

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

Interim  Final

**Date of Report** Click or tap here to enter text.

## Auditor Information

<b>Name:</b> James Curington	<b>Email:</b> JECJRBOY@aol.com
<b>Company Name:</b> American Correctional Association	
<b>Mailing Address:</b> PO Box 2231	<b>City, State, Zip:</b> Alachua, FL 32653
<b>Telephone:</b> 352-538-2636	<b>Date of Facility Visit:</b> August 13, 14 and 15, 2018.

## Agency Information

<b>Name of Agency:</b> Texas Department of Criminal Justice		<b>Governing Authority or Parent Agency (If Applicable):</b> State of Texas	
<b>Physical Address:</b> 861-B-I-45 North,		<b>City, State, Zip:</b> Huntsville, Texas, 77320	
<b>Mailing Address:</b> P.O. Box 99		<b>City, State, Zip:</b> Huntsville, Texas, 77342	
<b>Telephone:</b> 936-295-6371		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.			
<b>Agency Website with PREA Information:</b> <a href="https://tdcj.texas.gov/tbcj/prea.html">https://tdcj.texas.gov/tbcj/prea.html</a>			

## Agency Chief Executive Officer

<b>Name:</b> Bryan Collier	<b>Title:</b> Executive Director
<b>Email:</b> Bryan.Collier@tdcj.texas.gov	<b>Telephone:</b> 936-437-2101

### Agency-Wide PREA Coordinator

<b>Name:</b> Lorie Davis	<b>Title:</b> Director, Correctional Institution Division
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<b>Email:</b> Lorie.Davis@tdcj.texas.gov	<b>Telephone:</b> 936-437-2170
<b>PREA Coordinator Reports to:</b>  Bryan Collier	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 92

### Facility Information

<b>Name of Facility:</b> Wallace Pack Unit			
<b>Physical Address:</b> 2400 Wallace Road, Navasota, TX 77868			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> 936-825-3728			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.			
<b>Facility Website with PREA Information:</b> <a href="https://tdcj.texas.gov.gov/tbcj/prea.html">https://tdcj.texas.gov.gov/tbcj/prea.html</a>			

### Warden/Superintendent

<b>Name:</b> Robert Herrera	<b>Title:</b> Warden
<b>Email:</b> Robert.Herrera@tdcj.texas.gov	<b>Telephone:</b> 936-825-3728 extension 4100

### Facility PREA Compliance Manager

<b>Name:</b> Mark Hurd	<b>Title:</b> Unit Safe Prisons, PREA Manager
<b>Email:</b> Mark.Hurd@tdcj.texas.gov	<b>Telephone:</b> 936-825-3728 extension 4210

### Facility Health Service Administrator

Name: Colton Stoker	Title: Senior practitioner
Email: krstoker@utmb.edu	Telephone: 936-825-3728 extension 4269

### Facility Characteristics

Designated Facility Capacity: 1478	Current Population of Facility: 1425
Number of inmates admitted to facility during the past 12 months	3564

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		2365
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		3447
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		18
Age Range of none (0)	Youthful Inmates Under 18: Population:	Adults: 22-86
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		nine
Average length of stay or time under supervision:		six years seven months
Facility security level/inmate custody levels:		G1-G3, PSK
Number of staff currently employed by the facility who may have contact with inmates:		307
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		65
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		one

### Physical Plant

Number of Buildings: 24	Number of Single Cell Housing Units: ZERO
Number of Multiple Occupancy Cell Housing Units:	zero
Number of Open Bay/Dorm Housing Units:	20
Number of Segregation Cells (Administrative and Disciplinary):	29
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
cameras both internal and external. Pan-tilt-zoom general variety with recording capability.	

<b>Medical</b>	
<b>Type of Medical Facility:</b>	Ambulatory, medical, dental, and mental health services with 60 wheelchair accommodated cells and 12-bed infirmary. Medical care available 24 hours a day, seven days a week. Digital medical services (DMS), electronic specialty clinics, and chronic care clinics available. Type I geriatric facility. All services on a single level, including assisted disabilities services (ATS), showers and CPAP accommodating housing.
<b>Forensic sexual assault medical exams are conducted at:</b>	nearest local emergency department Bryan/College Station, Texas (Baylor White Scott Medical Center or St. Joseph Regional Medical Center)
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	184 volunteers for the unit; 23,288 statewide; and 24 contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	OIG 1 Unit 139

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Texas Department of Criminal Justice (TDCJ), Wallace Pack Unit is prepared by James Curington, PREA auditor. The audit itself was accomplished by James Curington, who was trained by the PREA Resource Center (PRC) from the second class of the auditors and who has been recertified as of 2017. The assignment of the auditor was made by the American Correctional Association (ACA) in conjunction with the TDCJ and was part of a double PREA audit for the Pack and Hamilton Units for the week of August 12-17, 2018.

The Pack Unit is a major facility in the TDCJ with a Main Unit and a Trusty Camp. It is located at 24, Wallace Pack Rd., Navasota, TX 77868 (Grimes County). The audit process began in June 2018 with necessary and appropriate notifications and postings, exchange of information, disclosure forms, and contracts.

The methodology of the auditor was to use a step-by-step process, which included: 1) sending a PreAudit Report form to the PRC; 2) making contacts with the agency/facility, the posting of notices, and sending an agenda for the site visit; 3) obtaining a flash drive with information, documents, and supplemental support information for the pre-audit review. [This included a Pre-Audit Questionnaire (PAQ) from the facility]; 4) making a site visit to the community and the facility to be audited; 5) making an assessment of compliance/noncompliance during and after the site visit with follow-up review of documents and materials; 6) completing an interim/final Auditor Summary Report; 7) notifying the agency/facility of the summary report; and 8) sending a Post Audit Report, with the final audit report attached, to the PRC.

Specific to the TDCJ, Wallace Pack Unit, the following materials were used to evaluate and assess the Unit's compliance with the PREA: the PREA Auditor Handbook, the PREA Report Template, April 2018, website copy,

the scripted formal interviews of the Warden, specialized staff, random staff, and inmates, and the PREA Audit Instrument, Adult Prisons and Jails and its various sections.

The goal of the methodology was to use the PRC recommended triangulation approach, which is; reviewing, assessing, and verifying a) pre-audit information; b) on-site visit and tour observations, documentation, and supporting information; and c) summary reviews, tabulations/evaluations, and interim and final assessments. This is/was the "triangulation method" suggested by the PRC.

For many of the PREA Standards, the auditor's methodology included in the interim/final third stage (c), the listing of policies, directives, procedures, documents, manuals, information, plans, and supporting materials that assisted in making a determination of compliance. These listings primarily came from information supplied by the TDCJ in the pre-audit phase (a) of the audit review. Again, triangulation is defined as first part, a) pre-audit review; second part, b) on-site tour and visit; third part, c) culmination and summary review of materials and information. Specifically, the pre-audit review included the Master Folder for each of the PREA standards 115.11 through 115.89; 41 Pack Unit Supporting Documents; and the Pre-Audit Questionnaire (PAQ). The tour and on-site visit included the following agenda.

Sunday, August 12 - (Wallace Pack Unit and J.W. Hamilton Unit), evening dinner/introductions/meet and greet, key facility staff, and auditors, ACA and PREA.

Review PREA Adult Audit Instrument and Pre-Audit Questionnaire. Open discussion.

Meet with ACA Chairperson and team – ACA and PREA discussion.

Overview: Hamilton and Pack having ACA Audits this week as Pack and Hamilton are having PREA Audits.

Monday, August 13 – PREA Audit, the Wallace Pack Unit (times are approximate).

7:30 a.m. Drive from the hotel to the Pack Unit. Drive the perimeter of the Pack Unit.

8:00 a.m. Entrance – Pack Unit – Meet the Warden and key staff and/or Department Heads. Discuss Audit Instrument from the PREA Resource Center (PRC), including the Pre-Audit Questionnaire, the Auditor Compliance Tool, Instructions for the PREA Audit Tour, and the Auditor’s Summary Report (new template). Review the Unit’s previous ACA and PREA reports.

Schedule interviews with staff and inmates (with facility assistance) as outlined in the PREA Auditor Handbook. Special note:

- for inmates; include random inmates, inmates with disabilities (ADA), LGBTI inmates, inmates who are Limited English Proficient (LEP), inmates in segregated housing, inmates who reported sexual victimization during screening, inmates who reported sexual abuse, inmates placed in segregated housing for protection from sexual victimization, and etc.;
- for staff, include random staff from the complete staff roster and specialized staff, (see Interview Protocols);
- and interviews with contractors and volunteers.

9:00 a.m. Tour facility, list where and when (times), suggestions – discussions

3:00 p.m. Review demographics of the facility (inmate population, capacity, age range, gender, custody levels, length of sentence, etc.; staffing total, security, non-security, program, medical, contract, volunteers, and others). Review schematics/description of facility, number of buildings, acreage, and description.

4:00 p.m. Interviews with staff and inmates. Note: “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates. Make sure interviews include all staff “shifts”.

Observe and review inmate/offender intake/reception and orientation/admission at the Unit.

Stay late for evening review.

Tuesday, August 14 – PREA Audit, Pack Unit 7:30 a.m.

Leave for Pack Unit.

8:00 a.m. Visit and revisit institutional areas. Review specialty areas – Medical/Mental Health, Emergency Medical Services (EMS) and transportation. Review forensic exams and services, emergency medical, and Victim/Crisis Support Services.

Continue interviews with staff and inmates (staff from each shift, inmates from each housing unit).

3:00 p.m. Review PREA standards and summary auditor template with Warden, PREA staff and key staff, (three hours, key question and answer review).

Wednesday, August 15, morning - PREA Audit, Pack Unit.

7:30 a.m. Leave for Pack Unit.

8:00 a.m. Appropriate to the PREA Auditor's Summary Report; begin "triangulation" of the (1) pre-audit information, (2) site visit and interviews, (3) review of supplemental and summary information for the interim/final report.

10:00 a.m. Tour with the Warden and the Institutional PREA Compliance Manager.

11:00 a.m. Review auditor's summary procedures (interim report/final report) and timeframes with the Warden and key staff. Depart the Pack Unit. Possibly attend the ACA closeout at the Hamilton Unit.

Agenda for the PREA site visit at the Wallace Pack Unit is flexible and tentative. The goal is a thorough, comprehensive, professional, and expert PREA Audit review in conjunction with the facility Warden, staff, inmates and the TDCJ PREA staff.

The agenda was accomplished, visiting all areas of the facility, reviewing the operations of the facility, observing efforts for compliance with PREA, conducting appropriate interviews, and tediously going over and recounting each of the sections of the auditor template. Visiting and reviewing operations included seeing areas where inmates lived and worked; interviews included formal and informal interviews with staff and inmates, of which 42 staff were formally interviewed from scripted protocols, 18 random staff interviews and 24 specialized staff from the specialized protocols. There were 55 formal inmate interviews, including interview types listed in table 1, page 50 of the Auditors Handbook (including random inmate interviews, interviews with inmates with disabilities, with limited English proficiency, inmates who identified with gender identity LGBTI, inmates in segregated housing, and inmates who reported sexual abuse). Many informal discussions and interviews were also held with individual inmates and small groups (such as mentor/peer educator inmates, kitchen inmates, laundry inmates, and etc.)

Through this methodology, the auditor assesses this facility has PREA compliant. It was noticeable throughout the Wallace Pack Unit that staff and inmates were aware of the zero tolerance policy of the agency and institution, and that this institution had made efforts to help ensure the elimination of sexual abuse and sexual harassment in prison. The custody, care and control performed by the staff at the Pack Unit was observed by the auditor and can be attributed to the leadership and the staff at the facility. As mentioned in the report, staff were knowledgeable, trained, and professional in the performance of their duties and responsibilities. The Departments at this facility worked together as a team and there was good communication between staff and inmates.

## Facility Characteristics

The Texas Department of Criminal Justice, Wallace Pack Unit is an all-male, medium-minimum, 1500 bed (approximately), state prison in Navasota, Grimes County, Texas. The facility is part of the Correctional Institutions Division (CID) of the TDCJ. The facility was established in September 1983, and consist of two units. The Main Unit has a capacity of approximately 1200 inmates, and the Trusty Camp which has a capacity of about 300 inmates. The Main Unit is a fenced compound with three security towers/pickets and an armed mobile security vehicle. This Main Unit is constructed in a "telephone pole" design which contains dormitories off to each side of a main hallway. The Trusty Camp is unfenced and has three dormitories and a multipurpose building (office/program, kitchen/dining, visiting, security/control) and sits approximately 250 yards south of the main compound. The Trusty

Camp, outside grounds buildings, staff housing and main compound consist of 24 buildings situated on approximately 7000 acres of land (co-located with the O.L. Luther Unit of the TDCJ).

There are 334 staff: 244 security employees, 56 non-security employees, seven Windham education employees, 27 medical and mental health staff (University of Texas Medical Branch [UTMD]). Staff is organized into many departments, including: Administration, Agriculture, Security, Classification, Chaplaincy, Education, Food Service, Laundry, Unit Maintenance, Medical and Mental Health, and Warehouse. Agricultural operations include Cow/calf operation, edible and field crops, farm shop, security forces and security canines, swine finishing operation, grain storage, and general farming. Educational programs include Adult Basic Education (ABE), General Equivalency Diploma (GED), prerelease, construction, carpentry, hospitality and tourism. Healthcare capabilities include ambulatory medical, dental, and mental health services. There are 60 wheelchair accommodation cells and a 12 bed infirmary. Healthcare is managed by University of Texas Medical Branch (UTMB). Community work projects include services to city agencies and Texas Parks and Wildlife. There also volunteer initiatives which assist in inmate education, substance abuse education, support groups, victim's awareness, religion and faith-based studies and activities.

The approximate 1500 inmates are, as stated, medium-minimum custody at the Main Unit and minimum custody at the Trusty Camp. Inmates are graded on a G1 to G5 scale in the TDCJ with the lower grades at the Pack Main Unit and minimum grade G1 at the Trusty Camp. Inmates at the facility range in age from 22-86 years (there are no youthful offenders at the Pack Unit). Inmates at the Main Unit generally work or attend programs inside the compound fence. Jobs include janitors, food service, laundry, inside grounds, clerks, field squad, maintenance, program attendants, and unassigned medical. Trustees at the camp work throughout the facility (including maintenance, agriculture, ranch, barber, orderly, janitor, kitchen, laundry, in the community, on the agricultural grounds, and as support to the main compound). Programs are available to the trustees generally during off hours (nonworking).

Noticeable to the auditor was the fact that the Pack Unit is an air-conditioned Unit in the TDCJ and houses an older inmate population. Communications were good between staff and inmates. The facility was clean, orderly and well-organized. Morale of both staff and inmates is assessed by the auditor as good. Staff vacancies are generally filled by transfer from other TDCJ facilities thus, staff wish to work at the Pack Unit. The Unit was well prepared for the PREA and ACA audits that were being accomplished the week of August 13-17, 2018. The PREA auditor was appreciative of staff and inmates for their cooperation in helping in review of this facility.

The Wallace Pack Unit Mission Statement outlined in the August 2018 welcome package for the ACA auditors and PREA auditor, and is quoted as follows:



“The mission of the Wallace Pack Unit is to confine adult offenders and support the rehabilitative opportunities in the areas of education, treatment programs and job placement skills. We are responsible to the citizens of our community with respect to their safety and to manage the state’s resources appropriately, while providing a secure environment for all associated with this facility.”

The Wallace Pack Unit is an American Correctional Association (ACA) accredited facility and is being recommended for reaccreditation to the ACA. The Pack Unit has previously been assessed as PREA compliant. In this second PREA audit, the Wallace Pack Unit is assessed as compliant with PREA Standards, 115.11 through 115.89 plus standards 115.401 and 115.403. This is a Final Report.

## Summary of Audit Findings

**Number of Standards Exceeded:** 4

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator. Based on the Safe Prisons/PREA Plan, Safe Prisons PREA Operational Manual (SPPOM); and the state, regional, and institutional PREA organization and support.

115.31 Employee training. Based on Pack Unit staff knowledge and understanding.

115.33 Inmate education. Based on inmate knowledge of PREA and the use of peer educators by the Pack Unit. 115.35 Specialized training: Medical and mental health care. UTMB’s knowledge, training, and professionalism was evident in all aspects of training (orientation, specialized training, advanced training, and etc.), and observed in their custody, care and communications with the inmate population.

**Number of Standards Met:** 41

All standards from 115.11 through 115.89 (excluding the four standards that exceeds) met – 39 met, and the two added standards of 115.401 and 115.403, met – for a total met 41.

**Number of Standards Not Met:** 0

Zero standards not met - this is a Final Report.

## Summary of Corrective Action (if any)

This is the PREA auditor’s Summary Final Report and all standards met or exceeded standards. All standards assessed as PREA compliant.

## PREVENTION PLANNING

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

The Safe Prisons/PREA Plan established by the Texas Department of Criminal Justice (TDCJ) was established to prevent, detect, and respond to sexual abuse and sexual harassment in the TDCJ. This Plan has been disseminated throughout the agency stipulating for all its facilities, “a zero tolerance for all forms of sexual abuse and sexual harassment of offenders.” The Wallace Pack Unit follows the practices of this zero tolerance plan as observed by the auditor during the three day on-site audit and as documented by supporting policies, procedures and post orders. The postings at the facility and the numerous discussions and interviews with staff, inmates, visitors, contractors, and volunteers further supplemented the auditor’s assessment of “exceeds” for this standard.

The Safe Prisons/PREA Plan and the Safe Prisons/PREA Operational Manual (SPPOM) requires that the agency “be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate actions to address the protective needs of offenders who have been victimized... The TDCJ Safe Prisons/PREA Plan shall be applicable to all individuals, including visitors and volunteers employed by, under contract with, or supervised by the TDCJ, including professional staff and any person who is involved, directly or indirectly with the care and custody of offenders.” The Plan and the SPPOM, specifically address the following:

Administration of the Plan.

Intervention.

Assessment and screening.

Reporting and receiving allegations.

Investigation.

Training.

Grids, codes, files and transfers.

Reporting.

And numerous attachments which include checklists, reports, information templates, and supporting documentation.

The Manual clearly assists in establishing and ensuring the zero tolerance of sexual abuse and sexual harassment throughout the TDCJ and at the Wallace Pack Unit. The Plan and Manual also address definitions of prohibited behaviors, and sanctions for those prohibited behaviors. Also addressed, are strategies and responses to help prevent and reduce sexual abuse and sexual harassment.

The staff at the Pack Unit exhibited knowledge and understanding of the zero tolerance policy and were observed in shift turnouts to be continually addressing PREA issues and the safety and security of the inmate population.

The TDCJ is headed by the Chief Executive Officer, Executive Director Bryan Collier. Ms. Lorie Davis, Director of the Correctional Institutions Division has been designated as the agency-wide PREA Coordinator. Director Davis has responded to the scripted questions addressed to the agency head, and to the Agency PREA Coordinator. Ms. Davis has indicated that she has enough time and authority to develop, implement and oversee the agency’s efforts to comply with PREA standards.

The auditor reviewed the agency and institutional organizational charts. The charts reflect that the Agency PREA Coordinator, and Institutional PREA Manager are in positions to coordinate the facility’s efforts to comply with the PREA standards.

After review of the documents submitted by the facility, including the Safe Prisons/PREA Plan, the SPPOM, the agency and facility organizational charts and after interviews with staff, inmates, volunteers, and others, this standard is assessed as “exceeds” standard by the auditor.

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  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*)

The Wallace Pack Unit does not contract with other entities for the confinement of inmates from/to the Wallace Pack Unit. Thus, this standard is not applicable, and is found to meet standard.

It is noted that the TDCJ does contract with other entities for the confinement of inmates, but it is clear from interviews and documents/contracts that these other entities are PREA compliant, follow the policies and procedures of the TDCJ, and must be compliant with PREA law. Additionally, these other entities are monitored for PREA compliance.

The auditor reviewed the scripted interview by the Director, Private Facility Contract Monitoring/Oversight Division. Compliance has been achieved for each contract entered into agreement within the past 12 months.

Based on the fact that the Pack Unit does not contract with other entities; and the information on the agency itself that requires PREA compliance for entities contracting the housing of inmates, the Wallace Unit is assessed as compliant, “meets standard”.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  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*)

The auditor reviewed the below policies and procedures to assist with compliance determination:

Security Operations Procedure Manual (SOPM)-07.02 Deletion, New Installation, and Relocation of Video Surveillance Equipment  
Safe Prisons/PREA Plan-Security Staffing  
Administrative Directive, AD-11.52 Security Staffing  
SOPM-08.01, Turnout Roster Management  
SOPM-08.06, Security Operations Turnout Roster Management Annual Review  
Executive Directive, PD-22 General Rules of Conduct  
Post Order, 07.005, Sergeant of Correctional Officers  
Post Order, 07.004, Lieutenant of Correctional Officers  
Post Order, 07.002, Major of Correctional Officers  
Post Order, 07.003, Captain of Correctional Officers  
Supporting Documents including: Staffing Plan 2018, and Staffing Plan Reviews 2015, 2016, 2017; Staffing Plan Minutes Review 2015, 2016, 2017; and Staffing Rosters

The Wallace Pack Unit is a medium/minimum custody two Unit facility (Main Unit, and outside Trusty Camp). The facility has appropriate staffing with supplemental security control and monitoring, assisted by perimeter fencing (Main Unit), manned security towers, manned mobile patrols, and video monitoring systems (there are 64 external/internal cameras). The staffing rosters indicate the security post throughout the facility and the staffing priorities.

Interviews with the Warden, PREA Compliance Manager, key staff, and the Human Resource staff, indicate that this facility is maintaining appropriate supervision and monitoring to ensure the safety and security of inmates, and does not have some of the critical vacancy problems that occur in some more remote and larger TDCJ facilities.

Higher-level staff conduct unannounced rounds to identify any deviation from the staffing plan. These rounds are conducted to assure safety and security of inmates, comply with PREA, and maintain this security integrity of the institution. The Security Operations Manual and Post Orders for the Security Department address officer's duties and responsibilities. Security checks are made and include checks for blind spots, checks for contraband control, and general checks for the safety and security of staff and inmates. The auditor reviewed security logs, reports, daily operational count sheets, incident reviews, and other information that help assure appropriate monitoring and supervision.

Based on the facility tour, observation of daily operations of the Security Department, review of documents, videos, and based on interviews with staff, including higher level, intermediate, and specialized staff, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.14: Youthful inmates

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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



The Wallace Pack Unit does not house/incarcerate any inmates under the age of 18. There are no youthful offenders at the Main Unit or Trusty Camp of this TDCJ facility. This non-applicability is found to comply with PREA and thus, “meets standard”.

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  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 here for facilities with less than 50 inmates before August 20, 2017.)  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?  
 Yes  No

### 115.15 (d)

- Does the facility implement a policy and practice 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*)

Administrative Directive, AD-03.22, Offender Searches  
Safe Prisons/PREA Plan - Offender Management Services, Supervising Offenders  
Examples of Post Orders. Security Manual - Table of Contents (duties and responsibilities)  
Post Order 07.015, Shower Room Officer (cross gender supervision)  
Pre-Service Training - Contraband and Shakedown (searches) SPPOM  
02.05 Cross Gender Searches and Log

The auditor reviewed the above documents, orders, and procedures, to help determine compliance for this standard.

The Pre-Audit Questionnaire (PAQ) for the Pack Unit outlined that the facility does not conduct cross gender strip searches nor cross gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. This is detailed in the policy on administrative searches, and in the Safe Prisons/PREA Plan. It was obvious to the auditor, after observing searches and patdown's during the tour, and review of daily operations- and searches made by correctional officers at the request of the auditor, that the facility and its staff are knowledgeable of this standard, have been appropriately trained, and do not perform cross gender strip or cross gender visual body cavity searches of inmates. The PAQ also documented that in the past 12 months there have been zero (0) number of cross gender strip or cross gender visual body cavity searches. Further, there have been

zero (0) number of cross gender strip or cross gender visual body cavity searches involving exigent circumstances.

Staff have received the appropriate annual training, in-service training, orientation, and turnout/shift briefings training, such that staff are aware of how to conduct patdown searches of transgender and intersex inmates in a professional and respectful manner and are aware of their duties and responsibilities regarding cross gender viewing and searches. Based on the auditor's tour and observation of daily operations, inmates can perform bodily functions, change clothing, and shower without staff of the opposite gender viewing them.

Procedures require that staff of the opposite gender announce their presence when entering inmate housing. This was observed by the auditor during the tour and revisits to different areas of the institution. It is noted that the staff at the Pack Unit acted professionally when searching inmates and when entering housing areas.

This is an all-male facility. There are no female inmates at the Pack Unit.

The auditor found that, based on the policies and procedures reviewed above, based on the auditor's observations, and based on staff and inmate interviews, the auditor assesses this standard as compliant, "meets standard".

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

### **115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of firstresponse 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*)

Intake Procedures 6.05, Initial Processing of Offenders in Need of an Interpreter  
Correctional Managed Health Care (CMHC) G 51.5, Certified American Sign Language (ASL)  
CMHC G-51.1, Offenders with Special Needs  
CMHC G-37.5, Interpreter Services  
Post Order-07.105, Psychiatric and Developmental Disabilities Program (DDP) Officer  
Administrative Directive AD-06.25, Offender Interpreter Services - American Sign Language (ASL)  
Security Memorandum (SM) 05.50, Qualified Spanish Interpreter Guidelines  
SPPOM 03.01, Offender Assessment Screening  
Intake Procedures 1.10, Initial Orientation  
Administrative Directive AD-04.25, Language Assistance Services  
Safe Prisons/PREA Plan  
Health Services Liaison Facility Types  
Staff Who Speak Other Foreign Languages  
Example-Language Assessment Scales and Test for Spanish SPPOM  
02.03, Safe Prisons/PREA Plan.

The auditor reviewed the above policies, procedures, manuals and documents to assist with a determination concerning compliance for this standard.

Consistent with the TDCJ's commitment to PREA compliance and to zero tolerance of sexual abuse and sexual harassment, the Safe Prisons/PREA Plan directs "offender shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or are otherwise disabled, as well as to offenders who have limited reading skills."

The Pack Unit adheres to the direction of the TDCJ policies and procedures (Interpreters, American Sign Language (ASL), Language Assistance, offenders with special needs, DDP and etc. see above) to provide all inmates equal opportunity to participate in, or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor reviewed, with intake staff, the policies on inmates with disabilities, and/or special needs, and it was clear that the contracted Healthcare staff from the University of Texas Medical Branch (UTMB), in concert with the institutional staff, and the PREA Compliance Manager, assure every effort is made to assist inmates providing PREA information to every inmate.

Information about PREA is distributed to all inmates at the Pack Unit. Staff interpreters and readers are available at the Pack Unit. Spanish language Inmate Orientation Handbooks and posters in Spanish are available to Spanish-speaking inmates to assist with PREA understanding.

Based on the interviews with staff and inmates, the observation of intake and orientation, and review of policies and procedures listed above, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.17: Hiring and promotion decisions

### 115.17 (a)

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

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or 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*)

TDCJ Personnel Form 598, Job Application.  
Executive Directive, PD 22, General Rules of Conduct.  
Executive Directive, PD 27, Employee Status.  
Executive Directive, PD 29, Sexual Misconduct.  
Executive Directive, PD 56, Request for Release of Information.  
Executive Directive, PD 71, Selection System Procedure.  
Executive Directive, PD 73, Selection Criteria and pre-hire record checks.  
Executive Directive, PD 75, Pending Charges.  
Safe Prisons/PREA Plan

The auditor reviewed the above directives, forms, and information to assist with an overall compliance determination for this standard.

The Hiring and Promotion Decisions standard 115.17 contains eight subsections (a-h) outlining the importance of thorough background checks, and the vetting of staff, new employees, contractors, and volunteers who have contact with inmates. The Pack Unit Human Resources staff, in conjunction with Personnel Headquarters of the TDCJ in Huntsville, Texas accomplishes compliance with this standard by using the Department of Public Safety (DPS) access system for criminal background checks, the supplemental application, and the job application itself.

In the past 12 months, there have been 65 persons hired and one contractor hired who may have contact with inmates. Those 66 persons have had criminal background record checks at the Pack Unit



The TDCJ requires employees to disclose misconduct (a continuing affirmative duty to disclose). The agency also considers material omissions, regarding sexual misconduct, as grounds for termination. The TDCJ also provides substantiated information on sexual misconduct, upon receiving a request from an institutional employer (unless prohibited by law).

Based on the information provided to the auditor by the PAQ, interviews with the Warden, key staff, and the Human Resource Manager, and based on the review of applications/supplemental applications and personnel policies, the auditor assesses this standard as compliant, “meets standard”.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

The Pre-Audit Questionnaire stipulates that the Pack Unit has not made any substantial expansions or modifications of existing facilities since the last PREA audit. However, it is noted by the auditor that the facility has been air-conditioned since the last PREA audit and there is some debate as to whether this is a substantial modification, reference the ability to protect inmates from sexual abuse. The air conditioning issue has certainly not had a negative effect, in the auditor’s assessment, reference PREA.

The Pack Unit has expanded and updated its video monitoring system and electronic surveillance system. The auditor reviewed these updated security operations. As outlined in the Security Operations Procedure Manual, installation of this new equipment was coordinated with the agency PREA staff. The deployment of this surveillance equipment enhances the Unit's ability to protect offenders from sexual abuse. There are 64 cameras, external and internal, and the auditor reviewed a schematic of the facility.

Based on the auditor's review of the facility, interviews with the Warden, the Regional and Institutional PREA Compliance Managers and the Chief of Security, and based upon interviews with supervisory staff and random staff from each shift, this standard is assessed as compliant, "meets standard".

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  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

Administrative Directive AD-16.03, Evidence Handling.  
Safe Prisons PREA Operational Manual (SPPOM) 05 .01, Sexual Abuse Response and Investigation.  
Office of Inspector General OIG-04.05, Offender Sexual Assault.  
Correctional Managed Health Care (CMHC) G-57.01, Sexual Assault/Sexual Abuse.  
2017 TAA as a Service-Directory.  
Rape Crisis Center (RCC) solicitation letters.  
TDCJ Statement of Fact.  
OVR Training Lesson Plan.  
Safe Prisons/PREA Plan.  
Rape Crisis Center (RCC) Memo of Understanding (MOU) example. SPPOM-02.02, Offender Victim Representative (OVR)

The above policies, documents, plans, manual, and support information were reviewed by the auditor to assist in a determination of compliance for this standard.

The TDCJ is responsible for administrative and criminal sexual abuse investigations at the Pack Unit. The protocol for evidence collection was adapted based on the Department Of Justice's (DOJ) Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents". Investigators are properly trained and certified.

Forensic examination is offered to all inmates who experience sexual abuse. The examinations are offered without financial cost to the victim. Forensic examinations are performed by SAFE's/SANE's at Baylor Scott and White Medical Center or at the St. Joseph Regional Health Center (Bryan/College Station TX). There have been zero (0) forensic medical exams conducted during the past 12 months.

The facility attempts to have a victim advocate from a rape crisis center available to the victim either in person or by other means. These efforts are documented and the auditor reviewed many letters sent to rape crisis centers in Texas. Victim Advocate Services are offered from the facility by trained and certified Offender Victim Representatives (OVRs).

Based on the auditor's review of the subsections a-h, and the review of policies, procedures, interviews with investigative staff, specialized staff, Offender Victim Representatives, University of Texas Medical Branch staff, and the PREA Regional and Institutional Compliance Managers this standard is assessed as compliant, "meets standard".

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

### 115.22 (a)

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

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

The Wallace Pack Unit ensures that administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.

Administrative Directives AD-02.15 and AD-16.20, Operations of the Emergency Action Center (EAC) and Reporting Procedures to the Office of the Inspector General (OIG), outline and direct the reporting of incidents and crimes to the EAC and the OIG. Specifically, sexual abuse (offender on offender) and staff misconduct are to be reported to the EAC, and crimes and Texas Penal Code violations are to be reported to the OIG. Further, pursuant to Texas Government Code, the OIG is “the primary investigative and law enforcement entity of the TDCJ. The investigators employed by the OIG shall be certified peace officers, as authorized by TCCP art. 2.12” (TCCP is the Texas Code of Criminal Procedure).

“The mission of the OIG is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment and certain regulations and policies of the TBCJ and the TDCJ, the laws of the State of Texas and the *Constitution* and laws of the United States, as are applicable.”

In the past 12 months there have been eight (8) allegations of sexual abuse and sexual harassment that were received. During the past 12 months, eight (8) allegations resulted in an administrative investigation and one (1) was referred for criminal investigation. There is still one active investigation. The agency documents referrals for criminal investigations.

Based on the auditor’s interviews with investigative staff, the Warden, the Institutional PREA Compliance Manager, and based on the auditor’s review of policies, investigations, and documents, this standard is assessed as compliant “meets standard”.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

Correctional Training and Staff Development (CTSD) Safe Prisons and PREA Program 2018. CTSD Pre-Service Training, Safe Prisons Module 2018.  
CTSD Preservice Training Block.  
Safe Prisons, PREA in Texas, Video Script.  
Safe Prisons/PREA Plan, March 2018.  
CTSD Non-Supervisor In-Service Training.  
Security Memorandum, SM-02.25, On the Job Training.  
Administrative Directive, AD-12.20, Implementation and Operation of In-Service Training.  
Executive Directive, ED-12.10, TDCJ Training Records and Database.  
Executive Directive, PD-97, Training and Staff Development.  
Pre-Service Training, Offender Protection Investigations.  
Executive Directive, PD-29, Sexual Misconduct with Offenders. SPPOM 06.01,  
Unit Safe Prisons Awareness Programs.

The auditor reviewed the above curriculums, training modules, training blocks, video, directives, and other information and documents to assist with an overall compliance determination for this standard. The review of the above supported a very comprehensive and thorough approach to employee training.

Moreover, the auditor's interaction with staff during the three-day visit, review of the staff's duties and responsibilities, and observation of the daily operations, revealed a very knowledgeable correctional staff, a staff that had been well-trained and performed as a well-trained staff, and simply exhibited a professionalism and attention to detail that was indicative of an "exceeds" employee training program.

Staff are knowledgeable about the zero tolerance policy for sexual abuse. They are knowledgeable about their duties and responsibilities and how to perform such duties and responsibilities consistent with the detection of sexual abuse, the reporting of sexual abuse and the responding to sexual abuse. Staff have received pocket cards and guidelines outlining the TDCJ's mission statement and PREA information, including first responder duties.

All random staff formally interviewed, were asked questions about the following:

- 1) agency zero-tolerance policy
- 2) how to fulfill their responsibilities regarding PREA
- 3) the right of inmates to be free from sexual abuse and sexual harassment
- 4) the right of inmates and employees to be free from retaliation for reporting sexual abuse
- 5) the dynamics of sexual abuse and sexual harassment in confinement
- 6) the common reactions of sexual abuse and sexual harassment victims
- 7) how to detect and respond to signs of threatened and actual sexual abuse



- 8) how to avoid inappropriate relationships with inmates
- 9) how to communicate effectively and professionally with inmates including LGBTI and gender nonconforming inmates and
- 10) how to comply with mandatory reporting laws.

The responses, and comments that were received related to the above areas were professional, insightful and supported the auditor’s assessment as an “exceeds” for this standard.

Training is tailored to the gender of inmates at the facilities where staff work. Specifically, Security Memorandum, SM-02.25, directs that correctional employees will be trained to work in special designated areas such as female offender housing, mental health offender housing, administrative segregated housing, and Units with therapeutic communities, and etc.

Based on the information above, including the video script, and the training curricula for in-service, on-the-job, specialized, turnout/shift briefing, and annual training, this standard is assessed as compliant, “exceeds standard”.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

Administrative Directive AD-02.46, Employees of Private Businesses and Governmental Entities. Contracting with TDCJ.  
Executive Directive, PD-29, Sexual Misconduct with Offenders.  
Handbook for Volunteers.  
Letter of Orientation for Special Volunteers.  
Executive Directive, PD-97, Training and Staff Development.  
Safe Prisons/PREA Plan.  
Statement of Fact.  
Volunteer Services, Training.  
Volunteer Services Plan...  
Administrative Directive, AD-07.35. Administration of Volunteer Services. Appendix F, Acknowledgment of Volunteers Orientation and Training. Volunteer Training Schedule.

The auditor reviewed the above policies, procedures, and documents to assist with a determination of compliance for this standard.

All volunteers and contractors who have contact with inmates have been trained in their responsibility under the TDCJ policies, including procedures regarding sexual abuse and sexual harassment, prevention, protection, and response. Specifically, a Statement of Fact from TDCJ, Volunteer Services, states "All 23,288 approved volunteers/contractors *who have contact with inmates* have been trained on their responsibility under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response."

Additionally, AD-02.46 states "The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules." The PAQ indicates that there are 24 contractors at the Pack Unit, who have contact with inmates, and they have all been trained.

The auditor was especially impressed with the TDCJ, Volunteer Services, Acknowledgment of Volunteer Training/Orientation, Appendix F, which is a two page document indicating their understanding of the Prison Rape Elimination Act (PREA) and the TDCJ zero-tolerance policy (section 6-e).

Based on the auditor's interviews with staff, volunteers, contractors, and inmates, as well as the review of the policy and procedures concerning volunteer and contractor training, this standard is assessed as compliant, "meets standard".

## Standard 115.33: Inmate education

### 115.33 (a)

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

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education?  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*)

Unit Classification Procedure Manual (UCPM) 05.00  
SPPOPM 06.02 with attachments  
Offender Orientation Handbook  
Offender Video Instruction  
Intake Procedures Manual (IPM) 01.10 Initial Orientation  
Administrative Directive, AD-04.25 Language Assistants  
Administrative Directive, AD-06.25 Qualified Interpreter  
CMHC Policy, E-37.5 Interpreter  
CMHC Policy, G-51.01 Offender with Special Needs  
CMHC Policy, G-51.5 Certified American Sign Language (ASL) Interpreter  
Offender Video Script  
SPPOM 02.03 with attachments.

The auditor used the above policies, procedures, and documents to assist in making a determination for compliance of standard 115.33.

Specifically, the Safe Prisons/PREA Operations Manual (SPPOM) states, as its purpose, "To establish procedures and instruction for providing and documenting offender sexual abuse and sexual

harassment awareness education on the unit and guidelines related to selecting peer educators to instruct course content.” Further, the manual indicates and directs the following: “Written policy and procedure require that offenders receive comprehensive education either in person or through video regarding his or her right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.”

During the site visit to the Pack Unit, the auditor observed the admission and orientation process to the Unit. The auditor reviewed the Inmate Orientation Handbook, and the auditor conducted random interviews with inmates and staff, which revealed that inmates receive training and information about the zero tolerance policy and how to report instances or suspicions of sexual abuse and sexual harassment. The intake staff met with all newly received and admitted inmates and assisted with the assessment, orientation, and education of the inmates admitted to the Pack Unit.

The auditor noted that there were PREA postings throughout the facility, and that inmates were given appropriate handouts, information, shown PREA videos, and given person-to-person information from peer-educators/mentors and from staff person-to-person information. The auditor was impressed with the individual treatment of inmates at this facility and the fact that the PREA Video for inmate education is available and shown daily.

Based on interviews with the inmates themselves and all the peer educators as well as a review of the institutional handouts, postings, and intake process, the auditor assesses this standard as compliant, “exceeds standard”.

## **Standard 115.34: Specialized training: Investigations**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Board Policy-01.07, Inspector General Policy Statement  
 Correctional Training and Staff Development (CTSD) Safe Prisons/PREA Investigations  
 Office of the Inspector General Operations Procedure Manual (OIG, OPM) 02.15 Training Procedures  
 OIG, Lesson Plan (LP 3201), Sexual Assault Investigations  
 Executive Directive, PD-97 Training and Staff Development  
 Administrative Directive AD-16.03 Evidence Handling  
 CMHC C-25.1 Orientation, Training  
 OIG, OPM 04.05 Offender Sexual Assault  
 OIG, Lesson Plan (LP 2029) Interviewing  
 Executive Directive, ED-12.10 Training Records and Database OIG  
 Roster NIC PREA Training

The auditor used the above documents, policies and procedures, and information to assist in making a determination of compliance for this standard, 115.34.

Administrative and specialized training is outlined for investigators who work at the Pack Unit. The agency's training policy, training curriculum, and personnel policy is established through the direction and based on the Safe Prisons/PREA Plan. Training is specific and comprehensive. Specifically, training addresses such things as conducting sexual abuse investigations in confinement settings and the Safe Prisons/PREA Plan has detailed the following:

investigation training; correctional training; and correctional investigation.

Moreover, all training is further supplemented for investigators who work out of the Office of the Inspector General, through policies OIG-02.15 Training Procedures, and OIG-04.05 Offender Sexual Assault Investigations. Further, the National Institution of Corrections PREA training is required for the investigators of the Office of the Inspector General. This is further outlined in the OIG Operational Policy Manual. The Office of Inspector General has 139 OIG Investigators.

All training is documented and maintained through training rosters, certificates, and databases.

Based on the above policies and procedures and interviews with investigators, specialized staff, and the Warden, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.35: Specialized training: Medical and mental health care

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### 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.)  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?  
 Yes  No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  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*)

Letter of Orientation, TDCJ Health Services  
Administrative Directive, AD-16.03 Evidence Handling  
CMHC, C-19.1 Continuing Education and Staff Development  
CMHC, C-25.1 Orientation, Training  
CMHC, G 57.1 Sexual Assault and Sexual Abuse  
Executive Directive, PD-97 Training and Staff Development  
Statement of Fact, Forensic Exams  
Example of Medical and Mental Health Checklist

The auditor used the above policies, procedures, and documents to assist with making a determination for this standard, 115.35.

The University of Texas Medical Branch (UTMB), coordinates health care for the Pack Unit. Correctional Managed Health Care policies, CMHC, C 19.1, CMHC, C 25.1, and CMHC, G 57.1, all direct specialized training for medical and mental health care staff. Medical and mental health care staff are tested on their PREA training. The auditor assesses this standard as exceeds, not only based on the thoroughness and comprehensiveness of UTMB's training, but also on the fact that they administer testing to Healthcare staff and record the results of the test (a total of 24 staff have received the required training at the facility, 100% of the UTMB staff that have contact with inmates).



The auditor reviewed the employee orientation and training checklists as well as the curricula for the specialized training, and spoke to many UTMB staff about their training and special leadership roles in healthcare. The auditor was impressed with the professionalism, knowledge, and commitment to care exhibited and extended by the UTMB staff.

Based on the specialized training received by UTMB staff, based on their professionalism, and knowledge, and based on the interviews with staff and inmates, the auditor assesses this standard as compliant, "exceeds standard".

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when 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 a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

## Safe Prisons/PREA Plan

SPPOM-03.01, Offender Assessment Screening

CMHC, E-35.01, Mental Health Appraisal for Incoming Offenders

CMHC, A-09.01, Privacy of Care

Intake Procedure Manual (IPM), CL-69 Psychological Screening Interview IPM-5.06

Intake Procedure

The auditor reviewed the above Plan, manuals, policies, and procedures to assist in making a determination for compliance for this Screening Standard 115.41.

The Safe Prisons/PREA Operational Manual and the Safe Prisons/PREA Plan address and outline the screening process for the risk of victimization and abusiveness. The process itself is to be accomplished within 72 hours of intake. Included in the SPPOM is the objective Offender Assessment Screening forms, and procedures which address this risk of victimization, and/or the risk of sexual abuse of other inmates. Attachment E specifically includes the following: 1) whether the inmate has a mental, physical, or developmental disability;

2) age of the inmate;

3) physical build of the inmate;

4) whether the inmate has previously been incarcerated;

5) whether the inmate's criminal history is exclusively nonviolent;

6) whether the inmate has prior convictions for sex offenses against an adult or child;

7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;

8) whether the inmate has previously experienced sexual victimization;

9) the inmate's own perception of vulnerability; and

10) whether the inmate is detained solely for civil immigration purposes (no inmates at the Pack Unit are held for civil immigration purposes).

The intake processing also includes the Psychological Screening Interview and follow-up. The form includes the history and mental health review, and is done within 14 days of reception. Inmates, by policy limits, are not to be disciplined for refusing to answer PREA questions during these assessments. Dissemination of inmate PREA information, within the facility, is handled on a confidential/limited basis.

Within 72 hours of entering the Pack Unit, the number of inmates who were screened for risk of sexual victimization or the risk of sexually abusing other inmates is listed by the PAQ as 3374. Further, it is noted that the number of inmates entering the facility whose length of stay was for more than 30 days, and who were assessed for sexual victimization or being sexually abusive was 1702, as detailed in the PAQ.

Based on the auditor's interviews with intake and assessment staff, interviews with randomly selected inmates, observation of the intake and assessment process, and the review of the use of the agency's assessment tools, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.42: Use of screening information

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- 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?  Yes  No
- 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?  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*)

SPPOM 03.01 attachment E  
 TDCJ Classification Plan  
 Safe Prisons/PREA Plan  
 Administrative Directive, AD-04.18 Offender Job Assignment  
 Administrative Directive, AD-04.17 Offender Housing  
 SPPOM-03 .01 Offender Assessment  
 SPPOM-03 .02 Special Population  
 CMHC G-51.11 Treatment of Offenders with Intersex Conditions or Gender Dysphoria

Unit Classification Procedure Manual (UCPM) 04.00 Offender Housing  
Post Order PO-07.015 Shower Officer  
Security Manual, (SM) 01.01 Correctional Institution Division

The auditor reviewed the above manuals, plans, directives, guidelines, and policies to assist in making a determination of compliance for this standard, 115.42.

The Unit Classification Committee (UCC) makes housing, bed, work, education, and program assignments for the inmates at the Pack Unit. The UCC follows the direction of the above listed policies and procedures, paying special attention to the safety and security of inmates that are at a high risk of being sexually victimized and further attention is also extended to those inmates who may be sexually abusive.

The TDCJ emphasizes that each risk assessment screening is made on an individual basis and is in the interest of the safety and security of inmates and staff. The information obtained during screening is shared on a limited basis only. Interviews with intake staff and mental health staff, supported by interviews with inmates, as well as the observation of the assessment process, showed that the use of information is limited to those that need to know. Those that assist in making housing, education, treatment, work, and program assignments are appropriately informed and are aware and take special efforts to maintain privacy and confidentiality issues as well as security issues surrounding sensitive information. Medical staff is especially cognizant of the healthcare regulations and disclosure laws. Security staff pay strict attention to security information that affects the custody, care, and control of the individual inmate.

Program assignments for transgender or intersex inmates in the facility are made on a case-by-case basis. The auditor was able to directly review such a case at the Pack Unit and its appropriate and individualized handling.

Based on the interviews with specialized staff, interviews with inmates, and review of the screening process and the documentation presented to the auditor, this standard is assessed as compliant, "meets standard".

## Standard 115.43: Protective Custody

### 115.43 (a)

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

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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



## Auditor Overall Compliance Determination

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

Protective Safe Keeping Plan  
Form I-169 Administrative Segregation  
Form I-203 Placement on Restriction  
SPPOM 05.05 Offender Protection  
Safe Prisons/PREA Plan  
Administrative Segregation  
Guidelines for Administrative Segregation Committee Members

The auditor reviewed the above plans, guidelines, policies and procedures to assist in making a compliance determination on this standard, 115.43.

The SPPOM and the Administrative Segregation Plan prohibits the placement of 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 are no available alternative means of separation from likely abusers. Moreover, in the case of the Pack Unit, there are a very limited number of segregation cells at the facility and thus each case is not only handled individually but they are handled such that alternatives to segregation are thoroughly explored. The data speaks for itself. There have been zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting the completion of intake assessment. There were zero (0) number of inmates held in involuntary segregated housing in the past 12 months for longer than 30 days awaiting an alternative placement. The auditor reviewed the case files and found there were zero (0) number of inmates assigned to involuntary segregated housing in the past 12 months that included both a statement of the basis for the facility's concern and a reason why alternative means of separation could not be arranged. This information also supported by the PAQ.

Based on specialized interviews with staff who work in segregation, with the Warden, with the Institutional and Regional PREA Compliance Managers, and based on the policies and procedures above, this standard is assessed as compliant, "meets standard".

# REPORTING

## Standard 115.51: Inmate reporting

### 115.51 (a)

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

### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  
 Yes  No

### 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*)

Board Policy, BP-03.91, Uniform Offender Correspondence Rules. Special correspondents Safe Prisons/PREA Plan  
SPPOM 02.03, Attachment a  
SPPOM 02.03, Attachment a, Spanish version  
Administrative Directive, AD-14.09 Postage and Correspondence  
Civil Immigration Statement of Fact (TDCJ does not house offenders for only civil immigration)  
Executive Directive, ED-02.10, PREA Complaints  
Executive Directive, PD-29, Sexual Misconduct with Offenders  
General Information Guide for Families of Offenders  
Offender Orientation Handbook  
TBCJ PREA Ombudsman Office, Brochure

The auditor reviewed the above policies and procedures in order to assist with a compliance determination for this standard, 115.51.

The Texas Board of Criminal Justice (TBCJ), and the Texas Department of Criminal Justice (TDCJ) have established policies and procedures allowing for multiple ways for inmates to report privately about sexual abuse or sexual harassment or retaliation by other inmates or staff. Specifically, to quote a poster placed on bulletin boards at the Pack Unit: "The Texas Legislature has adopted a zero tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department. Any such violation must be reported to the: Unit Major or Office of the Inspector General or PREA Ombudsman P.O. Box 99, Huntsville, TX 77342".

How to report is most clearly defined in the Offender Orientation Handbook which states:

"In the event that an offender feels he's being pressured for sexual favors, or to violate any institutional rule, the offender shall refuse to do the prohibited act and either: a. File a formal grievance; b. Contact a ranking correctional officer;  
c. Contact Classification Staff;  
d. Contact the warden;  
e. Contact the chaplains;  
f. Contact the Office of the Inspector General;  
g. Contact any staff member with whom he feels comfortable enough to let them know and request their help: or  
h. Write a family member and urge the family member to call the Ombudsman Office immediately."

The brochure of the TBCJ also states “Offenders incarcerated in the TDCJ are encouraged to immediately report allegations of sexual abuse and sexual harassment to correctional staff, facility administrators, or the unit Safe Prisons/PREA manager. Offenders may also report allegations of sexual abuse and sexual harassment to the PREA Ombudsman’s Office, the Office of Inspector General (OIG) or through the grievance process.” Further, the brochure goes on to address having family and friends assist in the report of sexual abuse and also how to provide helpful information concerning these serious issues.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates, this may also be to the Ombudsman’s Office or the Office of the Inspector General.

Based on the auditor’s review of policy and procedures, and based on the education and training of staff and inmates, the posters on bulletin boards at the facility, the Ombudsman pamphlets, and based on interviews with staff and inmates, the auditor assesses this standard as compliant, “meets standard”.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 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*)

Board Policy BP-03.77, Offender Grievances  
 Safe Prisons/PREA Plan  
 Administrative Directive, AD-03.82 Management of Offender Grievances  
 Offender Grievance Operations Manual (OGOM)  
 Offender Grievance form (sexual abuse) step 1  
 OGOM, Appendix U, Third-party Preliminary Investigation form  
 OGOM 9.00, Third-Party Grievance  
 OGOM 4.00, Grievance Timelines  
 OGOM 1.04, PREA Allegations  
 OGOM 1.01, Step 1 Grievances

The auditor used the above policy and procedures, and the Offender Grievance Operations Manual to assist with the determination of compliance for this standard, 115.52

The Offender Grievance Operational Manual (OGRM) and the Texas Government Code Section 493.014 and Section 501.008, outline administrative procedures to address inmate grievances concerning sexual abuse and sexual harassment.

In the past 12 months there have been eight (8) grievances filed that alleged sexual abuse. In the past 12 months, these eight grievances reached a final decision within 90 days after being filed. No extensions were required. Timelines were met. There were zero (0) numbers of emergency grievances alleging substantial risk of imminent sexual abuse filed in the last 12 months. And in the past 12 months, there were zero (0) number of grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate. The information concerning these grievances, and the numbers of such were provided by the Pre-Audit Questionnaire (PAQ).

The grievance process is another way to report sexual abuse and sexual harassment. The grievance staff immediately notify the highest-ranking security supervisor on duty to begin the steps of ensuring safety, evidence protection, notifications, and follow through.

Based on the review of the grievance procedures, the policies, the review of actual grievances, and interviews with staff and inmates, the auditor assesses this standard as compliant, "meets standard".

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- 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*)

Offender Orientation Handbook  
Rape Advocacy Centers  
Safe Prisons/PREA Plan  
Board Policy, BP-03.91, Uniform Offender Correspondence  
Executive Directive, ED-02.10, PREA Complaints and Inquiries  
SPPOM, 2.03, Attachment C  
Rape Crisis Center (RCC) MOU, example  
RCC solicitation letters

The auditor used the above policy and procedures, documents, directives, and other information to assist in making a determination of compliance for this standard, 115.53.

This Safe Prisons/PREA Plan states “offender shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available... The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.” The auditor reviewed this information during several inmate interviews and found that the inmates were knowledgeable of such. Further, the auditor reviewed the Texas Association Against Sexual Assault (taasa) service directory that is available in the Pack Unit Library.

The SPPOM states “when an advocate, from a Rape Crisis Center is not available to provide emotional support... The TDCJ shall, upon request from the offender victim, provide an offender victim representative (OVR) to support the victim.” There are OVRs available at the Pack Unit. The Regional PREA Compliance Coordinator, and the auditor visited the nearest RCC in Bryan/College Station, Texas.



Based on the auditor's interviews with the Warden, interviews with the OVRs, interviews with the Institutional PREA Compliance Manager, interviews with UTMB health care staff, and based on the review of policy and procedures addressed above, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.54: Third-party reporting

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

Executive Directive, ED-02.03, Ombudsman Program  
Executive Directive, ED-02.10, PREA Complaints and Inquiries  
General Information Guide for Families of Offenders  
Offender Orientation Handbook  
Safe Prisons/PREA Plan  
SPPOM 04.02, Receiving Allegations of Sexual Abuse

The auditor used the above information, policies, procedures, and etc. to assist with a determination of compliance for this standard, 115.54.

The Texas Board of Criminal Justice (TBCJ) Ombudsman website provides a method to receive thirdparty reports of inmate sexual abuse or harassment. Contact information is as follows: [prea.ombudsman@tdcj.texas.gov](mailto:prea.ombudsman@tdcj.texas.gov) or PREA Ombudsman PO Box 99, Huntsville, TX 77342. It is noted in the PREA Ombudsman pamphlet that friends and family members (third-party) of incarcerated offenders can report allegations of sexual assault to the PREA Ombudsman's Office, the TDCJ Ombudsman Coordinator or the Correctional Institution Division (CID) Ombudsman Office.

The TBCJ PREA Ombudsman was established by the Texas Legislature in 2007 and reports directly to the Chairman of the TBCJ, which is an office external to the TDCJ, and its Executive Director.

Based on interviews with random staff, specialized staff, and inmates, and further based on the above information, and review of policy and procedures, the auditor assesses this standard as compliant, “meets standard”.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

## 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including thirdparty 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*)

#### Safe Prisons/PREA Plan

CMHC policy, E-35.02, Mental Health Evaluation

CMHC policy, G-57.01, Sexual Assault/Sexual Abuse

Administrative Directive, AD 16.20, Reporting Incidents and Crimes to the Office of Inspector General

Executive Directive, PD-29, Sexual Misconduct with Offenders SPPOM,

05.01, Sexual Abuse Response and Investigation

The auditor used the above plan, manual, policies, and directives to assist with a compliance determination for this standard, 115.61.

Staff at the Pack Unit have the duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. Staff, volunteers and contractors that have contact with inmates have a duty to report sexual abuse or sexual harassment. AD 16.20 requires "... Employees shall report occurrences of allegations of administrative violations, criminal offenses, and other incidents required to be reported by this directive, immediately on becoming aware of such conduct or as soon as practicable..." The attachments to this directive, outline incidents requiring immediate reporting, including sexual assaults and incidents of sexual misconduct.

Also, the Safe Prisons/PREA Plan directs that staff will report retaliation against offenders or staff who report an incident of sexual abuse or sexual harassment. Further, the Plan also indicates that staff neglect or violation of responsibilities that may have contributed to sexual abuse must also be reported.

Staff as well as supervisors, when interviewed, knew to whom and how to report. Staff were also aware of the prohibition for employees from revealing information related to sexual abuse reports (except to the extent necessary to make treatment, investigate, and make other security and management decisions).

The auditor, based on training documents, training records, the above information, and based on interviews with staff, volunteers, and contractors, assessed this standard as compliant, "meets standard".

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

#### Safe Prisons/PREA Plan

Administrative Directive, AD-02.15 Operation of the EAC and Reporting Procedures for Serious or Unusual Incidents

SPPOM 05.01, Sexual Abuse Response

SPPOM 05.03, Timeframes Associated with Offender Protection

The auditor used the above Plan, Administrative Directive, and Safe Prisons PREA Operational Manual to assist in making a determination concerning compliance of this standard, 115.62.

When the Pack Unit learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate's safety and security. Interviews with staff confirmed their commitment to acting as first responders and taking the appropriate steps to ensure the protection, safety, and security of the inmate.

The Safe Prisons/PREA Operations Manual and the Administrative Directive, AD-02.15 require immediate action to be taken to protect inmates who are at substantial risk of imminent sexual abuse. Protective measures are to be taken without unreasonable delay. The staff are well trained in their duties and responsibilities and, based on the auditor's observance of daily operations, the inmate population and staff communicate well.

In the past 12 months there have been zero (0) number of times the Unit determined that an inmate was subject to substantial risk of imminent sexual abuse. This information provided by the PAQ.

Based on interviews with staff and inmates, based on the requirements of the Safe Prison/PREA Plan, and based on the auditor's observance of staff and inmate daily interactions, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

Board Policy, BP 01.07 Inspector General Policy Statement

SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies Safe Prisons/PREA Plan.

Agency Demonstration-Reporting to Other Confinement Facilities

Administrative Directive, AD-16.20 Reporting Incidents, Crimes to the Office of Inspector General

SPPOM 04.02 Receiving Allegations

SPPOM 05.05 Completing the Offender Investigation

SPPOM 05.01 Sexual Abuse Response and Investigation

The auditor used the above policies, procedures, and the Safe Prisons/PREA Plan and Manual to assist in making a determination of compliance of this standard, 115.63.

The TDCJ and the Pack Unit has a policy that directs reports of sexual abuse occurring at another facility are reported to the head of the facility or the appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. SPPOM indicates that the Warden "... Will notify the head of the facility or appropriate office of the agency where the alleged incident occurred, as soon as possible,

but no later than 72 hours after receiving the allegation”. It is also noted that the Plan and Manual outline and indicate procedures and actions to be taken and that notification will be made to the Unit Warden.

During the past 12 months, the Pack Unit has received one (1) allegation that an inmate was abused while confined at another facility. This was appropriately handled and notification was made to the other facility within 72 hours. Information contained in the PAQ. Additionally, in the past 12 months there have been no allegations (0) of sexual abuse received from other facilities, reference the Pack Unit. This documented by the PAQ. The allegation/notifications of alleged sexual abuse, either to other confinement facilities, or from other confinement facilities is investigated and appropriate procedures followed as outlined according to agency policy.

Based on the review of policy and procedures, information obtained at the time of intake and admission and interviews with key staff, the auditor assesses this standard as compliant, “meets standard.”

## Standard 115.64: Staff first responder duties

### 115.64 (a)

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

### 115.64 (b)

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

## Auditor Overall Compliance Determination

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

OIG Operations Procedural Manual (OPM)-04.05 Offender Sexual Assault Investigation Safe Prisons/PREA Plan  
Administrative Directive, AD-16.03 Evidence Handling  
SPPOM 05.01, Sexual Abuse Response and Investigation

The auditor used the above Manual, Plan, and Directive, to assist in making a determination of overall compliance for this standard, 115.64.

The TDCJ Safe Prisons/PREA Plan, Safe Prisons/PREA Operations Manual, and the Administrative Directive, AD-16.03 Evidence Handling all detailed the policy and procedures for first responders to an allegation of sexual abuse.

The Plan, outlines “Response to Reports of Sexual Abuse After learning of an allegation that an offender was sexually abused, the first correctional officer responding to the report shall:

- a) Notify a security supervisor;
- b) Separate the alleged victim and assailant;
- c) Preserve and protect the crime scene, if applicable until appropriate steps can be taken to collect any evidence;
- d) Monitor the alleged victim and assailant to ensure physical evidence is not destroyed... If the first responder is not a correctional officer, the responder shall monitor the alleged victim to ensure physical evidence is not destroyed, and shall immediately notify a correctional officer...”

During the interviews with random Correctional Officer staff, the question was asked: if one were the first responder, what would be his/her duty and responsibility? Without fail, all staff responded in varying degrees with the four steps outlined above in a, b, c, and d. Again, staff was knowledgeable and professional during interviews and responded appropriately.

The auditor also reviewed training curriculum; documents; policies and procedures; the staff video outlining first responder duties and responsibilities; the staff pocket card/instructions for PREA; and attended shift turnout/briefings where PREA issues were discussed; all supporting compliance with this standard.

In the past 12 months, there were eight (8) allegations that an inmate was sexually abused. Of these allegations, 4 times, the first security member to respond separated the alleged victim and abuser. In the past 12 months one (1) time staff was notified within a time period that allowed for the collection of physical evidence. Of the allegations that an inmate was sexually abused in the past 12 months, eight (8) times the first staff member to respond was not a security staff member, and these eight times the non-security staff member notified security staff. The auditor reviewed these allegations and noted that

all were handled appropriately. It was clear that staff at the Pack Unit is committed to PREA compliance and moreover to the prevention, detection, and response to sexual abuse in prison.

Based on the auditor's review of security staff, and non-security staff handling these first responses to allegations of sexual abuse as outlined by policy, based on interviews with staff and inmates, and based on reviews of the investigations themselves, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.65: Coordinated response

### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

The TDCJ Safe Prisons/PREA Plan

Safe Prisons PREA Operational Manual (SPPOM), Response and Investigation

The Pack Unit Institutional Sexual Abuse Response and Investigation Coordinated Response Plan Pack Unit Safe Prisons Notebook Interoffice Communication list of Investigative Team Members

The above documents were used in helping establish compliance with this standard.

The Pack Unit has a written Institutional Coordinated Response Plan to an incident of sexual abuse. The response plan establishes procedures and guidelines related to the notification and response consistent with the TDCJ's SPPOM, and the Safe Prisons/PREA Plan.

The Institutional Plan is to ensure coordinated actions taken in response to an incident of sexual abuse. This coordinated response includes staff as first responders, Medical and Mental Health services staff (UTMB staff), the Office of the Inspector General (OIG), victim advocate/OVRs, and the Unit leadership, including the PREA Compliance Manager. Further, the agency policies dictate that a response to allegation "requires" a coordinated effort between Unit staff, and many departments. This direction, and the direction outlined in the institutional communication, helps ensure a coordinated response.

Based on interviews with the Warden, Medical and Mental Health staff, investigators, Offender Victim



Representative's, and other key staff, and based on the documents above, the auditor assesses this standard as compliant, "meets standard".

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

The TDCJ does not collectively bargain nor enter into collective bargaining agreements that limits the agency's ability to protect inmates from contact with abusers (i.e., staff sexual abusers pending the outcome of an investigation or a determination of whether are not and to what extent discipline is warranted). Texas is a "right to work state" and preserves its ability to protect inmates from contact with abusers. (Also see Standard 115.76 Disciplinary Sanctions for Staff.)

## Standard 115.67: Agency protection against retaliation

### 115.67 (a)

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

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

#### 115.67 (b)

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

#### 115.67 (c)

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Executive Directive PD 13, Sexual Harassment and Discourteous Conduct of a Sexual Nature  
Executive Directive PD 22, General Rules of Conduct  
Executive Directive, PD 29, Sexual Misconduct with Offenders.  
Safe Prisons PREA Operational Manual (SPPOM) Procedures-Intervention Practices SPPOM  
Procedures-Monitoring  
SPPOM Form-monitoring-offender  
SPPOM Form-monitoring-staff  
Safe Prisons/PREA Plan, Section C. Protection from Retaliation

These policies and procedures were reviewed by the auditor to help assess compliance.

The Safe Prisons/PREA Plan of the TDCJ protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by staff or inmates. This is outlined in the Safe Prisons/PREA Plan which states "Offenders and staff... shall be protected from retaliation by other offenders or staff." The Institutional PREA Compliance Manager, Warden, and the Security Department (as noted in the Pre-Audit Questionnaire, PAQ) are charged with the responsibility to monitor retaliation. There have been zero (0) number of retaliation incidents in the past 12 months (this taken from the PAQ).

There is a 90 day monitoring time period for retaliation review as required by PREA. The TDCJ requires that the facility use an offender 90 day monitoring form or a staff 90 day monitoring form, directing 30 day interval review timeframes during the 90 day review period.

Based on the auditor's review of policy and procedures and interviews with staff and inmates, this standard is assessed as compliant, "meets standard".

## Standard 115.68: Post-allegation protective custody

### 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*)

Safe Prisons/PREA Plan, Use of Screening information (high risk of sexual victimization)  
Administrative Directive, AD 03.50 Administrative Segregation  
Administrative Directive, AD-04.63 Transient Status Offenders  
Safe Prisons/PREA Plan, Forward (explaining use of ad-segregation to protect inmates and staff)  
AD SEG PLAN, Guidelines for Administrative Segregation Confinement, attachment 12.00B  
Guidelines for Administrative Segregation Committee Members (committee decisions) Protective Safe Keeping Plan (protective custody levels and procedures)

The auditor reviewed the above plans, procedures, guidelines, and forms to help assess compliance for this standard.

The TDCJ Administrative Directives, PREA Plan, Administrative Segregation Plan, and Guidelines for Administrative Segregation, prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

There have been zero (0) number of inmates who have alleged to have suffered sexual abuse who have been held in involuntary segregated housing in the past 12 months at the Pack Unit. The Pack Unit is a medium/minimum security facility and has a limited number of confinement cells and uses transfer as an alternative means to assist with protective custody as appropriate.

Based on the auditor's review of the above policies, plans, utilization of segregation cells, and interviews with specialized staff, this standard is found compliant, "meets standard".

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

#### Safe Prisons/PREA Plan

Administrative Directive, AD-02.15 Operations of the Emergency Action Center (EAC) and Reporting

SPPOM 05.05 Completing the Offender Protection Investigation

Correctional Training and Staff Development (CTSD) Safe Prisons/PREA Investigation Training

OIG04.05 Offender Sexual Assault

Administrative Directive, AD-16.03 Evidence Handling

OIG, OPM-03.72 Records Retention.- PREA

Administrative Directive, AD-16.20 Reporting Incidents/Crimes to the OIG

OIG, OPM-05.15 Statements and Confessions

Board Policy, BP 01.07 Inspector General Policy Statement

SPPOM 05.11 Completing the Staff on Inmate Sexual Abuse Investigative Worksheet

Executive Directive, PD-29 Sexual Misconduct with Offenders Records Retention Schedule

The auditor used the TBCJ policy statement, Safe Prisons/PREA Plan, the Administrative Directives, and other above documents and materials to assist in an overall determination for this standard, 115.71.

The Safe Prisons/PREA Plan directs and outlines the following:

- 1) A uniform evidence protocol to investigate sexual abuse and sexual harassment.

- 2) Sexual investigation shall be conducted promptly, early, and objectively including third-party and anonymous reports.
- 3) The use of investigators who have been specially trained in sexual abuse investigations pursuant to TDCJ Safe Prisons/PREA Plan.

The standard contains 12 subsections a-l and, as with all standards and subsections, these were reviewed by the auditor utilizing's policies, procedures, observation, reviews, and interviews to assess the compliance of this standard with PREA. The above directives, documents, Plan, Manual, procedures, and etc. outlined compliance with all the subsections.

The TDCJ retains all written reports pertaining to the administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency +5 years (Records Retention Schedule, OIG, OPM-03.72).

Based on the information above, based on a review of investigations of all alleged allegations at the Pack Unit, and based on interviews with special investigative staff, PREA staff, and the Warden, this standard is assessed as compliant, "meets standard".

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

TDCJ policy and investigative training directs the following (as taken from the Safe Prisons/PREA Plan and the investigative training curriculum): "... The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The plan and the training curriculum, and the SPPOM were all reviewed by the auditor, moreover, the auditor discussed this evidentiary standard with the Certified Criminal Investigator of the OIG, and with key staff at the Pack Unit.

Based on the Plan, the Manual, investigations themselves, and the interviews, the auditor assesses this standard as compliant, "meets standard."



## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

Safe Prisons/PREA Plan

Agency Demonstration, Offender Notification Brochure

SPPOM-05.05, Attachment UCC Notification of Offender Protection Investigation (OPI), investigation and outcome

SPPOM-05.11 Attachment F

SPPOM-05.10 Reporting Sexual Assault

Statement of Fact

SPPOM-05.05, Attachment Offender Protection Investigation

The auditor used the above Plan, Manual, Statement of Fact and documents (Offender Notification, and Offender Protection Investigation (OPI) to assist in making an overall compliance determination.

At the Pack Unit, the offender is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This is directed both by the PREA Plan and the SPPOM. Specifically, the attachments to the SPPOM ensure reporting to the inmate. Further, the inmate is required to sign an Offender Acknowledgment form.

There have been eight (8) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. Of these alleged sexual abuse investigations that were completed in the past 12 months, eight (8) inmates were notified verbally or in writing of the results of the investigation. This information has been documented, and the specific numbers taken and obtained from the PAQ.

Policies and procedures also cover notifications to inmates of the outcome of allegations committed by a staff member, that are substantiated or unsubstantiated, (but not unfounded), and notification to

inmates of the outcome of allegations committed by other inmates (abuser) if convicted of a charge related to the sexual abuse within the facility. Again, this information taken from the PAQ.

Based on the auditor's review of the agency policy and procedures, the above attached forms, interviews, and the documentation of notification, the auditor assesses this standard as compliant, "meets standard".

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

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

The Texas Penal Code

Executive Directive, ED-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature

Executive Directive, PD 29, Sexual Misconduct with Offenders

Human Resources Department Guidelines for Employees

Windham Board Policy (WBP), School District PREA Violations Safe

Prisons/PREA Plan

The above documents, policies, and procedures were reviewed by the auditor to help assess an overall compliance determination for this standard, 115.76.

The Personnel policy, Executive Directive PD-22 of the TDCJ, stipulates that employees or representatives of the Department are expected to adhere to the highest standards of conduct while on duty or off duty, including adherence to the Rules of Conduct and the Outlines for Disciplinary Sanctions. Moreover, this directive indicates an "Employment at Will Clause: The guidelines do not constitute an employment contract or a guarantee of continued employment. The TDCJ reserves the right to change the provisions of these guidelines at any time.... These guidelines and procedures...do not create any legally enforceable interest or limit, the executive director's, deputy executive director's, or division directors' authority to terminate an employee at will." (Also refer to Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers).

The Texas Penal Code, addresses sexual abuse of inmates and the fact that it may raise to the level of a felony offense. These policies and procedures, including the Safe Prisons/PREA Plan address performance and behavior expected of staff who work with inmates, and address sanctions and actions related to sexual abuse, sexual harassment, sexual misconduct, and voyeurism in the TDCJ.

In the past 12 months, there has been one (1) number of staff from the Pack Unit that violated agency sexual abuse or sexual harassment policy. Based on the investigation and the appropriate handling of this incident, the employee was terminated or resigned prior to termination. This information taken from the PAQ and confirmed by the auditor's review during the on-site visit.

Based on the auditor's review of investigations, policies, procedures and interviews with staff, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.77: Corrective action for contractors and volunteers

### 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*)

The TDCJ has a very thorough and comprehensive Volunteer Service Plan (VSP) which, in conjunction with its Safe Prisons/PREA Plan, outlines the responsibilities and conduct for volunteers and contractors who have contact with inmates. The TDCJ has a policy (VSP and Safe Prisons/PREA Plan) that requires any contractor or volunteer who engages in sexual abuse to be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing boards.

Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in PREA standard 115.32, and addresses not only duties and responsibilities, but the sanctions/corrective actions that may occur when involved in harassment or sexual abuse of inmates. Interviews with contractors and volunteers as well as completed acknowledgment forms by contractors and volunteers, confirmed this training and understanding of their duties and responsibilities and most importantly, their code of conduct.

In the past 12 months there have been zero (0) number of contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates or have been reported to licensing boards for harassment or sexual abuse. This information taken from the PAQ and the auditor's review of investigations.

Based on the auditor's review of policies, procedures, investigations, and documents, as well as interviews with volunteers and contractors, this standard is assessed as compliant, "meets standard".

## Standard 115.78: Disciplinary sanctions for inmates

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

## Auditor Overall Compliance Determination

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

### Safe Prisons/PREA Plan

GR-106 Disciplinary Rules and Procedures for Offenders

CMHC Policy, E-35.1 Mental Health Appraisal for Incoming Inmates SOTP

01.01 Overview of the Sexual Offender Treatment Program Offender

Orientation Handbook

The auditor used the above plan, handbook, policies, and general rules to assist with the determination of overall compliance for this standard, 115.78.

The inmate disciplinary policy, GR-106, the Safe Prisons/PREA Plan, and the offender handbook, outline disciplinary sanctions for the inmate on inmate sexual abuse and sexual harassment. The inmate discipline policy is 45+ pages and outlines major and minor offenses with different levels of sanctions, and clearly indicates a very formal disciplinary process by administrative action.

In the past 12 months there have been four (4) administrative findings of inmate on inmate sexual abuse that have occurred at the facility. In the past 12 months there have been zero (0) criminal findings of guilt for inmate on inmate sexual abuse that occurred at the Pack Unit. This information obtained from the PAQ and a review of investigations by the auditor.

The Pack Unit offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse (this may include transfer), and this is outlined in the SPPOM, the Correctional Managed Health Care policies, and the policies and procedures of the agency.

The TDCJ disciplines inmates for sexual contact with staff only upon the finding that the staff member did not consent to such conduct. The agency prohibits disciplinary action for reports of sexual abuse made in good faith. The agency also prohibits all sexual activity between inmates.

Based on the review of the Safe Prisons/PREA Plan, the inmate discipline policy, GR-106, and interviews with staff and inmates, the auditor assesses this standard as compliant, "meets standard".

## 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

### 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*)

Inmates at the Pack Unit are screened pursuant standard 115.41. Specifically, all inmates at the facility who have disclosed, during screening, any prior sexual victimization are offered a follow-up meeting with a medical or mental health practitioner. This is done within 14 days of intake screening. The PreAudit Questionnaire indicates that 100% of inmates who disclosed prior victimization have had a followup meeting. These meetings are documented and maintained by medical and mental health staff. All information related to sexual victimization and abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners, and other staff, as necessary to make informed treatment plans, and security and management decisions.

Intake, screening, and the history of sexual abuse information, is accomplished by adherence to policy and procedures, including the Safe Prisons/PREA Plan, the SPPOM, and the CMHC policies, A-09.1, E-35.1, E-35.2, G-57.1, H-61.1, and I-70.1, all of which stipulate health care for inmates, at this facility, who have disclosed any prior sexual victimization during screening.

The UTMB healthcare staff were exceptionally knowledgeable and professional in the performance of these intake and screening duties and responsibilities. Interviews with UTMB staff were insightful and helpful in assisting the auditor to assess compliance with this PREA standard 115.81 and the following two standards 115.82 and 115.83.

Based on review of the policies, procedures, supporting documents, the tour and observation of the Medical Department, and interviews with key UTMB staff, the auditor assesses this standard as compliant, "meets standard".

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

### 115.82 (a)

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

### 115.82 (b)

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

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

CMHC, A-01.01 Access to Care  
Safe Prisons/PREA Plan  
SPPOM 05.01, Sexual Abuse Response  
CMHC Policy, G-57.1 Sexual Assault/Sexual Abuse  
Form I-214 Referral to Medical/Mental Health Services

The auditor used the above policy, procedures, Manual, Plan, and documents to assist with a determination of compliance for this standard, 115.82.

Unimpeded access to emergency medical treatment is available to all inmates at the Pack Unit. The Safe Prisons/PREA Plan and the CMHC policy Access to Care, outline and ensure the inmates “access to care to meet their serious medical, dental and mental health needs.” This quote is the purpose of the Correctional Managed Health Care Policy Manual, Access to Care.

The Plan directs that “Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgments in accordance with CMHC policies.” The timeliness of medical treatment and crisis intervention services is documented. Timely information concerning sexually transmitted infections prophylaxis is extended by the UTMB.

Treatment services are provided to every victim without financial cost.

Based on the auditor's review of policy and procedures, and the many formal and informal interviews with staff and inmates, the auditor assesses this standard as compliant, "meets standard".

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

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

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  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.)  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*)

SPPOM 05.01, Sexual Abuse Response  
CMHC G-57.1, Sexual Assault/Sexual Abuse  
Safe Prisons/PREA Plan  
CMHC E-44.1 Continuity of Care

The auditor used the above Manual, Plan and policies to assist in making a compliance determination concerning this standard, 115.83.

The CMHC policy, Continuity of Care states as its purpose “to provide guidelines ensuring continuity of health care for all offenders.” This policy addresses everything from inpatient admissions to discharge summaries, indicating that offenders being released from TDCJ with special medical needs will receive a care plan to include provisions for “referral, diet, medications, and other appropriate treatments indicated by the facility staff.”

Treatment is extended by professional judgment of the health service practitioners and the SPPOM indicates and outlines offenders who have been victimized by sexual abuse will receive treatment plans and, when necessary, referrals for continued care consistent with the community level of care.

Handouts, brochures and materials on sexual assault awareness are distributed to the inmate during intake, advising the inmate population of offerings by medical and mental health care staff. UTMB incorporates continuity of care into their discharge summaries and reviews.

The auditor has previously spoken to the knowledge, expertise and professionalism of UTMB staff, and continues to be impressed with their health care program. Based on observation of the program during the on-site visit, the review of policies and procedures, and the auditor's interviews with health care staff, institutional staff, and inmates, this standard is assessed as compliant, "meets standard".

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

#### Safe Prisons/PREA Plan

Administrative Directive AD-02.15, Operation of the Emergency Action Center (EAC)  
Instructions for Reporting Alleged Sexual Abuse and Sexual Harassment  
SPPOM (Safe Prisons/PREA Operational Manual)

The Pack Unit, "Sexual Abuse Response and Investigation Coordinated Response Plan"

This documentation was used by the auditor to assess compliance.

The Pack Unit conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

Administrative Directive, AD-02.15, directs that the reports addressing the findings and implementing recommendations or improvements or documenting reasons for not doing so on each incident will be sent to/received by the Warden. The Pre-Audit Questionnaire indicates that there were eight (8) criminal and/or administrative investigations of alleged sexual abuse at the facility, excluding only unfounded incidents. Additionally, in the past 12 months there have been eight (8) reviews within 30 days completed by the Pack Unit Investigative Team. This information obtained from the Pre-Audit Questionnaire (PAQ).

The Sexual Abuse Coordinated Response Plan outlines the team's review in accordance with the SPPOPOM that includes input from line supervisors, investigators, and medical and mental health practitioners.

Based on the auditor's review of the above documents, the eight Unit Institutional Team reviews, and interviews with the Warden, Unit Team members, and the Institutional PREA Manager, the auditor assesses this standard as compliant, "meets standard".

## Standard 115.87: Data collection

### 115.87 (a)

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

### 115.87 (b)

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

### 115.87 (c)

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

### 115.87 (d)

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

### 115.87 (e)

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

### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

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

The Pack Unit and the TDCJ collect accurate, uniform data for every allegation of sexual abuse. The Texas Board of Criminal Justice has established policy outlining the mission of the PREA Ombudsman to monitor and conduct administrative investigations, as well as to provide a point of contact for the public, elected officials, and offenders who have complaints or inquiries regarding allegations of sexual assault, sexual contact, staff sexual misconduct, or initiatives related to PREA. The Ombudsman's Office includes collecting statistics regarding allegations of sexual assault, sexual contact, and sexual misconduct from each correctional facility.

The Texas Board of Criminal Justice Policy, BP-02.09, PREA Ombudsman Policy Statement, directs collection of statistical information regarding PREA. This statistical information includes the total number of allegations of sexual assault, sexual contact, and staff sexual misconduct investigated by the TDCJ, and the outcome of investigations. Any disciplinary actions resulting from allegations are made public and are part of the Ombudsman's Annual Report.

The Survey of Sexual Violence (SSV), the federal government standardized instrument for data collection, is used by the TDCJ, and submitted to the Department of Justice. The auditor reviewed the SSV's for the TDCJ for the years 2014, 2015, and 2016. To obtain information for these reports, the Pack Unit completes and submits monthly reports and forwards them to the Regional Office and then to the Central Office and Ombudsman's Office for agency compilation and final submission to the DOJ.

Based on the auditors review of the SSV's, monthly reports, and based on interviews with the Region VI PREA Coordinator, the Pack Unit PREA Compliance Manager, and the Warden, the auditor assesses this standard as compliant, "meet standards".

## Standard 115.88: Data review for corrective action

### 115.88 (a)

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



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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

The auditor interviewed the Warden, the Unit PREA Compliance Manager, and the Regional PREA Compliance Manager, and confirmed that TDCJ is continually assessing and collecting Prison Rape Elimination Act data for corrective action. The auditor reviewed the TDCJ website and the TDCJ PREA Ombudsman’s website which contains information concerning PREA and the safety and security of inmates. The auditor also reviewed monthly reports that were from the Regional PREA Compliance Manager, along with information submitted by the Pack Unit.

The review of the information, detailed in the PREA reports, substantiates the effort that TDCJ, and the Pack Unit are making to improve the effectiveness of the agency’s goals concerning PREA compliance. The efforts of course, begin with the Safe Prisons/PREA Plan and the use of the data to identify issues and review such to improve staff training and professional development and improve the safety and security of the staff and inmates at each facility.

The TDCJ website <http://tdcj.texas.gov> can be accessed for information, including everything from Administrative Review and Risk Management to Victim Services. Particular attention was paid by the auditor to the PREA Ombudsman’s Safe Prisons Program Report which addresses data review, corrective actions, and an Annual Report of findings.

Importantly, the Annual Report reviews the following 12 areas:

- I) education of staff
- II) offender education
- III) screening
- IV) housing and job assignments
- V) assault history, concerning housing
- VI) use of protection, safekeeping
- VII) surveillance cameras
- VIII) protection of victims
- IX) tracking and reporting alleged sexual allegations
- X) other initiatives
- XI) efforts to extend zero-tolerance
- XII) review of the 2003 PREA and PREA standards All contained in the Annual Report.

Based on the auditor’s review of many TDCJ websites, the auditor’s review of several completed PREA final reports, the Pack Unit’s previous PREA Final Report, and based on the interviews with the Warden, the Regional PREA Compliance Coordinator, and the Institutional PREA Compliance Manager, this standard is assessed as compliant, “meets standard”.

## **Standard 115.89: Data storage, publication, and destruction**

### **115.89 (a)**

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

**115.89 (b)**

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

**115.89 (c)**

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

**115.89 (d)**

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

**Auditor Overall Compliance Determination**

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

The TDCJ Safe Prisons/PREA Plan ensures that incident-based and aggregate data are securely retained. Specifically, the plan states that “Annual reports shall be approved by TDCJ executive director and made available to the public through the TDCJ website.”

The State Library and Archives Commission PREA Ombudsman Report for the TDCJ, assures that the State of Texas Records Retention Schedule includes Sexual Assault Supplemental Report and PREA Report, Annual for the current year +10 years identified as (CE +10).

The agency requires that aggregated sexual abuse data from the facilities under the TDCJ, and private facilities that it has contracted with, make data available to the public, at least annually, through its website.

The auditor reviewed the PREA Ombudsman’s Annual Reports for 2015 and 2016; reviewed the TDCJ Safe Prisons/PREA Plan, and reviewed the State of Texas Records Retention Schedule.

The auditor also reviewed the TDCJ, and the PREA Ombudsman websites containing completed PREA Adult Prisons and Jails Audit Reports.

Based on the review of documents and information mentioned above, and the auditor's interviews with the Warden and the Institutional PREA Manager, this standard is assessed as "meets standard".

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

The auditor reviewed subsections a, b, h, l, m, n with key staff at the facility, and the Regional PREA Coordinator, and reviewed the Ombudsman’s website on completed PREA audits for the TDCJ facilities. Note: the auditor, was able to review all areas of the facility, receive correspondence from inmates at the facility, and privately interview inmates.

Based on the auditor’s review, this standard is assessed as compliant, “meets standard”.

## Standard 115.403: Audit contents and findings

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. 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*)

Again the auditor reviewed the TDCJ's website, and the Ombudsman's website and reviewed the Pack Units last PREA audit, all publicly available. The auditor also notes that TDCJ did receive an award (Lucy B. Hayes award from the ACA) for accomplishing PREA compliance for all of TDCJ institutions/facilities.

Based on the auditors review and his interviews with key TDCJ staff, this standard is assessed as compliant, "meets standard".

## AUDITOR CERTIFICATION

I certify that:

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

**Auditor Signature: JAMES CURINGTON**

**Date: 9/15/2018**