Center Health Care Standards training slides
3. CMHC C-19.1 Continuing education—Staff Development
4. Statement of Fact re: Sexual Assault Forensic Exams
5. CMHC C-25.1 Orientation Training for Health Services Staff
6. University of Texas Medical Branch (UTMB) Training Materials
   - A. UTMB Annual PREA Training & Video Inservice Roster dated 1/31/21
   - B. New Employee Orientation Schedule
   - C. Institutional Handbook of Operating Procedures UTMB
   - D. OIG-UTMB New Employee Orientation PREA Training revised 2018
   - E. Curriculum slides for PREA: Part 4 Specialized Training for Medical and Mental Health Staff
   - F. Lesson Plan for Safe Prison/Sexual Assault UTMB-CMC Employees

Interviews:
1. Medical Staff including medical supervisor
2. Mental Health Staff
3. USPPM

**Findings**

115.35(a): The facility provided attendance log data for health services staff; a check of interviewed medical staff records showed they had completed the training. The USPPM and medical supervisors both monitor compliance with necessary training. The training materials demonstrate medical and mental health staff receive training on the items required by this standard. The materials are substantial and comprehensive. Further, staff receive ongoing training on sexual abuse topics as well.

115.35(b): Medical staff do not complete forensic examinations. Exams are completed at a local hospital, per the Statement of Fact and Safe Prisons/PREA Plan.

115.35(c): Agency policy requires that specialized training documents are retained on file including for medical contractors. CMHC C-25.1. This auditor reviewed training records for Medical and Mental
Health Care PREA training, which are electronically retained and available. Log documents for annual training also reflect completion.

115.35(d): All medical and mental health staff receive the general PREA training, confirmed by records provided to the auditor. Contract staff, including medical/mental health staff, receive the contractor training as discussed above, which includes necessary information on zero tolerance and responsibilities under PREA. The contractors interviewed recalled the training. The in-service training roster demonstrates that staff received ongoing training annually.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

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

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

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

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

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

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

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

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

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

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

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☐ Yes ☒ No [Note: TDCJ does not house inmates solely for such purposes]

115.41 (e)

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

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

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

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

### 115.41 (g)

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

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

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

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

### 115.41 (h)

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

### 115.41 (i)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

Documents:
1. Safe Prisons/PREA Plan
3. SPPOM-03.01 Offender Assessment Screening

Interviews:
1. Screening staff—USPPM, command staff (UCC)
2. Random Sample of Inmates

Findings

115.41(a): All inmates are screened upon arrival at the Murray Unit. Pursuant to SPPOM 03.01, the USPPM assesses each offender for her risk of being sexually abused by other offenders or being sexually abusive toward other offenders at intake or transfer to another unit. The Unit Classification Committee (UCC) reviews the assessments to make housing, work, and program assignments with the goal of keeping potentially abusive inmates from potentially vulnerable inmates.

115.41(b): The USPPM confirms that screening ordinarily happens within 72 hours as required. Inmate records also showed timely screening.

115.41(c): The SPPANS system ensures that all inmates are screened with the objective screening instrument used by the agency. The USPPM and Regional PREA Compliance Manager demonstrated the SPPANS system for the auditor.

115.41(d): SPPANS ensures that each of the ten factors indicating potential victimization under this provision is considered. The auditor reviewed screening records for numerous inmates who had arrived during the audit period. Each record demonstrated these factors were considered. Because Safe Prisons/PREA staff retain this duty, screening is completed by those with the most familiarity with the requirements and goals of PREA.

115.41(e): SPANNS also ensures that the three identified factors regarding risk of sexual abusiveness are considered. The screening information reviewed by the auditor reflected that these factors were considered. Screening staff stated that these factors are considered for each inmate.

115.41(f): The USPPM completes rescreening in a timely manner. SPANNS is also used for this process. The auditor viewed rescreening documents in the system as well.

115.41(g): The facility reassesses the inmate’s risk level whenever warranted including due to a referral, request, incident, or receipt of information. The UCC is well versed in PREA screening requirements, and any review considers sexual safety.

115.41(h): The SAFE Prisons/PREA Plan provides that inmates are never disciplined for failing to answer or failing to disclose information requested during screening for victimization/abusiveness. This was confirmed with the USPPM. The auditor spoke with several inmates who had recently entered the facility. None recalled facing any negative consequences for not answering questions or failing to disclose information. All stated they felt comfortable during the screening process.
115.41(i): The USPPM and Regional PREA Compliance Manager confirmed that screening information is not widely available to other unit staff. SPANNS is limited view.

### Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

115.42 (b)

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

115.42 (c)

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

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence**

Documents:
1. SPPANS Assessment User Guide
2. SPPOM 03.01 Offender Assessment Screening
3. TDCJ Classification Pan
4. AD 04.18 Offender Job Assignments, Job Descriptions
5. AD 04.17 Offender Housing Assignment Criteria and Procedures
6. CMHC G-51.11 Treatment of Offenders with Intersex Conditions, or Gender Dysphoria
7. UCPM 4.00 Offender Housing Assignments
8. SPPOM-03.02 Special Population Review
9. CMHC E-35.01 Mental Health Appraisal for Incoming Offenders

Interviews:
1. Screening staff—USPPM and UCC
2. LGBTI inmates

**Findings**

115.42(a): Screening is completed by Safe Prisons staff and the information is used by the UCC; the information is entered in the inmate's records. Inmates also receive a mental health intake assessment that provides additional information that the facility uses to keep the inmate safe. Review of the classification policies listed above demonstrates that the agency uses screening information to make individual decision. The UCC reviews information on each inmate and makes housing, work assignment, education, and programming assignments on an individual basis. The UCC process prioritizes keeping inmates who may be at risk for victimization away from those at risk of perpetrating abuse, per the SAFE Prisons/PREA Plan and SPPOM 03.01.

115.42(b): As stated above, the screening information is reviewed on each inmate, ensuring that the determinations about how to ensure safety are individualized. The Warden and USPPM confirmed the process in interviews.

115.42(c): The Safe Prisons/PREA Plan III(C) requires individualized assessment of transgender and intersex inmates: housing determinations “are made with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status.” The auditor interviewed numerous transgender inmates, each of whom recalled the screening process.
115.42(d): Reassessments are completed every six months by the UCC. These are reflected in the inmate’s records. The auditor confirmed this process with Safe Prisons staff and by reviewing inmate files. Interviewed inmates recalled UCC review every six months.

115.42(e): Transgender or intersex inmates’ own views with respect to his/her own safety are given serious consideration. Screening occurs with one-on-one interviews with Safe Prisons Staff and the UCC, both of which discuss safety considerations with the inmate. Transgender inmates recalled being asked their views with respect to their own safety when interviewed.

115.42(f): Transgender and intersex inmates are given the opportunity to shower separately from other inmates. The facility provides private shower stalls in every unit, as described in the facility characteristics. The showers had separating walls and doors or curtains that covered from neck/shoulder to ankle height, thus providing a good level of privacy in every unit. Safe Prisons/PREA staff confirmed that if a transgender or intersex inmate had a safety concern with showering at the same time as other inmates could be present in the bathroom, they would make accommodations as necessary. One transgender inmate stated he felt uncomfortable with the bathroom situation in the F dorm, as discussed above in 115.15, but that inmate had not requested accommodation with unit staff and the auditor found each unit provided at least several toilet stalls with sufficient privacy, as discussed above.

115.42(g): The agency does not house LGBTQI inmates in dedicated facilities, units or wings solely on such identification or status. This is required by the Safe Prisons/PREA Plan. The process outlined above is a case-by-case determination resulting in individualized, varying decisions. The auditor reviewed housing records and inmate files and did not see such a unit on-site. Interviewed LGBTQI inmates stated they had not been placed in such a unit.

Standard 115.43: Protective Custody

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

115.43 (a)

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

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

115.43 (b)

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

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

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

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

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

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

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

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

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

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

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Protective Safe Keeping Plan with Attachments
2. SPPOM Offender Protection Investigation Attachment J
3. Restrictive housing Plan
4. Safe Prisons PREA Plan
5. Restrictive Housing Documentation (sample)
6. AD 04.63 Transient Status Offenders

Interviews:
1. USPPM
2. Inmates who had disclosed victimization

Findings

115.43(a): Under the SAFE Prisons/PREA Plan, offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless all available alternatives have been assessed. If the assessment can’t be made immediately, the inmate can be held in involuntary segregated housing for no longer than 24 hours to complete the assessment. The auditor interviewed several inmates who had been assessed to be at high risk of victimization and none had been held in separation for protective purposes. The USPPM utilizes the Offender Protective Investigation form to document protective actions.

115.43(b): Inmates are placed in protective housing under the Protective Safekeeping Plan, which outlines protective safekeeping custody levels and procedures for review as well as privileges and housing characteristics. Inmates in safekeeping have access to privileges and recreation as well as in-cell programming. All limitations are documented in Restrictive Housing Records, which provide detailed log sheets for activities, requests, and housing characteristics.

115.43 (c)-(e): The Safe Prisons/PREA Plan requires that placement in protective safekeeping only be util an alternative means of separation from likely abusers is arranged, for no longer than 30 days. Under housing rules, all inmates in protective safekeeping housing receive frequent reviews during initial placement in protective safekeeping, at least weekly for the first two month and every month thereafter. The UCC, which completes the evaluations, documents every decision in the inmate’s records.
Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. BP-03.91 Uniform Offender Correspondence Rules
2. ED-02.10 PREA Complaints and Inquiries
3. Safe Prisons/PREA Plan
4. SPPOM 02.03 With attachments A-C (postings and brochures)
5. Statement of fact re: 115.51(b) (9/23/20)
6. PD-29 Sexual Misconduct with Offenders
7. Email on Sealed and Uninspected Mail to PREA Ombudsman (8/29/18)
9. Offender Orientation Handbook (English and Spanish)
10. TBCJ PREA Brochure

Interviews:
1. USPPM
2. Random Sample of Inmates

Site Review observations:
1. Housing unit telephones
2. Inmate reporting and zero tolerance posters in housing units, inmate areas, visiting area
3. Mail drop box

Findings

115.51(a): The Safe Prisons/PREA Plan provides the numerous internal ways inmates may privately report sexual abuse and sexual harassment, and the methods are outlined in detail in the Inmate handbook and brochures. Reporting method contact information also appears on inmate posters posted throughout the facility. Inmates can report directly to any staff member including command staff. Inmates may report retaliation, staff neglect, or violation of responsibilities that may have contributed to
abuse/harassment incidents. During formal interviews, inmates were each able to provide several methods of reporting, most commonly citing direct report to staff or contacting the USPPM.

Inmates can privately drop a note to the USPPM in a mailbox located near the dining hall. The USPPM can discreetly request to speak with the inmate in their office in the chapel. The USPPM also stated she would respond to anonymous reports of misconduct and would look into any issue that she became aware of. The PREA Ombudsman office also receives anonymous mail, and inmates can privately write to that office as the mail going to the Ombudsman is not screened by unit staff.

The auditor reviewed numerous investigations of PREA reports, and they had been reported in a variety of ways. The facility clearly immediately responds to allegations of sexual misconduct and documents their actions.

115.51(b): As stated above, the PREA Ombudsman reports to the Texas Board of Criminal Justice and is not part of agency hierarchy. That office receives private and anonymous reports and immediately forwards reports for investigation to the OIG or the facility, under ED-002.10. No inmates are held solely for immigration detainers, as stated in the Statement of Fact (and confirmed with the Warden and inmate interviews), but the agency states that they do provide consulate information to all foreign nationals.

115.51(c): Staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Third parties can report to the PREA Ombudsman or by contacting the facility, and this information is available on the agency website and in the pamphlet designed for inmate family. Interviewed staff were aware of these provisions. Per the Safe Prisons/PREA Plan and PD-29, staff must accept all reports and pass them on immediately. These reports are documented immediately, no later than 24 hours. Compliance with this rule is a job requirement under the TDCJ policies listed. Staff interviewed were aware of these responsibilities. Several staff members interviewed had received reports of sexual misconduct and had immediately contacted their supervisor or the USPPM.

115.51(d): Staff are required to immediately report allegations of sexual misconduct once they are known, under PD-29. Staff may report to supervisors, the warden, the OIG (any unit office investigator or the central records office), or the PREA Ombudsman office. Staff can privately report to the OIG or Ombudsman without reporting through the chain-of-command. PD-29 Procedures I(B).

**Standard 115.52: Exhaustion of administrative remedies**

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

115.52 (a)

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

115.52 (b)
- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

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

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

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

Evidence

Documents:
1. BP-03.77 Offender Grievances
2. Safe Prisons/PREA Plan
3. AD-03.82 Management of Offender Grievances
4. Offender Grievance Operation Manual (OGOM) Appendix B Instructions on how to write and submit grievances
5. OGOM Appendix U—Third Party Preliminary Investigation Form
6. OGOM Section 9 Third Party Grievances
7. OGOM Section 4.00 Grievance Timelines
8. OGOM-01.04 PREA Allegations

Interviews:
1. USPPM
2. Grievance Investigator
3. Inmates who reported sexual abuse

Findings

115.52(a): The agency has administrative procedures to address inmate grievance related to sexual abuse and thus is not exempt from this standard.

115.52(b): These procedures are outlined in the grievance rules. Inmates receive information about this process in orientation and there are several written guidelines on how to file a grievance. Both the Safe Prisons/PREA Plan and the grievance rule AD-03.82 state that inmates do not have to resolve issues directly with staff who are alleged to have committed misconduct. The Safe Prisons/PREA Plan explicitly states that a time limit shall not be imposed on when an inmate can file a grievance alleging sexual abuse.

The facility identified 17 grievances related to sexual abuse or harassment by both staff and inmates during the audit period. The facility provided a list of the grievances with their related grievance codes and a description, as well as information as to when the inmate was sent a response and the outcome. The auditor reviewed documents related to these grievances and confirmed that they each received a timely response and investigation as appropriate.

115.52(c): OGOM 1.04 provides procedures for processing grievances alleging sexual abuse or harassment. The rule states that notification of the subject of the grievance is immediately sent to the highest ranking security supervisor on duty, as well as warden, major, Safe Prisons/PREA staff, and medical as relevant. Those staff members who may be the subject of a complaint are not included. The Safe Prisons/PREA plan explicitly requires that grievances of this nature not be referred to the staff member who is the subject of the complaint.
115.52(d): Under the Safe Prisons/PREA Plan Section IV (A)(8), a final decision on the merits of any portion of a grievance alleging sexual abuse must be made within 90 days of initial filing of the grievance. The time computation does not include time used by offenders for preparing an administrative appeal. If the 90 day time period is insufficient, an extension of up to 70 days may be granted. If the inmate does not receive a response within the allotted time, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. Responses shall be provided in accordance with the OGOM (Safe Prisons/PREA Plan IV(A)(13)).

115.52(e): Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing an emergency grievance related to sexual abuse. (Safe Prison/PREA Plan IV (B); OGOM 01.04; OGOM 9.00). Third parties can also file such requests on behalf of inmates. The agency uses Appendix-U to document Third Party Preliminary Investigations.

115.52(f): The agency has procedures for the filing of emergency grievances alleging that an inmate is subject to a substantial risk of imminent sexual abuse, which are outlined in OPOM 1.04 (and required by the Safe Prisons/PREA plan). The grievance staff will make immediate notifications to command staff, USPPM, and medical as necessary, and must make an initial response in 48 hours. Then under OPOM 1.04 the Major has 5 days to make a written response as to what action was taken. The Major shall provide a completed Offender Protection Investigation (OPI) or Administrative Investigation within ten days of notification. The responses will document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and what action was taken in response. The agency’s policy is in line with the PREA requirement.

115.52(g): The Safe Prisons/PREA Plan IV(A)(11) provides that inmates may not be disciplined for filing a grievance unless the investigation determines it was filed in bad faith.

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**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

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

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

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

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Offender Orientation Handbook
2. MOU with Families in Crisis, Inc. (including Modifications of Contract)

Interviews:
1. Randomly selected Inmates
2. Families in Crisis, Inc. staff
3. USPPM

Site Review Observations:
1. Posters
Findings

115.53(a): The facility provides inmates with access to outside victim advocates for emotional support services via a local rape crisis center. The facility has an agreement with local organization Families In Crisis, Inc., Killeen (FIC). The agreement provides that the center will work with the facility to provide support to inmates who have experience victimization, including ongoing support and face-to-face counseling.

The auditor confirmed these services with the organization. Several inmates who had reported abuse recalled being provided information for Families in Crisis, and one stated she had talked with an advocate from the organization.

115.53(b): The MOU states that the Unit Administration will “respect the nature of privileged communication between a rape crisis advocate and the client.” The USPPM was very familiar with staff at FIC and stated they had been incredibly supportive and helpful in providing services to inmates at the facility.

115.53(c): The agency maintains the agreement with FIC, and this auditor viewed a copy. Both the facility and the organization were aware of the agreement.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Posters: Zero Tolerance Policy in English and Spanish
2. Inmate Handbook in English and Spanish

Interviews:
1. USPPM
2. Random Sample of Inmates

Other:
1. PREA Ombudsman website: [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html)

Findings

The Safe Prisons/PREA Plan clearly states that an inmate can report if she or someone she knows has been a victim of sexual abuse/assault. The inmate education materials state that reports of any sexual abuse/harassment can be made including third party reports.

This auditor reviewed the public website which provides contact information for the PREA Ombudsman, allowing external third parties to report in this manner. Information regarding reporting and PREA is also included in the brochure created for families. The visiting room contained posters with information about PREA reporting.

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

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#### 115.61 (a)

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

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

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

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Safe Prisons/PREA Plan
2. OIG – 04.05 Offender Sexual Assault Investigations
3. CMHC Policy G-57.01 Sexual Assault-Sexual Abuse
4. CMHC Policy E-35.02 Mental Health Evaluation
5. AD 16.20 Reporting Incidents/Crimes to the Office of the Inspector General
Interviews:
1. USPPM
2. Warden
3. Random sample of staff
4. Medical and MH staff

Findings

115.61(a): The Safe Prisons/PREA Plan Section IV, PD-29 and AD 16.20 all require all staff to report knowledge of an incident or allegation of sexual misconduct, retaliation, or staff neglect that may have contributed to abuse. All staff interviewed were aware of this duty to report.

115.61(b): The Safe Prisons/PREA Plan Section IV (A)(13) states that “staff shall not reveal any information related to a sexual abuse report o anyone other than designated supervisors of officials and only to the extent necessary to make informed treatment, investigative, security, and management decisions.” The warden and USPPM confirmed that the facility only shares information related to sexual abuse allegations as a need-to-know basis.

115.61(c): Under the rules stated above, every staff member is required to report information about abuse, including medical and mental health practitioners. The auditor confirmed through interviews that mental health and medical providers are aware of the limitations of confidentiality in this setting, and inmates are told that they may disclose information regarding abuse during screening and orientation to health services. The offender is notified of the limits of confidentiality prior to beginning evaluation under CMHC E-35.2.

115.61(d): The facility does not house youthful inmates, discussed above. All required notifications under state law are made by the OIG or by facility staff during an administrative investigation, when required. The agency informs inmates of the duty to report allegations and the limits of confidentiality (Safe Prisons/PREA Plan IV (B)(4)).

115.61(e): The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators or the OIG. The USPPM maintains close monitoring of every allegation and ensures that all procedures are followed. As discussed above, facility command staff also had a high level of awareness of abuse allegations and their status.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination
☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Safe Prisons/PREA Plan
2. SPPOM 02.04 Intervention Practices
3. SPPOM 05.01 Sexual Abuse Response and Investigation
4. AD -02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents

Interviews
1. Warden
2. USPPM

Findings

The Safe Prisons Plan and SPPOM 02.04 provide for immediate action following an allegation that an inmate is at substantial risk of imminent harm. Staff must report issues to their supervisor, and the facility immediately looks into the matter and can make housing changes both within the unit and by requesting a unit transfer if necessary. The Warden immediately reviews serious or unusual incidents with an Administrative Incident Review Process as outlined in AD-02.15. Protective Safekeeping is considered only when other avenues for protecting the inmate are not available.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Safe Prisons/PREA Plan
2. Statement of Fact re: Reporting to Other Facilities

Interviews:
1. Warden
2. Agency Head

Findings

115.63(a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden notifies the appropriate person at the facility under the Safe Prisons/PREA Plan IV (D). The Warden was aware of how to complete this notification and relies on USPPM staff to provide her with necessary information to forward. No such allegations arose during the audit period, as noted by staff on site as well as the Statement of Fact provided to the auditor in the pre-onsite portion.

115.63(b)-(c): The Safe Prisons/PREA Plan IV (D)(1) provides the Warden forwards the allegation within 72 hours and documents the notification. The Warden confirmed this on-site. No such allegations were raised in the audit period, so documents did not exist.
115.63(d): If such a notification is received by the facility, the allegation is investigated as with other allegations. The Warden confirmed she would immediately pass the allegation on to USPPM for monitoring and command staff would notify OIG or the appropriate investigator. This had not occurred in the audit period. The Agency Head confirmed that should the agency receive an allegation, the Ombudsman or other unit Warden would immediately forward it to the appropriate facility.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
Instructions for Overall Compliance Determination Narrative

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Evidence

Documents
1. Safe Prisons/PREA Plan
2. Coordinated Response Plan, Lane Murray Unit

Interviews:
1. Random sample of staff

Findings

115.64(a): The SAFE Prisons PREA Plan (SPP) and Coordinated Response Plan (CRP) both provide detailed directions for first responders. All staff are required to report knowledge of an allegation of sexual misconduct or retaliation. The CRP Section III provides: the first security officer aware of the incident must separate the alleged victim from the alleged assailant and protect the crime scene until the security supervisor arrives. If the abuse is alleged to have occurred within the last 120 hours, any responding staff also request the victim does not take any actions to destroy physical evidence such as brushing teeth, washing, changing clothes, urinating, defecating, smoking, drinking, or eating. Security Staff also ensure the alleged assailant does not take such action. Security supervisors then take an initial statement from the victim to determine the circumstances of the case. He/she will consult with the OIG regarding protection and isolation of the scene and will protect the crime scene, if relevant, pursuant to AD-16.03 Evidence Handling. The supervisor shall provide the victim with the Sexual Assault Awareness Brochure.

115.64(b): As discussed above, any staff, security or civilian, must request the victim not take actions that could damage evidence and non-security staff then must notify security staff.

Standard 115.65: Coordinated response

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Lane Murray Unit Sexual Abuse Coordinated Response Plan
2. Documents related to sexual abuse allegation/investigation

Interviews:
1. Random Sample of Staff
2. USPPM

Findings:

The Coordinated Response Plan memo provides clearly written guidance for the coordinated actions to take in response to an incident of sexual abuse. The document provides clear directions for first responders, investigators, medical staff, and mental health services, and the USPPM. The plan covers first response, investigation, notifications and contact information, documentation, and follow-up responsibilities. Interviewed staff were all aware of the requirements for a PREA report and what steps to take.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. PD-29
2. PD-22 General Rules of Conduct
3. PD-35 Independent Dismissal Mediation and Dispute Resolution

Interviews:
1. Agency Head

Findings

The TDCJ Agency Head designee confirmed that TDCJ does not engage in collective bargaining with staff. No collective bargaining agreements are thus relevant to this facility. Staff are subject to the rules of conduct and other TDCJ policies mandating zero tolerance of all forms of sexual abuse and sexual harassment.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.67 (a)

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

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

115.67 (b)

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

115.67 (c)

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

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

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

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence**

**Documents:**
1. PD-29
2. PD-22
3. SPPOM 02.04
4. SPPOM 05.08 90-day Monitoring For Retaliation with Attachment

**Interviews:**
1. USPPM
2. Agency Head
3. Warden
4. Major Findings

115.67(a)(b): PD-29, the agency zero tolerance policy, includes retaliation. PD-22 states that retaliation by a staff member is a Level One Violation (Disciplinary Action). SPPOM 02.04 Intervention Practices provide guidelines for staff to protect inmates following an allegation of abuse, including actions that protect them from retaliation such as housing changes. The Warden or designee and USPPM ensure that all staff member and offenders that report abuse or harassment, or who collaborate in investigations of sexual abuse or harassment, are monitored for retaliation. The USPPM described her process in monitoring inmates, and the Major and Warden monitor retaliation for staff. Monitoring is monitored in the SPPANS system, which notifies the USPPM of retaliation monitoring actions to be completed; actions are then documented in the SPPANS system. The Warden and/or Major will take actions to protect staff from retaliation should any issues arise.

115.67(c)-(d): The USPPM takes a proactive approach in monitoring for retaliation, including review of disciplinary and housing and programming changes and visits with inmate reporters. The Warden reviews disciplinary and assignments of staff. Monitoring continues beyond 90 days if warranted, as described by the rule and by the USPPM.

115.67(e): The USPPM confirmed that any individual that cooperates with a case would be protected if they expressed a fear of retaliation, and this would be documented in SPANNS. The facility or agency would take appropriate action if necessary.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Safe Prisons/PREA Plan
2. Protective Safe Keeping Plan
3. AD-04.63

Interviews:
1. USPPM
2. Warden
3. Staff who supervise segregated housing

Findings

As discussed in 115.43, above, protective safekeeping housing is only used when all available alternative means of protection have been assessed. If such housing is used following a report of assault, the protective safekeeping housing rules apply, and all documentation is required. The USPPM and Warden both confirmed such a placement has not been made. Staff who supervise segregated housing stated that no inmate was there for protection following an allegation of sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

115.71 (b)

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

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

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

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

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

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

115.71 (j)

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

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Safe Prisons/PREA Plan
2. SPPOM 05.10 and attachments
3. AD-02.15
4. OIG 04.05
5. AD-16.03
6. ED-16.41 Use of Polygraph Examinations in Administrative Investigation
7. OIG OPM-03.72 Record Retention-PREA
8. AD-06.20
9. BP 01.047 Inspector General Policy Statement
10. TDCJ Records Retention Schedule
11. Investigations of Sexual Abuse and Sexual Harassment from the audit period, selected by the auditor

Interviews
1. USPPM
2. Warden
3. Investigative staff

Findings

115.71(a): TDCJ conducts a thorough, prompt, and objective investigation into every allegation whether it is reported internally, externally, by third party, or anonymously. This auditor reviewed the protocol for investigations contained in the facility Safe Prisons/PREA Plan and the OIG rules. The process is thorough, and the investigation documentation provides a uniform mechanism for recording actions taken. The SPPOM 05.10 attachments provides standardized forms to use for investigations which guide an investigation through a thorough workup of each case including ensuring that relevant statistical information is gathered.

The auditor reviewed numerous investigation reports. She also requested additional investigation documentation when a report became known to her through inmate interviews. For every report, an timely, objective, and thorough investigation was documented.

115.71(b): Sexual abuse investigations are completed by specially trained investigators, see section 115.34, above. Investigations are completed by supervisory staff who have been trained, but Captains and above in the case of staff misconduct, and by the OIG. The auditor reviewed investigations completed both internally by Unit supervisor staff as well as those completed by the OIG. Every investigation was completed by a trained investigator.

115.71(c): Investigators collect evidence per the protocol outlined in the Safe Prisons/PREA Plan and AD-16.03. Investigators must interview the victim and perpetrator as well as any witnesses, review prior complaints and reports, review video where available and consider all available evidence.

115.71(d): The OIG will take cases that appear to be criminal in nature and will handle all interviews in the case, following its rules governing investigations, evidence collection, and reporting procedures.

115.71(e): The USPPM and a lieutenant who had recently completed an investigation confirmed in an interview that credibility decisions are made individually and not based on the individual’s status as inmate or staff, as required by the Safe Prisons/PREA Plan V(E)(1)(c).

115.71(f): Investigations include information regarding any staff action or inaction that may have contributed to the abuse, per the Safe Prisons/PREA Plan V(E)(1)(e). The auditor reviewed a large sample of investigation reports. The written reports are detailed and include descriptions of evidence, reasonings behind evidentiary weight decisions, and facts and findings. The Safe Prison/PREA Plan also requires that administrative investigations should consider information on whether other factors such as physical layouts, staffing patterns, institution operations, etc. contributed to the abuse. The information appears in the investigation report and is also used during the sexual abuse incident review process.

115.71(g): Criminal Investigations are undertaken by the OIG pursuant to BP-01.07. The OIG documents investigations in written reports that contain descriptions of evidence. The auditor viewed investigation reports and each contained such information.
115.71(h): All substantiated allegations of conduct that appear to be criminal are referred for prosecution, as required by the Safe Prison/PREA Plan. The PCM stated that the OIG is involved in the case from the outset to determine if criminal investigation/process is appropriate. The facility policy requires such referral.

115.71(i): All documents are retained pursuant to the TDCJ Records Retention Schedule.

115.71(j): The Safe Prisons/PREA Plan provides, and the USPPM confirmed, that the departure of a party to the investigation from the institution does not terminate the investigation. The investigation will be completed whenever an allegation is made, and a sexual abuse incident review will be conducted whenever the finding requires it. In several cases reviewed by the auditor, the inmate had been released or transferred to another facility before the full process was complete, but the process continued (for example, the sexual abuse incident review), and further actions were documented.

115.71(l): When the OIG is involved in a case, the facility cooperates fully with the investigation. The USPPM stated she monitored cases when the OIG was involved, and the Warden was also generally aware of case status. The SPPANS system documents all action and monitoring taken on a case.

### Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence**

Documents:

1. SAFE Prisons/PREA Plan
2. Investigation reports

Interviews
   1. Investigative staff

Findings

The Safe Prisons/PREA Plan clearly states the standard of proof for sexual abuse and harassment allegations is a preponderance of evidence. Investigative staff knew the appropriate standard to apply. The investigation reports reflected application of this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. SPPOM-05.10 Reporting Sexual Abuse Criminal Cast Status to Offenders
2. SPPOM-05.10 Attachment M UCC Notification of OPI Outcome
3. SPPOM-05.10 Attachment F Staff-on-Offender Sexual Abuse Investigative Worksheet
4. SPPOM-05.10 Attachment J Offender Protection Investigation

Interviews:
FINDINGS

The Safe Prisons/PREA Operations Manual provides detailed guidance and standard forms to use for reporting outcomes of investigations to inmates and documenting such notifications. The investigation forms contain an “Offender Notifications” section at the bottom that provides checkbox areas for each required type of notification. The UCC Notification of OPI Outcome form provides a standard notice form that is given to the inmate.

The plan indicates that in substantiated or unsubstantiated cases, the notification would be made in any of the necessary circumstances outlined in this rule and documented in these investigation forms. The USPPM confirmed this process. The auditor reviewed a large sample of notifications made for investigations during the audit period. In addition to that sample, the auditor viewed additional investigation reports and viewed notification documents in each substantiated or unsubstantiated case where the inmate was still in custody.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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**Evidence**

Documents:
1. Safe Prison/PREA Plan
2. PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees
3. AD 16.20
4. PD-29

Interviews:
1. HR staff
2. Warden

**Findings**

115.76(a): the SAFE Prisons/PREA Plan Section VIII(A) provides disciplinary consequences for staff members who engage in sexual misconduct or other violations related to such misconduct. PD-22 provides that sexual misconduct is the highest level violation—Violation Level 1, citing PD-29’s definitions of misconduct. PD-22 also provides that discrimination or harassment against persons of a protected class or retaliation is a Violation Level 1. Harassing or Retaliating against another is specifically barred.

115.76(b): The Safe Prisons/PREA Plan VIII(A)(5) states explicitly that Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Human Resources staff and the warden confirmed that staff engaging in sexual abuse would violate the law and thus termination would be the presumptive sanction. A substantiated case of this type of violation did not occur during the audit period.

115.76(c): The Safe Prisons/PREA Plan VIII(A)(6) and PD-22 provide that sanctions are commensurate with the nature and circumstances of the acts committed, the staff member’s history, and the sanctions imposed on other staff members.
116.76(d): The Safe Prisons/PREA Plan VIII(A)(7) provides that any violations of sexual abuse or harassment policies, or resignations in lieu of termination shall be reported to the OIG unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden confirmed this notification would be made, as the OIG would be involved early on in a staff related case. Investigation documents reviewed by the auditor demonstrated such involvement.

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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**Evidence**
Documents:
1. Safe Prisons/PREA Plan
2. Windham Board Policy WBP-07.15 Sexual Misconduct with Offenders
3. WBP-07.44 Professional Standard of Conduct and Disciplinary Guidelines
5. Volunteer Services Plan

Interviews:
1. Warden

Findings

 Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates under the SAFE Prisons/PREA Plan, each contract’s requirements (Windham, UTMB), and the Volunteer Plan. Contractors and volunteers are informed of these requirements in the training they receive before working at the facility. The Warden confirmed that the OIG would be involved in abuse cases and would pursue full investigation and criminal charges if warranted, as with any staff case. The case information would be forwarded to all relevant authorities. Regarding other violations including harassment, the Warden confirmed the administrative investigation process in a contractor/volunteer case would be the same as with staff. The case would be fully examined, and if misconduct was substantiated, the facility would take remedial measures including the possibility of prohibiting all further contact with inmates. Notifications to relevant licensing authorities, for example, educational licensing and denominational endorsers, would also be made under the listed TDCJ rules governing volunteers and contractors. No such activity has been found at the facility in the audit period.

Standard 115.78: Disciplinary sanctions for inmates

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

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

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

115.78 (c)
- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No
115.78 (d) 
- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

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

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

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Safe Prisons/PREA Plan
2. Disciplinary Rules and Procedures for Offenders (in English and Spanish)
3. CMHC Policy A-08.1 Decisions Making-Mental Health Patients
4. Sex Offender Treatment Program 01.04
 Interviews:
  1. Warden
  2. USPPM

Findings

115.78(a): Under the disciplinary rules for the agency and the Safe Prisons/PREA Plan, Inmates are subject to a disciplinary process following a substantiated case of sexual abuse. The process is outlined in the Disciplinary Rules and Procedures for Offenders, which is provided to inmates.

115.78(b)-(c): Sexual abuse is a Level 1 Offense under the Disciplinary Rules and Procedures for Offenders (Attachment A). Less severe misconduct such as exposure, offensive written words or actions of a sexual nature, and other intentional touching that is not consensual (abusive sexual conduct) as well as sexual harassment is a Level 2 Offense. Establishing an inappropriate relationship with a staff member, contractor, or volunteer is also a Level 2 offense, but the offender may only be disciplined for engaging in contact where the employee did not consent (Attachment B, 30.2).

Sanctions are imposed in a manner appropriate to the nature of abuse committed, the offenders disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories; additionally, the process consider whether mental disability or mental illness contributed to the behavior (SAFE Prisons/PREA Plan V(H)(2-3). CMHC A-08.1 provides that when any inmate who is receiving mental health services and is facing a disciplinary charge, mental health input is obtained prior to disciplinary procedures taken.

115.78(d): The Safe Prisons/PREA Plan V(H)(4) states that if the unit has therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, participation in such will be considered for the inmate offender. The Sex Offender Rehabilitation Programs policy SOTP 01.04 Referral from Other Sources provides that the program will accept referrals from units.

115.78(e): Both the Safe Prisons/PREA Plan and the Inmate disciplinary rules state that an offender will not be sanctioned for sexual conduct with a staff member unless the staff member did not consent. No inmates have been disciplined at the unit for such behavior.

115.78(f): Under the SAFE Prisons/PREA Plan V(H)(8) a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not constitute false reporting. If there is a preponderance of evidence exists supporting a finding that a false allegation was made in bad faith, the inmate may be disciplined under the Disciplinary Rules and Procedures.

115.78(g): Under Safe Prisons/PREA Plan V(H)(7) sexual misconduct between offender is prohibited and results in discipline per the process in the Disciplinary Rules, but such activity is not considered sexual abuse if it is determined the activity is consensual.

MEDICAL AND MENTAL CARE

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

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents
1. SPPOM 03.01 Offender Assessment Screening, including Attachment E and E1
2. Safe Prisons/PREA Plan
3. CMHP Policy E-35.1 Mental Health Appraisal for Incoming Offenders
4. CMHP Policy E-35.2 Mental Health Evaluation
5. CMHC H-61.1 Confidentiality and Release of Information
6. CMHC Policy G-57.1 Sexual Assault/Sexual Abuse
7. Mental Health records of inmates who reported sexual victimization
8. Psychology records of inmates whose screenings demonstrated a risk sexual abusiveness

Interviews
1. SPPPM
2. Inmates who reported prior victimization
3. Mental Health Staff

Findings

115. 81(a)-(c): SPPOM 03.01 Offender Assessment Screening provides the process by which inmates are screened upon arrival at the unit. Under this procedure, the inmate is offered a mental health referral if they identify prior victimization; they also receive information about how to contact the local rape crisis center. The intake screening is completed by Safe Prisons/PREA staff, who confirmed that mental health referrals are made when an inmate is identified as having a history of sexual victimization. These are documented in SPPANS and with the referral form.

In addition, all incoming inmates receive a mental health appraisal upon intake under CMHC E-35.1, and this appraisal includes assessment of any history of sexual violence or sexual trauma, including custodial sexual victimization. If circumstances suggest treatment is appropriate or the facility needs more information to evaluate potential mental health needs, the inmate is then referred for a complete mental health evaluation under CMHC E-35.2 and a treatment plan is created as appropriate. Mental health staff confirmed this process.

Interviewed inmates who had reported victimization recalled both the PREA screening and the mental health follow-up visits. The auditor also viewed mental health records in inmate files demonstrating that these referrals and evaluations took place.

115.81(d): The SAFE Prisons/PREA Plan Section III (D) requires that information related to sexual victimization or abusiveness be limited to medical and mental health practitioners and other staff as necessary to assist with treatment plans and informed management decisions. Inmate screening information is retained in SPPANS and is not widely available. Mental Health records are contained in the electronic health records. They are similarly protected and are only available as needed for treatment or other purposes.
115.81(e): CHMC E-35.2 (III) states that prior to beginning mental health evaluation, the offender “will be apprised of the limits of confidentiality and asked to consent to the interview and/or psychological testing.” Inmates who do not consent are evaluated based on information already available. Documentation of informed consent is retained in the health record.

**Standard 115.82: Access to emergency medical and mental health services**

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

**115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  - ☒ Yes ☐ No

**115.82 (b)**

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

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**
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**Evidence**

Documents:
1. CMHC A-01.01 Access to Care
2. Safe Prisons/PREA Plan
3. SPPOM 05.01
4. CMHC Policy G-57.1
5. I-214 Referral to Mental Health Services
6. Investigation records

Interviews:
1. USPPM
2. Medical Staff
3. Mental Health Staff
4. Inmates who had reported abuse

**Findings**

115.82(a), (b): CMHC A-01.01 provides that inmates receive unimpeded access to medical care for their serious medical, dental, and mental health needs. The Safe Prisons/PREA Plan and SPPOM 05.01 provide the process for response to a sexual abuse incident. Victims receive timely, unimpeded access to emergency medical and mental health services. The security supervisor responding to an incident notifies medical staff and ensures they are aware that the inmate needs to be assessed for a sexual abuse allegation (SPPOM 05.01 II(D)). They also offer the inmate a victim advocate to provide emotional support services and the OM outlines the process for such referral and documentation. At all times responding staff ensure the inmate’s safety while the process is followed.

Investigation records viewed by the auditor reflected that such referrals were made. Inmates who had reported abuse also recalled being referred to medial and mental health providers following the allegation. Mental Health records also reflected the visits.

115.82(c): CMHC G-57.1 provides that inmates who have reported abuse receive prophylactic treatment of venereal diseases, testing and follow up for HIB or hepatitis B exposure (and prophylactic medication when indicated), pregnancy tests and emergency contraception if appropriate.

115.82(d): CMHC G-57.1 also confirms that treatment services associated with sexual assault abuse will not result in the application of the Health Services Fee to the victim. Medical staff and the USPPM confirmed this.

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

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

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Evidence

Documents:
1. Safe Prisons/PREA Plan
2. SPPOM 05.01
3. CMHC Policy G-57.1

Interviews:
1. Medical staff
2. Mental Health Staff
3. USPPM

Findings

115.83(a)-(c): The Safe Prisons/PREA Plan and the medical policies listed all provide that that any inmate who alleges they are the victim of sexually abusive behavior will receive medical and mental health evaluation and appropriate treatment consistent with community standards of care. The investigation paperwork discussed in 115.71 above provide documentation to ensure that services have been offered or provided. The USPPM and medical and mental health staff confirmed that any necessary follow-ups would be provided to inmates alleging victimization. Medical records of inmates that reported abuse reflected these follow-ups.

115.83(d)-(f): As stated above, CMHC G-57.1 indicates that all required services are offered to inmates following an allegation of sexual abuse.

115.83(g): Services are provided without cost, as discussed in 115.82(d).
115.83(h): The Safe Prisons/PREA Plan Section II (G)(6) provides that a mental health evaluation of inmate-on-inmate abusers shall be attempted within 60 days in accordance with the CMHC policies.

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for
improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence**

Documents:
1. Safe Prisons/PREA Plan
2. AD-02.15
3. SPPOM 02.01 Role of the Unit Investigation Team
4. Instructions for Reporting Alleged Sexual Abuse and Sexual Harassment
5. Lane Murray Unit UIT Team Roster

Interviews:
1. PCM
2. Warden

**Findings**

Each unsubstantiated or substantiated case of sexual abuse receives a full review by the Unit Investigation Team as required by the Safe Prisons/PREA Plan Section V(I) that complies with every requirement of this standard. SPPOM 02.01 gives specific instruction for the Unit Investigation Team and provides duties for each member: the Major, Chief of Unit Classification, Disciplinary Supervisor, USPPM, Unit Security Threat Group (USTG) Officer, Security Supervisor, Mailroom supervisor, Unit Risk Management officer, and the Warden. The Lane Murray Unit UIT team list includes staff in each of these roles as well as the captains, the Safe Prisons Sergeant, and medical and mental health staff. The Warden described this process, which occurs as soon as possible after the investigation is complete. The team makes written findings that are documented in the investigation documents.
Facility command staff also review all serious or unusual incidents (which includes sexual abuse) with an Administrative Incident Review under AD-02.15, which governs operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The warden or ranking officer on duty must notify the EAC of abuse and harassment allegations and then must complete the administrative review after the incident is fully investigated. The review evaluates events leading up to and following the incident, a consideration of whether policy was followed, a review of whether lesser alternative means of managing the situation were available, identification of actions that could prevent future similar incidents, determine of whether Incident Command System Levels or response levels were used, evaluation of whether employee action or inaction was a factor in the incident, and corrective action. These additional factors provide supplemental review to the incident. The policy also provides Instructions for the written report, which must include evaluation of these factors.

### Standard 115.87: Data collection

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

<table>
<thead>
<tr>
<th>115.87 (a)</th>
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</thead>
<tbody>
<tr>
<td>▪ Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No</td>
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<thead>
<tr>
<th>115.87 (b)</th>
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<tbody>
<tr>
<td>▪ Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No</td>
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<tr>
<th>115.87 (c)</th>
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</thead>
<tbody>
<tr>
<td>▪ Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.87 (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No</td>
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</tbody>
</table>

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<thead>
<tr>
<th>115.87 (e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA</td>
</tr>
</tbody>
</table>

| 115.87 (f) |
- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. SPPOM-08.01 Monthly Safe Prisons/PREA Report including Attachment S
2. SPPOM 01.01
3. BP-02.09
4. Safe Prisons/PREA Plan
5. TDCJ Survey of Sexual Victimization 2014-2019

Interviews:
1. USPPM
2. PREA Coordinator
3. Agency Head

Findings

The Safe Prisons/PREA Plan Section VII outlines the data collection process for TDCJ. The investigation paperwork and Unit Investigation Team review documents provide a standardized way of collecting information on each case that can be used to provide data to the central office. Under SPPOM-08.01 the USPPM is responsible for reporting this information monthly, using Attachment S. Under BP-02.09 the PREA Ombudsman office is responsible for collecting statistics and aggregating data as required. All data is provided to US DOJ via the SSV when requested. The auditor viewed data provided via the SSV for each of the recent reporting years.

**Standard 115.88: Data review for corrective action**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. BP-02.09
2. Safe Prisons/PREA program Annual Reports 2015-2019
3. Safe Prisons/PREA Plan

Interviews:
1. PREA Ombudsman
2. Agency Head

Other:
1. PREA Ombudsman website at https://www.tdcj.texas.gov/publications/index.html#PREA

Findings

The PREA Annual reports contain aggregate and delineated data for each facility on allegations of sexual abuse and harassment. The report includes information on specific cases including corrective action taken. The PREA Ombudsman states that corrective action is taken on problem areas on an ongoing basis through cooperation with the facilities, as needed. The report assesses the data, compares it with previous year data, discusses the effectiveness of the PREA program, and identifies trends, issues, and problem areas. The report is signed by the agency head. The document is publicly available on the PREA Ombudsman website. No material was redacted; the reports do not include personally identifying information.

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Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?
  ☒ Yes  ☐ No
115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Evidence

Documents:
1. Safe Prisons/PREA Plan
2. TDCJ website at https://www.tdcj.texas.gov/publications/index.html#PREA
3. PREA Coordinator

Findings

The Safe Prisons/PREA Plan states that the agency maintains data collected in a secure manner, making data available but removing personal identifiers, and retains the data for at least 10 years. The PREA Ombudsman confirmed that the bureau complies with FOIA and all other applicable laws, rules, and regulations regarding data retention and publication. The PREA Ombudsman’s office website publishes the annual data report and this auditor was able to independently access the most recent report on 10/20/2021. The data is publicly available and does not contain personal identifying information.
AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? *(Note: a “no” response does not impact overall compliance with this standard.)* ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)* ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? *(N/A if this is not the third year of the current audit cycle.)* ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Texas Department of Criminal Justice has a robust internal system for organizing audits, ensuring they occur every three years and that an appropriate number of facilities are audited each year. As described in the Audit Narrative portion, above, the auditor had no issues with any procedural requirement as outlined by the Auditor Handbook, version 2, published March 2021.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

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

The facility has published the 2018 audit report on its website. This auditor accessed the document independently.
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.

Audit Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.1 Auditors are not permitted to submit audit reports that have been scanned.2 See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kristin Winges-Yanez 12/20/2021

Auditor Signature  Date

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1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.