

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: January 2, 2018

Auditor Information			
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Date of facility visit: June 14-16, 2017			
Facility Information			
Facility name: Allan B. Polunsky Unit			
Facility physical address: 3872 FM 350 S., Livingston, Texas 77351			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 936-967-8082			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Todd Harris, Warden			
Number of staff assigned to the facility in the last 12 months: 710			
Designed facility capacity: 2,984			
Current population of facility: 2,921			
Facility security levels/inmate custody levels: G1-G5, Adm Segregation, Death Row			
Age range of the population: 19-88			
Name of PREA Compliance Manager: Patrick Cutsinger		Title: Unit Safe Prisons PREA Manager	
Email address: Patrick.Cutsinger@tdcj.texas.gov		Telephone number: 936-967-8082 ext. 8457	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> P.O. Box 99 Huntsville, Texas 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Byran Collier		Title: Executive Director	
Email address: Bryan.Collier@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: Lori Davis		Title: Director, Correctional Institutions Division	
Email address: Lori.Davis@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Allan B. Polunsky Unit was conducted on June 14-16, 2017 by Lead Auditor Barbara King and team member, Robert Ezell. A month prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The auditor communicated with the agency and facility requesting further documentation for clarification and review. The auditor reviewed the interviews of the Director's Designee, PREA Coordinator, and the Contract Administrator for the Texas Department of Criminal Justice prior to the audit that was completed by the lead auditor at an earlier date. The lead auditor also reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative schedule was set with the Warden for the audit timeframe.

Before the audit, the auditor met with the Warden, Assistant Wardens, Regional Safe Prisons Sergeant, Majors, and the facility's Safe Prisons/PREA Manager. A detailed schedule for the audit was discussed. The facility provided the requested information to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, list of offenders by housing buildings, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports.

Key facility staff during the audit included Warden, Assistant Wardens, Majors, the facility's Safe Prisons Sergeant/PREA Manager, Safe Prisons Correctional Officers; and the Regional Safe Prisons Sergeant.

The audit began with an entrance meeting on June 14, 2017 with the Warden, Assistant Wardens; Safe Prisons Sergeant/PREA Manager, Captains, Safe Prisons Correctional Officers, Regional Safe Prisons Manager, and Regional Staff. The team auditor began the audit process with offender interviews at the facility while the lead auditor and facility staff was in the process of completing the American Correctional Association (ACA) Accreditation audit. A facility tour was completed in the afternoon with key staff. The auditors divided the facility for the tour. The team auditor toured housing units 7, 8, 9, and administrative segregation/death row housing (building 12). Auditor King toured the housing units 3, 4, 11 and dorms 18 and 19. The program areas, vocational, food service, and medical were toured by Auditor King on a separate day. During the tour, the auditors made visual observations of the program areas and housing units including bathrooms, officers post site lines, and camera locations. The auditors spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books was conducted during the tour to verify immediate/ higher level staff rounds.

During the tour, the auditor identified site line concerns in regards to the blind corners in the vocational shops, furniture shop, and vegetable prep area. The toilets in the dorms did not allow the offenders use without the possibility of being viewed by female staff. The toilets are monitored by a camera located on the wall opposite of the toilets and are monitored in the dorm picket post and the control center. These posts can be manned by female staff and were on the days of the audit. The facility took immediate action and placed mirrors in the vocational shops, furniture shop, and vegetable prep area. The blind spots were addressed through the installation of mirrors. The viewing of the dorm toilets still is not resolved at the time of this report. The facility will be providing a plan of action to address the cross gender viewing.

All required facility staff and offender interviews were conducted on-site during the four day audit. Eighty-two (82) formal offender interviews were conducted and one hundred thirty (130) offenders were informally interviewed during the facility tours, (7.3% of the 2,921 offender population). The random interviewees were selected by the auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (62), Disabled and Limited English Proficient (8), LGBTI (7), Who Reported a Sexual Abuse (1), and Who Disclosed Sexual Victimization (4) were interviewed. Offenders were selected randomly from each housing unit and from the lists provided for the specialized interviews. Four (4) offenders refused interviews.

A total of seventy-eight (78) staff was formally interviewed and additional forty-eight (48) informal staff interviews were also conducted during the facility tours (18% of 710 staff). Staff was randomly selected from each shift and different departments within the facility (31). Additionally, specialized staff were interviewed including the Warden (1), PREA Manager (1), Intermediate-Higher Level Staff (7), Medical and Mental Health (6), Human Resources (1), Volunteers/Contractors (10), Investigator (2), Staff Who Perform Screening (3), Staff Who Supervise Segregated Housing (2), Incident Review Team (4), Staff Who Monitor Retaliation (2), First Responders (4), and Intake staff (2). Agency staff interviews also included the PREA Coordinator (1), Contract Administrator (1) and Agency Head/Designee (1) conducted at any early date by the lead auditor.

The audit team received one (1) letter from an offender that requested an interview with an auditor. The offender was

interviewed during the on-site audit process. The offender was requesting that the facility be required to install scanners for the offenders to utilize in lieu of hand delivery of concerns and grievances to the appropriate department. His concern was information is not handled confidential and departments do not receive submitted requests. The offender could not provide an example that the auditor could verify in relationship to the audit process and standards. The auditor explained the audit process to the offender and that the issue was not directly related to the intent of the audit.

There were eight (8) reported allegations during the audit period: four (4) allegations occurred at the facility and four (4) allegations reported by another facility. Of the four (4) staff on offender allegations; there were three (3) alleged staff on offender sexual abuse and one (1) alleged sexual misconduct – voyeurism. The administrative findings of these allegations were all unfounded. Of the four (4) offender on offender allegations; all were offender on offender sexual abuse. The administrative findings of these allegations were three (3) unsubstantiated and one (1) unfounded. Of the offender on offender allegations, OIG opened one (1) case which is still open pending DNA results. A review of all eight (8) administrative investigations was conducted. The actual OIG investigation file was not available for review.

An exit meeting was conducted by the audit team at the completion of the on-site audit. While the auditors could not give the facility a final finding, the auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on nine (9) standards. The nine (9) standards 115.15, 115.16, 115.41, 115.51, 115.53, 115.61, 115.62, 115.81, and 115.83 could not be cleared at the end of the on-site audit process. Standard 115.15, due to the cross gender viewing of the toilets in the dorms and the lack of staff knowledge on how to conduct a pat-down search of a transgender or intersex offender. Standard 115.16, staff training was needed on agency policy regarding the use of offender interpreters. Standard 115.41, addressing the risk assessment process is an agency compliance matter. All offenders are not being screened when received from a transfer from another facility. Standard 115.51, additional staff training needed regarding agency policy on offenders reporting anonymously and through a third person. Also for standard 115.51, additional training of staff is required on the agency procedures on how staff could privately report sexual abuse and sexual harassment of offenders. Standard 115.53, offenders need to be educated of the services available outside the facility for dealing with sexual abuse and providing support services. Standard 115.61, additional training of medical and mental health staff on agency policy of their requirement to report sexual abuse that occurred in the confinement setting. Standard 115.62, additional training of staff is required on the agency procedures for actions to be taken when an offender is at imminent risk of sexual abuse. Standard 115.81, additional training with intake staff on agency policy requiring the referral of offenders who previously perpetrated sexual abuse in an institutional setting or in the community is to be offered a follow-up meeting with mental health within 14 days. Referrals were not being made. Standard 115.81, additional training of medical staff is needed for their requirement to obtain informed consent from the offender before reporting information about prior sexual victimization. Standard 115.83, additional training is needed for mental health staff on agency policy and procedures for providing services to identified abusers. The auditor shared with the Warden and the facility's administration feedback from the offender population; the offenders stated during their interviews that there has been a positive change within the agency with the establishment of the safe prisons program and they felt safe at the facility. Staff shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons/PREA Manager. The audit team thanked Texas Department of Criminal Justice, Warden Harris, the Polunsky Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

The facility was contacted after the on-site audit to discuss the compliance requirements for the outstanding standards and the action plans required. The auditor also contacted the agency during the writing of the report to clarify certain information for the report.

The facility provided additional documentation prior to the interim report to demonstrate compliance with standards 115.16, 115.51, 115.53, 115.61, 115.62, 115.81, and 115.83. The facility provided training to staff on the agency's policies that support all the PREA standards and procedures. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance. Standard 115.53 was found in compliance with additional documentation provided after the on-site audit. The facility posted notices in the housing and common areas of the facility notifying offenders the availability of a directory of rape crisis centers in the law library. The directory of the rape crisis centers has been made readily available to the offenders in the law library on a self with other resources. The notice also indicated the resources are available through contacting the Safe Prisons Office. Photos were also provided that showed the installation of mirrors in the vocational shops (diesel and HVAC), factory (rear corner and shipping area), and the veggie prep room in the kitchen to eliminate blind spots. Standards 115.15 and 115.41 require corrective action plans from the agency/facility.

The agency and facility provided further documentation to demonstrate compliance with 115.15 and 115.41 during the correction action period. As for 115.15, the agency in October 2017 provided examples of the camera views for the dorm restrooms that were pixelated to prevent cross gendering viewing. The auditor accepted the examples provided. Documentation was provided through photographs and a video showing the final pixelated camera views. The pixelated camera views eliminate the cross-gender viewing of the dorm toilets from staff while monitoring the cameras. The agency has indicated all camera views will maintain pixelated view in the dorm housing areas.

Within the 180-day correction period, compliance with the standard 115.41 was achieved by the agency and facility by changes within the agency policy #03.01 Offender Assessment Screening and documentation supporting the policy changes to ensure all offenders receive an assessment upon intake or transfer to another facility. This policy was disseminated agency wide on December 20, 2017 for all staff to utilize during assessments of offenders. The policy states "The USPPM or designated alternative shall conduct the offender assessment-screening interview and complete Attachment E or E-1 no later than 24 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment of for temporary assignments." The Offender Assessment Screening (Attachment E) is to be completed for intake or assignment to a facility. The Offender Assessment Screening (Attachment E-1) is to be completed for an offender transferred from one unit to another for a temporary assignment. If the temporary assignment exceeds thirty (30) days from when the offender departed the unit, the Attachment E screening will be completed. The facility staff reviews the offender information within the agency database from the initial screening to determine if there are any PREA classifications or flags prior to the intake. Upon receiving at the facility, the trained staff utilize the Offender Assessment Screening to ask the offender: age; height; weight; prior to incarceration have you ever experienced sexual victimization as a child or adult; since your last unit of assignment have you experienced sexual victimization by staff or offender; do you feel at risk from sexual assault, sexual harassment, or other victimization by staff or offender; do you wish to identify yourself as lesbian, gay, bisexual, or heterosexual; and do you wish it identify yourself as transgender or intersex. There are follow-up questions and referral made based on affirmative answers to certain questions. Any affirmative answers to questions must be reported to a supervisor and the Safe Prisons/PREA Coordinator. The facility had no offenders received during this corrective action period for temporary assignment to document the use of Attachment E-1. The documentation and operational procedure now conforms to the PREA standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Allan B. Polunsky Unit is a Texas Department of Criminal Justice (TDCJ) prison that has the rated capacity to house 2,984 adult, male offenders. The custody levels of the general population offenders housed includes G1, G2, G3, G4, G5, administrative segregation, and death row. The offender population was 2,921 on the first day of the audit. The average daily population for the audit period was 2,928.

The Polunsky Unit is located on 97.8 acres of land in Livingston, Texas, approximately 75 miles northeast of Houston, Texas. The unit received their first offenders in 1993 under the name of Terrell Unit. In 2001, the unit was officially renamed as the Allan B. Polunsky Unit. The unit has nineteen (19) buildings within the secure compound that provides spaces for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, central control, and Chapel. The housing unit types are general housing, administrative segregation, death row, general dorms, and one housing unit that contains solitary and transient housing. What inmate movement is required through the compound, is accommodated through open-air corridors, and is monitored by roving correctional officers and by control desks located at the entrance to the various buildings.

The general population housing comprises of four general population buildings (3, 4, 7, and 8). Each building houses 432 offenders. Each general housing unit is divided into three wings containing 72 double occupancy cells. Each 72 bed wing is divided into three sub-sections. Each housing building contains a clothing exchange point, medical station, barber shop, outdoor recreation yard, and nine (9) dayrooms. This allows each section, better control and security.

The Administrative Segregation unit (building 12) which contains death row consists of six (6) sections, each housing 84 inmates in six (6) sub-sections containing fourteen (14) offenders for a total of 504 offenders. Each section is served by six (6) dayrooms and two (2) outdoor recreation yards. A shower is located on each cell run for access to the inmate population. The building also contains three (3) medical stations and a kitchen. Staff assigned to this housing unit wear body alarms and thrust vests.

Building 11 is divided into two (2) wings and has two (2) floors per wing. The building has 51 cells utilized to offenders in transient and solitary. The transient housing cells are utilized when an offender needs safe housing or when a sexual abuse investigation is initiated. Offenders are placed in transient housing up to 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in administrative segregation during the investigation.

The dorms (buildings 18 and 19) house 752 minimum custody offenders (362 offenders per building). Each dormitory is divided into four (4) housing sections with a clothing exchange point, medical stations, barbershop, inside recreation gym, and outside recreation yard.

The Unit has an educational program sponsored by Windham School District who affords academic and vocational opportunities to eligible offenders. Other program and services provided at the unit include: agricultural, Peer Education, reentry planning, chaplaincy services, mentoring, substance abuse education, and religious/faith based studies.

There currently are 873 (823 interior and 50 exterior) digital cameras in place which are monitored through control pickets, central control, Majors' offices, and the Warden's Office.

The Unit Complex is managed by a Senior Warden and two Assistant Wardens.

SUMMARY OF AUDIT FINDINGS

On June 14-16, 2017 a site visit was completed at the Allan B. Polunsky Unit. The interim report was provided on August 10, 2017. The final report was provided on January 2, 2018. The final results of the Allan B. Polunsky Unit PREA audit are listed below:

Number of standards exceeded: **3**

Number of standards met: **37**

Number of standards not met: **0**

Number of standards not applicable: **3**

Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

The Texas Department of Criminal Justice (TDCJ) has a written policy Executive Directive 03.03 Safe Prisons/PREA Program and the Safe Prison/PREA Plan, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency also established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The plan is a forty-page document that outlines the agency's zero tolerance for sexual abuse and sexual harassment and the implementation of the safe prison plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The Safe Prisons/PREA Program policy and Safe Prisons/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, educational handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the Polunsky Unit is committed to zero tolerance of sexual abuse and sexual harassment. Each staff member also carries an informational card that outlines the first responder requirements.

Ms. Lori Davis is the Director of Correctional Institution Division (CID) and is the agency's PREA Coordinator. She has direct access to the Executive Director and has the authority to manage the agency's Safe Prisons/PREA Program. The Safe Prisons/PREA Program is managed through six (6) regional Safe Prisons/PREA managers and ninety-one (91) institution Safe Prisons/PREA managers. Monthly meeting, memos, and policy reviews are provided for direction through the office. Further training and guidance is provided as needed. Agency updates and changes are forwarded from this office to the units. The Agency's Safe Prisons/PREA Manager was present during the audit. As the Agency's Safe Prisons/PREA Manager, she works with the facility's Safe Prisons /PREA Compliance Manager at the facility.

Each facility within the agency is to identify a facility's compliance manager that will ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. The responsibilities are outlined in Post Order 07.15 Unit Safe Prisons/PREA Manager. This position reports directly to the Warden. The facility has designated a Sergeant as the PREA Compliance Manager and also oversees the Safe Prisons Office for the facility. The Safe Prisons Office also has assigned two (2) correctional officers. The Safe Prisons Office responsibilities include PREA policy compliance, investigations, and the audit process. The Safe Prisons/PREA Manager starts the offender education upon arrival at the facility. This position provides PREA educational information to staff and offenders, offender intake interviews, and explains the Safe Prisons Office's responsibilities and availability to the offenders. The Safe Prisons/PREA staff is required to make rounds in the housing areas to ensure the office's services are available to the offender population. Offenders were able to identify the Safe Prisons staff by name during the interview process which demonstrates the active role and accessibility the Safe Prisons staff has created at the Polunsky Unit. The long-term offenders stated during their interviews that there has been a positive change within the agency with the development of the Safe Prisons Office. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons Office staff. The Safe Prisons/PREA Manager was knowledgeable of the agency's PREA policies and procedures, his responsibilities for intake screening and education, and his general responsibilities as the PREA Compliance Manager. He also stated during the interview process that he and the Safe Prisons Office staff have enough time to perform the PREA duties for the facility.

Standard 115.12 Contracting with Other Entities for the Confinement of Inmates

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

Texas Department of Criminal Justice (TDCJ) has renewed fourteen (14) contracts for the confinement of offenders. There

were original fifteen (15) contracts renewed, however, one (1) facility was closed in December 2016. The contract language states, "The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy." PREA Audits have been completed on all the facilities under contract for the confinement of offenders. All have completed final reports. The contract facilities are required by contract to provide a copy of the final report to the agency. The final reports have been posted to the agency's website, <http://www.tdcj.texas.gov/divisions/arm/armrevstanprea.html>.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure the contractor is compliant with the PREA standards for Adult Prisons and Jails. The contract monitor is on-site at the facility. The monitor oversees all the operational practices, contract practices including PREA compliance, and the day to day operations of the facility. Any concern that would be determined imminent risk would have immediate actions taken for correction. All other concerns would be identified for correction and monitoring would occur until corrected. The PREA Compliance is accomplished and documented through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided previously by the Safe Prisons/PREA Program Manager and Manager II of Review and Standards.

Standard 115.13 Supervision and Monitoring

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

The Polunsky Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in Administrative Directive 11.52 Security Staffing, the Safe Prisons/PREA Plan, and Security Operations Procedure Manual 07.02. Based on the review of the staffing plan and interview with the Warden, the staffing plan was developed by the leadership of the Polunsky's Unit with input from the PREA Manager, unit staff, regional staff, TDCJ Correctional Institutions Division (CID) Security Operations Office and in coordination with the PREA Coordinator. The Warden indicated in his interview that the staffing plan is reviewed on a daily basis to ensure the safety and security of staff and offenders and a formal review is conducted annually with the regional staff and PREA Coordinator. Copies of the staffing plan are maintained by human resources, regional office, agency headquarters, the Warden's Office, assistant wardens, and the security supervisors.

The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated is documented on the staff turnout shift roster with the employee's name, post reassignment, and the reason for the deviation. The Warden is also notified of the deviation. To ensure compliance with the staffing plan, the Warden indicated that overtime and staff reassignments may occur and if needed offender programs and activities may be cancelled or rescheduled to ensure staff coverage. Administrative Directive Security Staffing 11.52 outlines the requirement of the daily review of the facility's turnout reports. The Warden indicated during his interview that reviews of the staffing plan and deviation reports occur daily. The Assistant Warden, Major, and Administrative Captain reviews the staffing rosters and deviation reports daily for the priority one and priority two plan compliance. The Warden indicated he discusses with the assistant wardens and the security supervisors the staffing plan daily. They review if documentation was properly provided, staff deployment, and a general review of the overtime with justification. The staffing plan deviations are also reviewed daily by the Human Resources Office to ensure compliance with the staff priority one plan. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Operations Office for review and action. The most common reasons for deviations listed in the pre-audit questionnaire were staffing, hospital security, transports, special projects, constant direct observation, and court.

The Security Operations Procedure Manual Section, Annual Security Staffing Review 8.06, and Administrative Directive Security Staffing 11.52 outlines that the CID Security Systems Office conducts an annual staffing review. The 2017 staffing

plan review occurred on April 10, 2017, previous annual review occurred on February 17, 2016. As a result of the meeting and review of the security staff allocations along with statistics presented by the PREA Coordinator, it was determined that no changes were necessary to the staffing plan or shift turnout rosters; additional or enhanced video surveillance equipment was not required; and the unit is utilizing all resources available (e.g. overtime, recruiting efforts) to ensure the adequate security staff is available to meet the requirements of the staffing plan. The staffing plan was predicated on the average daily population of 2,984 which is the design capacity of the facility. The average daily population for the audit period was 2,928.

Intermediate and higher level staff conduct unannounced rounds. The rounds are documented on the shift turnout reports and in the housing unit logbooks. Through reviews of housing area logs and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervision staff indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, conducting rounds in different areas on different days, and using different routes and not a routine pattern. The agency's policy Safe Prisons/PREA Plan and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring. This is also addressed during turnout as a training refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, progressive discipline action would be started on the employee which is supported through PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees.

Blind spots were identified in the kitchen veggie prep area, factory, and in the vocational classrooms during the facility tour. After discussion with the Warden, it was recommended mirrors be installed that allows the staff to monitor the area and eliminate the blind spots. The facility took immediate action and placed mirrors in the vocational shops, furniture shop, and vegetable prep area. Photos were also provided as documentation that showed the installation of the mirrors in the vocational shops (diesel and HVAC), factory (rear corner and shipping area), and the veggie prep room in the kitchen to eliminate blind spots.

Standard 115.14 Youthful Inmates

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

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

Standard 115.15 Limits to Cross-Gender Viewing and Searches

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

Through the review of Administrative Directive 3.22 Offender Searches and the Safe Prisons/PREA Plan, governing offender searches and cross gender searches, it confirms policies and procedures address the standard. Interviews with staff and offenders plus observation of actual searches conducted during the audit, the Polunsky Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in extraordinary circumstances and when approved by the Warden. When a cross gender strip search occurs, it will be documented on the Cross-Gender Search Log, SPPOM 02.05 Attachment D. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. The facility has not conducted any cross gender strip searches or cross gender visual body cavity searches of offenders.

During the interview process, there was not a consistent response on how to conduct a pat-down search or search of a transgender and intersex offenders. The review of the training lesson plans reinforcing these policies are covered in the annual training, Lesson Plan Contraband and Shakedown. The facility conducted additional training with staff after the on-site audit for compliance with this section of the standard. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

The Safe Prisons/PREA Plan and practice, allow all offenders the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. During the offender interviews, offenders felt they received a sense of privacy for these functions except for offenders in the dorms. The auditor noted during the audit tour that cameras located in the dorms are focused on the toilets and provide viewing of the offenders on the toilet by staff of the opposite gender. This was observed on the cameras within the control center and dorm picket post that was staffed by female staff. The agency/facility will be submitting a plan of action to address compliance with the standard. It was discussed during the on-site close out that if the facility determines to maintain the video monitoring system as is, the cameras should only be monitored by officers/non-medical staff of the same gender as the offenders viewed through the camera. We also discussed the possibility of blacking out/pixeling areas of the screen viewing. The agency and facility provided further documentation to demonstrate compliance with 115.15. The agency in October 2017 provided examples of the camera views for the dorm restrooms that were pixelated to prevent cross gendering viewing. The auditor accepted the examples provided. Documentation was provided through photographs and a video showing the final pixelated camera views. The pixelated camera views eliminate the cross-gender viewing of the dorm toilets from staff while monitoring the cameras. The agency has indicated all camera views will maintain pixelated view in the dorm housing areas.

The Safe Prison/PREA Plan and officer's post orders require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Female staff "knock and announce," they knock on the door when entering the area and loudly announce female on the run or female on the floor. The facility also has notices posted on the doors entering the housing areas stating, "A cross gender viewing area, all members of the opposite gender must announce their presence upon entering." Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing. The auditor observed a staff turnout where the knock and announce was covered as training. Staff indicated that announcements are made upon entering the housing runs. During the random offender interviews, the offenders stated that female staff announce when entering the housing areas by announcing "female on the run."

The policy, AD 3.22 Offender Searches, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search.

Standard 115.16 Inmates with Disabilities and Inmates Who are Limited English Proficient

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

The agency's policies, Intake Procedures, Administrative Directive 4.25 Language Assistance Services to Offenders Identified as Monolingual Spanish, 6.25 Qualified Interpreter Services, G51.1 Offenders with Special Needs, and the Safe Prisons/PREA Plan has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies and directives address interpreter service, American Sign Language services, and offenders with special needs.

The Polunsky Unit employs qualified interpreters who are designated staff who have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has eleven (11) certified qualified interpreters on various shifts and positions within the facility. The agency maintains

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a list of staff who speak other languages than English and Spanish by Region and facility including the name of the staff member and the language spoken. There are seventy-one (71) staff members in Region 1 who speak thirty-five (35) other languages than English and Spanish. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. During the audit, eight (8) interviews were conducted with disabled and limited English proficient offenders. The four (4) limited English proficient offender interviews were conducted with the assistance of a staff interpreter. These offenders indicated they received PREA education through written materials in their language, they know how to report, and staff was able to assist when requested. In most cases, they would go to a peer for assistance if needed. The two (2) vision impaired offenders indicated they received education through listening to a video and PEER Education. The two (2) hearing impaired offenders indicated they received education through postings on the wall, handouts, and the offender handbook. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The agency policy, Administrative Directive 4.25 Language Assistance, prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's eleven (11) certified qualified interpreters are available on various shifts and would assist. During the interview process, numerous staff indicated they were able to use offender interpreters to assist inmates when making an allegation of sexual abuse or sexual harassment. The staff were also not aware under what circumstances when this would be allowed. This was discussed with the Warden and it was indicated that additional staff training was needed. The facility conducted additional training with staff after the on-site audit for compliance with this section of the standard. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

Standard 115.17 Hiring and Promotion Decisions

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

Through a review of policies and executive directives, PD71 Selection Systems Procedure, PD73 Selection Criteria for Correctional Officer Applicants, PD75 Applicants with Pending Criminal Charges or Prior Criminal Convictions, PD27 Employment Status Pending Resolution of Criminal Charges or Protective Order, and the Safe Prison/PREA Plan, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The application forms, Employment Application Supplement and Employment Supplement for Agency Applicants, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse. These forms are utilized for new hires and promotions. There were 279 criminal background checks completed during this audit timeframe for new hires and one (1) for contract of services.

The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/ contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The

system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one month for viewing and six months for recall. The process of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five years.

Employees and contractors annually complete the Employee Acknowledgement Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse. This requirement is also stated and available to employees in the Safe Prison/PREA Plan.

The policy PD73 Selection Criteria for CO Applicants states an applicant who provides false or inaccurate information or documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum period of one year from the date of the applicant's PERS 283, State of Texas Application for Employment. A current employee who provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

The agency only provides copies of confidential documents contained in an active or former employee's file when a release of information is provided. The release of information authorization must be signed and dated by the active or former employee within sixty (60) calendar days prior to the request. The request will be handled by the Employee Service Section – Records Human Resources Division. This is outlined in policy PD56 Request and Release of Employment Information or Documents.

Personnel files were reviewed with the Human Resource Manager. The background process is conducted and maintained by the Human Resources Division in Huntsville. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency's policy and PREA requirements were being followed in regards to hiring, promotional decisions, and background checks.

Standard 115.18 Upgrades to Facilities and Technologies

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

The Polunsky Unit has not made any substantial expansions or modifications of the existing facility. A comprehensive video surveillance system upgrade was completed in 2010. The system upgrade included the installation of additional cameras throughout the facility. There currently are 873 (823 interior and 50 exterior) digital cameras in place which are monitored through the central control, Majors' offices, Warden's office and picket posts in the box factory and dorms. Recordings can be retained for twenty (20) days on the internal memory of the servers. During the interview with the Warden, he indicated that consideration of the facility design and the how it will enhance inmates' protection from sexual abuse was considered during the planning of the system upgrades.

The Security Operations Procedures Manual 7.02 Deletion, New Installation or Relocation of Video Surveillance Equipment and 01.14 Operating and Monitoring Video Surveillance Systems directs the Surveillance Systems Coordinator to collaborate with the facility's Warden and Safe Prisons/PREA compliance Manager prior to the deleting, installing, or relocating video surveillance equipment.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Texas Department of Criminal Justice is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. The policy and procedures, AD 16.03 Evidence Handling, G57.1 Sexual Assault/Sexual Abuse, OIG 04.05 Offender Sexual Assault Investigations, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition. Interviews were conducted with the Polunsky Unit's Safe Prisons/PREA Manager who conducts the offender on offender administrative investigations and the OIG Investigator. The interviews confirmed the practices for PREA investigations and both investigators were knowledgeable of the investigation process, the uniformed evidence protocol, and the use of the Sexual Abuse Checklist.

The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit. In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. The interview conducted with Investigators confirmed the practices for sexual abuse investigations and was very knowledgeable of the Sexual Abuse Response Plan steps.

All alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were two (2) alleged victims of sexual assault who were taken to a local hospital for forensic exams. These exams were performed by a trained SANE staff.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which may be willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated January 24, 2017 (previous ones dated January 2014 and August 2016). The Agency's Safe Prisons/PREA Program Manager is overseeing this process. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office. The auditor verified the directory within the law library. An offender must request through a staff member or offender worker to have accessibility to the Rape Advocacy Center Directory. This directory should be readily accessible to the offender population. A recommendation was made to have the directory placed on the library shelf which is readily accessible to the offender population. The facility has changed the process and has placed the directory on a shelf with other resources that is readily available to offenders. Also postings have been placed in the housing and common areas informing the offenders the directory is available in the law library and through the Safe Prisons Office.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Polunsky Unit has three (3) designated staff as offender victim representatives (OVR): chaplain, classification chief, classification officer. The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's

name provided.

Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations

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

The agency policies, AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD 16.20 Reporting Incidents/Crimes to OIG, SPPOM 5.01 Sexual Abuse Response and Investigation, Board Policy 01.07 Inspector General Policy Statement, PD29 Sexual Misconduct with Offenders, SPPOM 5.05 Completing the Offender Protection Investigation, OIG 4.05 Offender Sexual Assault Investigations, and the Safe Prison/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the Safe Prisons Office and Warden's Office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. An interview was conducted with Polunsky Unit's Investigator, the Safe Prison Sergeant, and one of the OIG Investigators. Both investigators demonstrated the knowledge of facility's investigation responsibilities and the responsibilities of the OIG Investigator. The roles and responsibilities of each investigating unit was clearly defined and understood. The agency's policy is available on the agency's website.

There were eight (8) reported allegations during the audit period: four (4) allegations occurred at the facility and four (4) allegations reported by another facility. Of the four (4) staff on offender allegations; there were three (3) alleged staff on offender sexual abuse and one (1) alleged sexual misconduct – voyeurism. The administrative findings of these allegations were all unfounded. Of the four (4) offender on offender allegations; all were offender on offender sexual abuse. The administrative findings of these allegations were three (3) unsubstantiated and one (1) unfounded. Of the offender on offender allegations, OIG opened one (1) case which is still open pending DNA results. A review of all eight (8) administrative investigations was conducted. The actual OIG investigation file was not available for review.

Standard 115.31 Employee Training

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

TDCJ has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. The agency's policies, PD97 Training and Staff Development, PD29 Sexual Misconduct with Offenders, SPPOM 6.01 Unit Safe Prisons PREA Program Awareness Training, and the Training Curriculum Safe Prisons/PREA Program address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prisons/PREA staff and agency leadership staff discussing the PREA information and requirements.

The initial training occurs at pre-service through the training curriculum Safe Prisons/PREA Program. The training is also provided annually through the annual in-service training for all staff. Additional training occurs during staff turnout briefing with different topics daily/weekly based on PREA updates and general information refreshers. The Safe Prisons Office staff

also provides monthly training with a different topic selected for each month. Staff during interviews acknowledged the numerous methods they received training.

TDCJ policy, AD 12.20 In-Service Training Program requires staff to complete the training annually as a refresher instead of the every two years as required by the standard. New employees receive the training as part of the pre-service training within sixty (60) days of employment. Training is documented through the signature of the employee on the Employee Acknowledgement Form. Gender specific information is provided through the lesson plan Gender Specific Training- Safe Prisons Initiative. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another. All training is maintained in the Department's Training Database for each employee. Documentation of training is directed through department policies ED12.10 TDCJ Training Database and PD97 Training and Staff Development.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member are knowledgeable on how to perform their responsibilities in prevention, detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA/Safe Prison policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

During the staff interviews there were inconsistent answers in regards to seven (7) standards. Staff needed additional training in regards to how to conduct a pat-down search of a transgender or intersex offender (115.15); on agency policy regarding the use of offender interpreters (115.16); agency policy on offenders reporting anonymously and through a third person and how staff could privately report sexual abuse and sexual harassment of offenders (115.51); on agency policy of health care staff's requirement to report sexual abuse that occurred in the confinement setting (115.61); agency procedures for actions to be taken when an offender is at imminent risk of sexual abuse (115.62); agency policy requiring the referral of offenders who previously perpetrated sexual abuse in an institutional setting or in the community is to be offered a follow-up meeting with mental health within 14 days (115.81); medical staff training for their requirement to obtain informed consent from the offender before reporting information about prior sexual victimization (115.81); and agency policy and procedures for providing mental health services to identified abusers (115.83). The facility conducted additional staff training after the on-site audit. The facility provided training to staff on the agency's policies that support all the PREA standards and procedures. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

Standard 115.32 Volunteer and Contractor Training

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

All contractors and volunteers who have contact with offenders in the TDCJ and the Polunsky Unit receive PREA training prior to assuming their responsibilities. The agency has 24,514 volunteers and 42 contractors agency-wide. Volunteers and contractors must complete the required training prior to being approved for services. Approved volunteers and contractors are not limited to specific facilities; they are approved to serve at all TDCJ facilities to include secured facilities and parole. The agency's policies, AD 2.46 Entities Contracting with the TDCJ, AD 7.35 Administration of Volunteer Services, PD-29 Sexual Misconduct with Offenders, Volunteer Service Plan, Volunteer Services Training Video, Handbook for Volunteer, Letter of Orientation for Special Volunteers, and the Safe Prisons/PREA Plan covers the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response. The agency also has a PREA training video, Volunteer Services Training Video, to help educate volunteers on PREA information. Volunteers are provided a handbook which is also available on the public website that covers PREA.

Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the Acknowledgement of Volunteer Training/Orientation Form. The form is filed in the volunteer's central file maintained at the TDCJ Volunteer Services in Huntsville, Texas. The electronic file is the source to which the facility identifies the approval status of a volunteer. The electronic file is updated by the TDCJ volunteer services staff. Volunteers and contractors are required to attend the training every two (2) years prior to maintain their approval process. The alternate year a refresher course is provided on-line. The agency exceeds the standard by providing training annually with the requirement of training every two (2) years and the on-line refresher course. The agency and facility also provides updated information as needed to the volunteers and contractors.

Interviews were conducted with ten (10) volunteers and contractors. They all indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, and the agency's zero tolerance policy.

Standard 115.33 Inmate Education

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

The Texas Department of Criminal Justice and the Polunsky Unit provide a comprehensive offender PREA education to the offender population beginning at reception into the agency. The agency policies, UCPM 5.00 Orientation Procedures, Unit Orientation, PM 1.01 Initial Orientation, and SPPOM 6.02 Offender Sexual Abuse Awareness Training, address the PREA education for offenders at intake. At intake into the facility, the Safe Prisons Office staff provide offenders information through a PREA pamphlet and offender rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. An auditor observed this education during the intake process. During this audit period, the 1,104 offenders that were received at the facility were given educational information. The random offenders interviewed acknowledged receiving education upon intake into the agency and during the same day of intake into the facility upon transfer. The PREA information is provided again to the offender by staff during the risk assessment process. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video titled Offender Safe Prisons Orientation Video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender on Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four (4) day, four (4) hour training taught by offenders. The training provides open discussion and interactive activities. Inmates interviewed regarding the class indicated the class is well received and educational. They indicated the interaction, role playing skits, and receiving information from their peers is a positive method of sharing and reinforcing PREA information. During an interview with a Peer to Peer Offender instructor, he indicated the positive environment and response that offenders demonstrate during the course. The instructors receive updated training as needed. The Safe Prison Office works with them on updated and any issues. The offender file is reviewed to ensure the offender has completed the Peer to Peer Training. If the offender completed the training at another facility, they may not be rescheduled for the training. However, numerous offenders acknowledged taking the training at various facilities including Polunsky.

The facility provides inmate education in formats accessible to all inmates. This is accomplished through written handbooks, pamphlets, and posters; verbally through video; and staff interaction. Information is provided in English and Spanish, American Sign Language, and other languages are available through the Qualified Interpreter Services. Policies AD 6.25 Qualified Interpreter Services - American Sign Language, G51.1 Offenders with Special Needs, G51.5 Certified American Sign Language (ASL) Interpreter Services, and SM 5.50 Qualified Spanish Interpreters Guidelines outlines this process and accessibility of services.

The facility conducted education with all current inmates by housing unit within the twelve (12) month period and documented it on the Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training. The random inmates interviewed indicated the video has been played in the units numerous times.

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

Standard 115.34 Specialized Training: Investigations

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

The agency's policies, Board Policy 01.17 Inspector General Policy Statement, OIG 2.15 Training Procedures, AD 16.03 Evidence Handling, OIG LP3201 Sexual Assault Investigations Topics Lesson Plan, and OIG OPM 4.05 Offender Sexual Assault Investigations reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training curriculums Safe Prisons/PREA Investigations Conducting a Thorough Investigation, OIG Sexual Assault Investigation Topics, and OIG Interview and Interrogation includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency's 139 OIG and 64 Polunsky Unit's investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigators interviews and review of the training records.

Standard 115.35 Specialized Training: Medical and Mental Health Care

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

The forty-two (42) medical and mental health staff of Polunsky Unit are contractors through the University of Texas Medical Branch (UTMB). The Correctional Managed Health Care policies G57.1 Sexual Abuse/Sexual Assault, C19.1 Continuing Education/Staff Development, CMHCPM C25.1 Orientation Training for Healthcare Services Staff, and the Medical and Mental Health PREA Training direct specialized PREA training and continuing education for all medical and mental health staff. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. All medical and mental health staff have received training through an annual electronic on-line course and refresher courses held September 2016 and May 2017. An employee training form was submitted for documentation that verified training through the signatures of healthcare staff. Interviews with the healthcare staff demonstrated they received training and understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault forensic Examiner) exactly according to instructions provided in the standard rape kit. In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector

General investigator for processing.” State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

There were two (2) victims of alleged sexual assault who required a forensic exam. The two (2) alleged victims were taken to the local hospital emergency department for completion of the exam and the exams were conducted by a SANE staff member.

The facility noted on the Pre-Audit Questionnaire 115.35(c)-1 that they were non-applicable for maintaining documentation showing that medical and mental health practitioners have completed the required training. The facility is in compliance with the requirement. The health care department maintains training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. Training records were provided from September 2016 and May 2017 for documentation. These records are also maintained by the University of Texas Medical Branch (UTMB) electronically. All training conducted by the unit is maintained by the unit and the health care department; including annual in-service, refresher courses, and any training conducted by the Safe Prisons Office. This practice is verified through the training records maintained by the healthcare department and the Safe Prisons Office.

Standard 115.41 Screening for Risk of Victimization and Abusiveness

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

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM) 3.01 Offender Assessment Screening, Correctional Managed Health Care Policy Manual (CMHCPM) E35.1 Mental Health Appraisal for Incoming Offenders, SPPOM 5.06 Intake Procedures, and the Safe Prisons/PREA Plan. The policies, manuals, and Offender Assessment Screening Form were reviewed. An assessment is conducted with offenders during receiving at the facility by the Safe Prisons/PREA office staff. This assessment assists with determining an offender’s vulnerability or tendencies of acting out with sexually aggressive behavior. Offenders identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored.

The auditor had the Safe Prisons Office staff who complete the intake and screening to explain the assessment process from the receiving of the offender at the facility to the completion of the risk screening process. At the arrival to the facility, the intake staff completes the Offender Assessment Screening Form. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender’s criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender’s own perception of vulnerability. The forms are usually completed on the day of arrival at the facility. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival. The process conforms to the PREA standards. The facility on the PRE-Audit Questionnaire indicated 1,088 offenders were screened within 72 hours of their intake; which was 98.6% (1,088 of 1,104) of the offenders admitted to the facility in the past twelve (12) months whose length of stay was for 72 hours or more. The difference is the offenders that were inter-unit transfers, to include state jail offenders whose length of stay was less than twenty-four (24) hours. The facility has six (6) staff members trained who can perform the risk assessments. Three (3) of the staff work for the Safe Prisons Office and the other three (3) include Chief of Classification and two (2) case managers. During the offender interviews, most offenders indicated they remember being asked these questions on the day of their arrival and others indicated by the next day. The auditor observed a risk screening of a new intake.

From staff and offender interviews, it was noted that risk assessments were not being completed on all transient offenders (including medical) transferred from another facility. The standard states that all offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusiveness toward other offenders. The standard requires all offenders to be assessed upon transfer to another facility, which includes the transient status offenders including medical. The facility was following the agency’s policy 3.01 Offender

Assessment Screening I.A.1 which states: "It is not required to conduct an assessment of offender received at a unit for temporary assignment or upon return to his/her assigned unit following a temporary assignment, unless the temporary assignment exceeded 30 days from when he/she departed. Temporary assignments include, but are not limited to: bench warrant; crisis management; medical treatment facility returns; inter-unit visits; and Immigration and Naturalization Service interviews." The agency's interpretation was the transient offenders would not be required to have further screening since they were in transient status and not a permanent transferred offender and the risk screening occurred at the intake facility. The auditor contacted the PREA Resource Center to discuss the interpretation of this standard. The agency had updated the process for some facilities, but had not made the changes system-wide to screen all offenders during transfers from unit to unit. The Polunsky Unit was not aware of the policy update and new form to be utilized for the transfers. The standard requires all offenders to be assessed upon transfer to another facility, which includes the transient status offenders. The assessment would provide an update or changes from the previous assessment that may reflect incidents from other housing placements. For compliance the transient offenders (including medical) must be assessed for their risk of being sexually abused by other offenders or sexually abusiveness toward other offenders upon transfer from another facility. The facility remains non-compliant with the standard. The agency will be submitting a plan of action for this standard.

Within the 180-day correction period, compliance with the standard 115.41 was achieved by the agency and facility by changes within the agency policy #03.01 Offender Assessment Screening and documentation supporting the policy changes to ensure all offenders receive an assessment upon intake or transfer to another facility. This policy was disseminated agency wide on December 20, 2017 for all staff to utilize during assessments of offenders. The policy states "The USPPM or designated alternative shall conduct the offender assessment-screening interview and complete Attachment E or E-1 no later than 24 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment or for temporary assignments." The Offender Assessment Screening (Attachment E) is to be completed for intake or assignment to a facility. The Offender Assessment Screening (Attachment E-1) is to be completed for an offender transferred from one unit to another for a temporary assignment. If the temporary assignment exceeds thirty (30) days from when the offender departed the unit, the Attachment E screening will be completed. The facility staff reviews the offender information within the agency database from the initial screening to determine if there are any PREA classifications or flags prior to the intake. Upon receiving at the facility, the trained staff utilize the Offender Assessment Screening to ask the offender: age; height; weight; prior to incarceration have you ever experienced sexual victimization as a child or adult; since your last unit of assignment have you experienced sexual victimization by staff or offender; do you feel at risk from sexual assault, sexual harassment, or other victimization by staff or offender; do you wish to identify yourself as lesbian, gay, bisexual, or heterosexual; and do you wish it identify yourself as transgender or intersex. There are follow-up questions and referral made based on affirmative answers to certain questions. Any affirmative answers to questions must be reported to a supervisor and the Safe Prisons/PREA Coordinator. The facility had no offenders received during this corrective action period for temporary assignment to document the use of Attachment E-1. The documentation and operational procedure now conforms to the PREA standard.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's Safe Prisons/PREA Plan policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. The reassessment is to be completed within 30 days of the offender's intake into the facility. In the audit period, only four (4) offenders were reassessed for risk of victimization or abusiveness, less than 1%. These reassessments were completed within 30 days of the offender's intake into the facility.

Through policy review of SPPOM 3.01 Offender Assessment Screening and the Safe Prisons/PREA Plan and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the Record Department. Other than the record staff, the only other staff with access is the Warden, Assistant Wardens, Intake staff, Safe Prisons Office staff, and the Unit Classification Committee (UCC). Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. The protection of information is outlined in policies SPPOM 3.01 Offender Screening Assessment, Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual (CMHCPM) A09.01 Privacy of Care, and CMHCPM H61.1 Confidentiality and Release of Protected Health Information.

Standard 115.42 Use of Screening Information

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

The agency's policies IPM 4.01 Intake Procedures, SPPOM 3.01 Offender Assessment Screening, AD 4.17 Offender Housing Assignment Criteria and Procedures, AD 4.18 Offender Job Assignments, Special Population Review, and UCPM 4.00 Offender Housing Assignments, SPPOM 3.02 Special Population Review, and the Safe Prisons/PREA Plan address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification committee and a shift commander to determine housing assignment. During the site visit, the auditor observed the classification committee completing the risk assessment process with an offender during receiving. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

The agency's policy CMHCPM G51.1 Treatment of Offenders with Intersex Conditions or Gender Dysphoria and the Safe Prisons/PREA Plan indicate that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. There were eight (8) identified transgender offenders at the time of the on-site audit. During the interviews with seven (7) transgender offenders it was indicated they had the opportunity to shower separately, was treated with respect, and was not housed in dedicated housing areas. They also stated the Unit Classification Committee discussed housing placement and asked if there were any concerns for safety within the unit. They indicated the unit staff conduct proper searches by searching transgender offenders last when returning from recreation and not in front of other offenders. They indicated they were not housed in dedicated housing. This was verified by the auditor's review of the housing assignments of the offenders.

By policy SPPOM 3.02 Special Population Review and the Safe Prisons/PREA Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The transgender offenders that have been housed for more than six months indicated they had been reassessed by the Unit Classification Committee (UCC). They also stated that the Safe Prisons Office staff makes checks with them during housing unit rounds. The Safe Prisons/PREA Manager confirmed during the interview that a special population review would be conducted with each transgender offender at least twice a year, every six months. The special population review would be conducted as a unit classification meeting with the classification committee including the Director of Classification and a Safe Prisons Staff member.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. Through the interviews with the transgender offenders, it was verified they were housed in various housing areas within the facility. The facility has single shower stalls with shower curtains which allow transgender and intersex offenders the opportunity to shower separately from other offenders. Transgender offenders are not housed in the dorms due to the group showers.

Standard 115.43 Protective Custody

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

The agency's Administrative Segregation Plan, Administrative Segregation Initial Placement and Notification Form, Safe Prisons/PREA Plan, Guidelines for Administrative Segregation, and the Offender Protective Investigation Form Report prohibits the placement of offenders at high risk for sexual victimization in the involuntary segregated housing unless an assessment of

all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. The Lieutenant interviewed who supervises offenders in special housing indicated that offenders still access to services including law library, commissary, visitation, telephone calls, school materials, and religious services to the extent possible. If a restriction occurs, it will be reviewed every twenty-four (24) hours. The unit has not placed an offender in involuntary segregated housing. If an offender would be placed in involuntary segregation housing (special housing), the offender would have a review conducted every seven (7) days for the first sixty (60) days then at least every thirty (30) days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregations, and the Safe Prisons/PREA Plan.

The Polunsky Unit has not placed an offender in involuntary segregated housing. Offenders are placed in transient housing up to 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

Standard 115.51 Inmate Reporting

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

The Texas Department of Criminal Justice established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, and on posters throughout the facility. Offenders can report verbally and in writing to staff, write the Safe Prisons Office, report through the grievance system, utilize third party reporting, or send an anonymous note. Offenders may also report allegations in writing to the Office of the Inspector General (OIG) and PREA Ombudsman as an outside agency, policy ED 02.10 Prison Rape Elimination Act Complaints and Inquires. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. Per policy BP-03.91 Uniform Offender Correspondence Rules, the offender may send correspondence to a special correspondent which includes the PREA Ombudsman, any member of the Texas Board of Criminal Justice, and Executive Director, sealed and uninspected. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. The offices forward to the facility information regarding the allegation and the victims name unless the victim has requested to stay anonymous. There was one (1) allegation during this audit period reported outside of the facility to the PREA Ombudsman Office. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, investigations, and interviews with offenders and staff.

During the formal offender interviews and informal offender interviews during the tour, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to a staff member. They also were able to identify other options available to them for reporting including telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. Upon reviewing the reporting methods of the four (4) allegations reported within the facility; all were verbally reported to a security staff member. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were knowledgeable on their responsibility in the reporting process. However, during the staff interviews staff provided inconsistent answers on whether offenders could report sexual abuse and sexual harassment anonymously or through a third party. Staff acknowledged through interviews that they would report immediately any allegation and document it through an inter-office communication form. During the interview process, staff were unable to answer how staff could privately report sexual abuse and sexual harassment of offenders. The agency's policy and procedures indicate that staff can privately report an incident to the OIG or Ombudsman Offices by phone or in writing. This information

is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

The inconsistent staff answers regarding how to report privately and whether offenders could report sexual abuse and sexual harassment anonymously or through a third party was shared with the Warden and administration during the on-site closeout. The auditor indicated that further training would be necessary for compliance with the standard. The facility conducted additional staff training after the on-site audit. The facility provided training to staff on the agency's policies that support all the PREA standards and procedures. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

The agency does not house offenders solely for immigration purposes.

Standard 115.52 Exhaustion of Administrative Remedies

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

The agency's policies AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, Safe Prisons/PREA Plan, OGOM 4.00 Grievance Timelines, and OGOM 1.04 PREA Allegations addresses administrative procedure for offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The Department does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process. Grievances are submitted to the Unit Grievance Investigator's Office.

Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Chief of Unit Classification, Unit Safe Prisons/PREA Manager, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within forty-eight (48) hours of receipt. The agency's policy requires that within five (5) calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. There were two (2) grievances submitted: one (1) alleged sexual contact by another offender one (1) third party allegation of sexual misconduct by staff. These grievances were handled as emergency grievances; they were forwarded to a management level for immediate corrective action. The initial responses were provided within 48 hours of receipt of the grievance. Through a review of the grievances and documentation provided by the Unit Grievance Officer, it was determined they were handled in a timely and proper manner. This was also documented through the review of the timeframes in the investigation files.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

The Department policies AD 03.82 Management of Offender Grievances, OGOM 9.00 Third Party Grievances, and the Safe Prisons/PREA Plan address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of offenders. A third party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. There

was one (1) third party grievances filed; the third party allegation of sexual misconduct by staff. The offender declined third party assistance which was documented through the offender's signature on a form.

The Pre-Audit Questionnaire indicated that there was one (1) grievance alleged substantial risk of imminent sexual abuse. After discussion with the Safe Prisons/PREA Manager and Grievance Officer and review of the grievances, none were for substantial risk of imminent sexual abuse. All the allegations received through the offender grievance system were post allegations.

The Safe Prisons/PREA Plan states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Polunsky Unit had no disciplinary actions against an offender for having filed a grievance in bad faith.

Standard 115.53 Inmate Access to Outside Confidential Support Services

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

The agency's policy SPPOM 02.02 Offender Victim Representative, BP 03.91 Uniform Offender Correspondence, PREA Brochure, ED 2.10 PREA Complaints and Inquires, and the Safe Prisons/PREA Plan indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by access to victim offender representatives, giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, and the extent to which communications will be monitored. There is a list of outside confidential support services available to the offender population through the law library and the Safe Prisons Office. Offenders can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.

During the interview process, majority of offenders interviewed were unaware of services outside of the facility for dealing with sexual abuse and providing support services. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office. The auditor verified the directory within the law library. An offender must complete and submit an Inmate Request Form to have accessibility to the Rape Advocacy Center Directory through staff or other offenders library workers. This directory should be readily accessible to the offender population. It was recommended that the resource directory be placed on a shelf readily available to the offender population and postings be placed in the housing areas to inform the offender of the availability of the resource directory in the law library. The facility does provide this information in multiple ways to the offenders: during the educations process, in the PREA brochure, and on posters within the facility. Upon discussion of this concern with the facility staff, the Safe Prisons staff indicated they would further stress this information during the education process with the offenders. The facility posted notices in the housing and common areas of the facility notifying offenders the availability of the directory of rape counseling centers is located in the law library. The directory of the rape crisis centers has been made readily available to the offenders in the law library on a self with other resources. The notice also indicates the resources are available through contacting the Safe Prison's Office. Documentation of the notices and directory location was provided through photos after the on-site audit.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which are willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated January 24, 2017 (previous attempts were August 2016 and January 2014). The Agency's Safe Prisons/PREA Program Manager is overseeing this process. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed.

The Polunsky Unit has three (3) designated staff as offender victim representatives (OVR): chaplain, classification chief, classification officer. The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

Standard 115.54 Third-Party Reporting

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

The agency's policies Executive Directive 02.03 Ombudsman Program, ED 02.10 Prison Rape Elimination Act Complaints and Inquires, and SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency establishes guidelines and procedures for responding to complaints or inquires both through the Ombudsman Office and agency staff. The Department's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's Ombudsman Coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency's website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

General public complaints and inquires received by the Ombudsman Office, either in writing or verbally, must be responded to within ten (10) days. However, the sexual assault allegations are forwarded immediately to the PREA Ombudsman, Facility Administrator, and OIG for investigation.

During the formal offender interviews and informal offender interviews during the tour, offenders were able to identify the PREA Ombudsman, OIG, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews also. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility. The only third party reporting within the audit period was one (1) third party reporting of allegation by another offender through the grievance process.

Standard 115.61 Staff and Agency Reporting Duties

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

The agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Office of Inspector General, PD29 Sexual Misconduct with Offenders, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy SPPOM 05.01 Sexual Abuse Response and Allegation states that staff are not to reveal any information related to a sexual abuse allegation or report to anyone other than extent necessary. This is covered in the annual in-service training, pre-service training, and turnout briefings for all staff. The Safe Prisons/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual

harassment and document it through an inter-office communication forms.

Policy CMHC G57.01 Sexual Assault/Sexual Abuse addresses the medical and mental health staff reporting requirements for sexual abuse. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to OIG if the offender provides consent. The facility does not house juveniles. However the agency policy directs that if the offender is under the age of 18, the staff must report the incident to OIG and the offender consent is not required. The Child Protective Services Agency would also be contacted by the facility's administration. During the interview process, medical and mental health staff were unaware of their requirement to report sexual abuse that occurred in the confinement setting without obtaining consent from the offender. This information was shared with the Warden and administration during the on-site closeout. The auditor indicated that further training would be necessary for compliance with the standard. The facility conducted additional staff training after the on-site audit. The facility provided training to health care staff on the agency's policies. The training was constructed and facilitated by the Safe Prisons staff. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

All allegations are reported to designated investigators, policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, CMHC G57.1 Sexual Assault/Sexual Abuse and Safe Prisons/PREA Plan. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff acknowledged through interviews that they would report immediately any allegations and document them through an inter-office communication form. They identified the OIG, security supervisors, and Safe Prisons Office as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

Standard 115.62 Agency Protection Duties

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

The agency's policies SPPOM 05.01 Sexual Abuse Response and Investigation, 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 05.03 Time Frames Associated with Offenders Protection Investigations, and the Safe Prisons/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

During the interview process, numerous staff were unable to explain what actions would be taken when learning of an offender at imminent risk of sexual abuse. This was shared with the Warden during the on-site closeout. The auditor indicated that further training would be necessary for compliance with the standard. The facility conducted additional staff training after the on-site audit. The facility provided training to staff on the agency's policies that support all the PREA standards and procedures. The training was constructed and facilitated by the Safe Prisons staff during all shift turnouts for security staff and also with each of the facility's departments. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

In the audit period, the Pre-Audit Questionnaire reported no offenders were subject to substantial risk of imminent sexual abuse. During the Warden's interview, he outlined the steps that would be taken to ensure the safety of the offender determined to be at substantial risk of imminent sexual abuse by removing the offender from the area and placing the

offenders in safe housing during the investigation process.

Standard 115.63 Reporting to Other Confinement Facilities

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

The agency's policies SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, BP-02.09 PREA Ombudsman Policy Statement, AD-16.02 Reporting Incidents to the Office of Inspector General, SPPOM 5.01 Sexual Abuse Response and Investigation, SPOM 5.05 Completing the Offender Protection Investigation, and the Safe Prisons/PREA Plan requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred, and start the investigation process. This process is outlined in the Safe Prisons/PREA Operating Manual and Safe Prisons/PREA Plan. The facility must document and report as soon as possible but no later than 72 hours the offender's allegation by submitting a priority email via the Department's mainframe followed by a phone call to alert of the allegation and impending email. The facility will print and retain a copy of the email in the appropriate PREA compliance folder. The reporting facility must also notify the Safe Prisons/PREA Manager. The facility staff is also responsible for notifying 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. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident. This process was confirmed through the interviews with the Warden, PREA Manager, Investigator, and the Agency Head.

In the audit period, the unit received from another facility where it was reported four (4) allegations of sexual abuse. The allegations were investigated and one (1) was found unsubstantiated and three (3) unfounded. Notifications were reviewed within the investigation files and the notifications were made within the acceptable time frames.

Standard 115.64 Staff First Responder Duties

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

The agency's policies 5.01 Sexual Abuse Response and Investigation, OIG 4.05 Offender Sexual Assault Investigations, AD 16.03 Evidence Handling, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift supervisor. The Shift Supervisor will make further notifications to the Warden, medical, mental health, Safe Prisons Office, and OIG.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA pre-service training, annual in-service training, and during turnout briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and the reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser;

preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence, and contact supervisor. The four (4) first responders interviewed outlined the process that was taken to ensure the safety of the offender including separating the alleged victim from the abuser, place the offenders in safe secure area, secure the area as a crime scene, preserve the evidence, notify shift supervisor, notify medical, and document the allegation. In the audit period, there were four (4) allegations reported within the facility that an offender was sexually abused in the facility. A security staff member was the first responder in all of the allegations. Only two (2) of the allegations were within a time frame that still allowed for the collection of physical evidence. Physical evidence was collected on these allegations.

There was one (1) offender interviewed that reported sexual abuse, others had been transferred. The offender indicated that staff took the appropriate actions to separate the offenders. The incident was handled like a fight in the beginning; then the offender told the staff member what that he was grabbed from behind and he pushed the offender off him. The shift supervisors then began the sexual assault investigation and took the offender to medical for assessment. He felt the unit handled the situation timely and appropriate once it was reported as an alleged sexual assault.

Standard 115.65 Coordinated Response

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

The agency's policy SPPOM 05.01 Sexual Abuse Response and Investigation and the Safe Prisons/PREA Plan outlines the coordinated effort between security staff, Office of the Inspector General, medical and mental health services, and victim advocate/offender victim representative. The procedures provide a systemic notification and response following a reported sexual abuse incident. A checklist, Sexual Abuse Investigation Checklist, is provided to assist with the documentation of the completion of each part of the notification and response process. The Polunsky Unit has a written institutional plan, Unit Specific Sexual Abuse Incident Plan, coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the agency's plan outlined in the Safe Prisons Plan. The Sexual Abuse Investigation checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The Warden indicated the supervisors utilize the checklist for the investigation process to ensure all departments and activities are coordinated. The unit investigation team meets with the Warden to discuss and evaluate the process of investigations. The coordinated response was also documented on the Sexual Abuse Investigation Checklist located in each of the investigation files reviewed.

Standard 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers

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

The Texas Department of Criminal Justice reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is an "at will employer" and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

Standard 115.67 Agency Protection Against Retaliation

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

The Department's policies SPPOM 05.08 90-Day Monitoring for Retaliation, PD29 Sexual Misconduct with Offenders, PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, PD31 Discrimination in the Workplace, and the Safe Prisons/PREA Plan outlines protection of all offenders and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. The policy designates the Warden or the Safe Prisons/PREA Compliance Manager as the staff member to monitor retaliation.

The facility's Safe Prisons/PREA Manager monitors the offenders. The Safe Prisons/PREA Manager completes at a minimum thirty (30) day reviews for retaliation. A file is maintained with a documentation form, Offender 90 Day Monitoring Form, for each offender that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The documentation included detailed why a housing, job, or program change was made. This provided the documentation to ensure the changes were not made for retaliation. Further contact is made with the offender while making housing unit rounds. The Safe Prisons/PREA Manager is knowledgeable of the monitoring responsibilities. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. The Safe Prisons/PREA Manager monitored all the offenders that were alleged victims. There were no monitoring cases extended beyond the 90 days for this audit period.

At the Polunsky Unit, the Majors are responsible for monitoring staff retaliation. During this audit time period, there were no staff monitored for instances of retaliation. During the interview, the Major was able to explain the process including completing monitoring reviews at a minimum every thirty (30) days for retaliation. A file is maintained with a documentation form, Staff 90 Day Monitoring Form, for each staff that is being monitored. As part of the review, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty days. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden will be notified and will promptly remedy the situation and advise the staff member of the availability of emotional support services. Different measures to protect the staff may include different job position, shift, and/or work hours while the investigation of retaliation is in progress. During the interviews with the Major and Warden, the process was outlined to be taken that matched the policy and procedures.

If a staff member or offender who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Protection can be through housing change, program changes, staff assignment changes, and unit transfers. The Warden indicated a review of disciplinary records and shift assignments would be a method to review for retaliation for staff. Also he would notify OIG to assist and initiate an investigation if retaliation is occurring. The monitoring would be extended during the investigation process.

Once the monitoring is completed, the Completed Monitoring Form is maintained in the Major's office for staff and in the Safe Prisons/PREA Manager's office for offenders. The retaliation monitoring process was confirmed through interviews with the Warden, Major, and Safe Prisons/PREA Manager and through reviews of the monitoring forms. There were no reported incidents of retaliation at the facility.

Standard 115.68 Post-Allegation Protective Custody

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

The agency's policies AD 04.63 Transient Status Offenders, Administrative Segregation Plan, and the Safe Prisons/PREA Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing (special 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. The Polunsky Unit utilizes the single cells in Building 11 as transient housing cells to separate offenders as needed during the investigation process. Offenders are placed in transient status in special housing up to 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in segregation during the investigation.

There were no offenders who alleged sexual abuse held in involuntary segregation housing in the audit period. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender. The two (2) staff interviewed who supervises offenders in special housing indicated that offenders still have access to services including law library, commissary, recreation, phone calls, visitation, and religious services to the extent possible. If a restriction occurs, it would be reviewed and approved by the Unit Classification Committee. As long as the offender is housed in special housing, the placement will be reviewed every twenty-four (24) hours.

Standard 115.71 Criminal and Administrative Agency Investigations

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

The agency's policies AD-16.20 Reporting Incidents/Crimes to the Office of Inspector General, AD 02.15 Operations of Emergency Action Center, OIG 4.05 Offender Assault Investigations, OIG 5.10 Property and Evidence Control, AD 16.03 Evidence Handling, SPPOM 5.05 Completing the Offender Protection Investigation Worksheet, SPPOM 5.11 Completing the Staff on Offender Sexual Abuse Investigative Worksheet, and the Safe Prisons/PREA Plan address the policy and procedure requirements of the standard. These policies address conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports.

The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, early, and objectively including third party and anonymous reports, by investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were started immediately and notification to OIG was immediate. OIG starts their investigation immediately upon notification. This was also confirmed through the interviews with the unit investigator who conducts the administrative investigations and the OIG investigator. If the incident occurs after hours, the shift supervisor will begin the investigation process and notify the Safe Prisons/PREA Manager and the OIG investigator. Once on site, OIG will take over the investigation and evidence collection and the unit investigator will continue the administrative investigation on the offender on offender investigations. Investigations of staff on offenders are conducted by supervisors of Lieutenant or above in rank. Once an offender protective investigation is initiated, notifications are made through email to the Chief of Classification, Warden, Assistant Wardens, count room, Major, and other supervisors as needed.

In the review of the training records, all investigators have received special training in sexual abuse investigations. The specialized training curriculums, Safe Prisons Training: Conducting a Thorough Investigation and OIG Sexual Assault Investigations are utilized for the specialized training of investigators. The agency's 139 OIG and 64 unit investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records. The positive partnership between the facility staff and the OIG investigators were demonstrated through the daily working relationship. The Warden during the interview stressed the good working relationship between the unit and OIG including the assistance by OIG with the criminal and administrative investigations.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigators, and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. When an allegation is reported, the facility's investigator begins an administrative investigation immediately. It is also referred to the Office of Inspector General immediately to begin a criminal investigation. The investigators and the Warden acknowledged the outstanding cooperation and working relationship between the facility and OIG during the investigation process. The OIG investigator shares information with the Warden and facility investigators that may be shared giving consideration to the integrity of the case. The Warden and the OIG investigator both noted during their interviews the positive communication and information sharing regarding updates and outcomes of the case.

If OIG determines a crime has been committed, the case is referred for prosecution. It is discussed with the special prosecution unit to determine if additional information or items are needed for support. OIG opened one (1) case, offender on offender, which is still open pending DNA results. The OIG investigator indicated the length of time to obtain SANE DNA results is about twelve to eighteen months, which is the reason for the case remaining open for any length of time. The Pre-Audit Questionnaire indicated one (1) case had been referred for prosecution. This case was outside the twelve month audit period but reported since it was the facility's initial PREA audit. The case was staff sexual misconduct with an offender and still pending in the court system.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency.

The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the Warden's comments. The investigation report is part of the Investigation Folder which also contains the EAC incident report, victim offender travel card, alleged abuser travel card, offenders photographs after allegation, medical and mental health clinical notes including the referrals, completed retaliation monitoring forms, and the Sexual Abuse Investigation Checklist completed. The Investigation Folder is maintained in the Warden's area. All eight (8) administration cases were reviewed. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically which exceeds the standard requirement. This process is supported by Department policies OIG OPM 3.72 Record Retention-PREA and the records retention schedule.

There were eight (8) reported allegations during the audit period: four (4) allegations occurred at the facility and four (4) allegations reported by another facility. Of the four (4) staff on offender allegations; there were three (3) alleged staff on offender sexual abuse and one (1) alleged sexual misconduct – voyeurism. The administrative findings of these allegations were all unfounded. Of the four (4) offender on offender allegations; all were offender on offender sexual abuse. The administrative findings of these allegations were three (3) unsubstantiated and one (1) unfounded. Of the offender on offender allegations, OIG opened one (1) case which is still open pending DNA results. A review of all eight (8) administrative investigations was conducted. The actual OIG investigation file was not available for review.

Standard 115.72 Evidentiary Standard for Administrative Investigations

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

The Department's policy SPPOM 5.05 Completing the Offender Protection Investigation and the Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interviews with the unit and OIG investigators confirm compliance with the policy and standard.

Standard 115.73 Reporting to Inmates

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

The agency's Safe Prisons/PREA Plan and UCC Notification of Offender Protective Investigation requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to offenders are documented on the Attachment J: Offender Protection Investigation Form. The process directs the Unit Classification Committee (UCC) and the Safe Prisons/PREA Manager to notify the offender in person the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The process outlines that the offender will be notified verbally and in writing by the UCC Chairperson, and the offender signs acknowledging the notification on the Offender Protection Investigation Form Attachment J, along with the UCC Chairperson's signature for documentation of the process completion. If an offender is transferred prior to the Unit Classification Committee meeting, the offender is notified in writing. This process was confirmed during interviews with staff and offenders and reviews of the notifications in the case files.

OIG provides monthly updates to the facility on the criminal investigations. This was supported through interviews with the OIG investigator and the Warden. The offender is informed of the progress of the investigation, per policy SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders and the Safe Prisons/PREA Plan. The investigation updates to offenders of prosecution cases are made through written format by the agency's Safe Prisons/PREA Program Manager.

If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the Safe Prisons/PREA Manager to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The investigation files reviewed all contained the offender notifications documented on the Offender Protection Investigation Form. In an interview with the offender that reported a sexual abuse, the offender stated the Unit Classification Committee (UCC) verbally provided him with the outcome of the investigation about a week after the allegation.

The Pre-Audit Questionnaire indicated outcome notifications were made in all eight (8) investigations. The notifications of outcome were documented in the investigation case files.

Standard 115.76 Disciplinary Sanctions for Staff

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

The agency's policies PD29 Sexual Misconduct with Offenders, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, and PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment

policies. The Windham Board Policies, WBP 7.15 Sexual Misconduct with Offenders and WBP 7.44 Professional Standards of Conduct and Disciplinary Guidelines, address the sexual abuse or sexual harassment policy and discipline for violation of the policy for educational contract staff. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General directs that all incidents or allegations of serious employee misconduct shall be reported to the OIG for determination regarding the OIG action to be taken in response to the reported incident.

There were no employees that violated the agency sexual abuse or sexual harassment policies during the twelve (12) month audit period or were terminated or resigned prior to termination. There was one (1) staff that resigned during an investigation prior to the audit period. This case was referred for prosecution and is still pending. When a staff member resigns during an investigation, the facility places the discipline process in a pending status. If the staff member returns to employment at any time, the disciplinary process would continue at that time. The staff member is coded not to rehire.

Standard 115.77 Corrective Action for Contractors and Volunteers

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

The Department's policies PD29 Sexual Misconduct with Offenders, 13.03 Chaplaincy Manual, the Volunteer Service Plan, Volunteer Training Facilitators Guide, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The contractor/volunteer will also be prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with ten (10) contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Warden stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with offenders.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

Standard 115.78 Disciplinary Sanctions for Inmates

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

The agency's policies Disciplinary Rules and Procedures for Offenders and the Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The Warden indicated in the interview that disciplinary sanctions could include

loss of good time, property restriction, commissary restriction, extra duties, cell restriction, and coded as sexual predator. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed, if any; policy Disciplinary Rules and Procedures for Offenders and Safe Prisons/PREA Plan.

The agency's policy, SOPT 01.01 Overview of the Sex Offender Treatment Program, outlines the program to address the needs of sex offenders including providing need specific rehabilitative interventions designed to limit an offender's risk to reoffend. An offender can be referred to programming based on the mental health assessment of the offender abuser. The facility/agency's Safe Prisons/PREA Plan states consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. During the interviews with medical and mental health staff, they indicated that an offender's participation is not required as a condition of access to programming or other benefits. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes of disciplinary action. The agency's policy prohibits all sexual activity between offenders to include consensual and will process discipline on offender-on-offenders sexual activity, but will not consider it sexual abuse.

There were no administrative findings of offender-offender sexual abuse. There was no criminal finding of guilty for offender-on-offender sexual abuse.

Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse

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

The agency's policies G57.1 Sexual Assault/Sexual Abuse, Offender Assessment Screening, E35.2 Mental Health Evaluation, and the Safe Prisons/PREA Plan requires medical and mental health follow-up within ten (10) business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the offender has disclosed prior sexual victimization the offender is referred for medical and mental health services. If deemed as an emergency or a serious nature, the offender is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within ten (10) days. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. Of the four (4) offenders interviewed that disclosed victimization during screening, three (3) offenders acknowledged they were offered medical and mental health services. One (1) of the offenders declined medical and mental health services. Two (2) of the offenders received healthcare services, one stated it occurred immediately and the other within a week. The auditor reviewed the medical and mental health cases for the two (2) offenders. The offenders' case notes documented being seen by mental health, however, the notes did not indicate the reason for the referral. A recommendation was made that mental health staff need to document the referral with the reason for the referral and the services provided to the offender.

During interviews with intake staff, they were unaware that offenders who previously perpetrated sexual abuse in an institutional setting or in the community, is to be offered a follow-up meeting with mental health practitioner within 14 days. Since the staff were unaware of this procedure, documentation of the practice was not available to review during the audit. This was shared with the Warden and administration during the on-site closeout. The auditor indicated that further training

would be necessary for compliance with the standard and would like to see an example of the referral process. The facility conducted additional staff training after the on-site audit. The facility provided training to staff on the agency's policies that support all the PREA standards and procedures. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance. An example was not provided since an offender has not been identified for a referral at this time.

Information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as required; policies SPPOM 5.05 Completing the Offender Protection Investigation, A09.1 Privacy of Care, H61.1 Confidentiality and Release of Protected Health Information, and the Safe Prisons/PREA Plan. Information is shared with appropriate staff including the Warden, Assistant Wardens, Majors, Classification, and the Safe Prisons/PREA Manager as needed to make housing, bed, work, education, and program assignments. This process was confirmed through interviews with medical and mental health staff, Warden, and the Safe Prisons/PREA Manager.

The medical and mental health staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting per policies CMHCPM G57.1 Sexual Assault/Sexual Abuse, CMHCPM I70.1 Informed Consent, CPOM 2.05 Requirement to Contact Department of Family Protective Services, and Safe Prisons/PREA Plan. However, during the interview process, medical staff were unaware of their requirement to obtain informed consent from the offender before reporting information about prior sexual victimization that did not occur in an institutional setting. This was shared with the Warden, medical staff, and administration during the on-site closeout. The auditor indicated that further training would be necessary for compliance with the standard. The facility conducted additional staff training after the on-site audit. The facility provided training to the medical staff on the agency's policy. The training was constructed and facilitated by the Safe Prisons staff for the healthcare department. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

Standard 115.82 Access to Emergency Medical and Mental Health Services

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

The Department's policies G57.1 Sexual Assault/Sexual Abuse, A01.1 Access to Care, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan indicate that offenders who are victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The policies also indicate 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 judgment. Emergency medical attention is provided through the facility's medical department. Health care services are provided seven days a week, 24 hours a day. Medical and mental health staff are also on call as needed for emergencies.

The agency's policy indicates that all victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. There were two (2) alleged victims of sexual assault who required forensic exams. The offenders were taken to the local hospital where the forensic exam was conducted by a SANE staff member. The interview with the one (1) offender that reported sexual assault indicated that he was seen by medical and mental health immediately and was offered follow-up services. His allegation did not require a forensic exam. He indicated he was on the mental health caseload and could see mental health as needed.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Shift Supervisor begins the notifications which include medical and mental health services as outlined in the Safe Prisons/PREA Plan and SPPOM 5.01 Sexual Abuse Response and Investigation. This process was verified through incident reviews, the Sexual Abuse Investigation Checklist within the investigation files, and interviews with staff and medical and mental health practitioners.

The offenders also receive timely information about access to sexually transmitted infections prophylaxis, policy G57.1 Sexual Assault/Sexual Abuse. These services are offered through the CID nurse immediately. Additional education and follow-up treatment and testing are provided as needed by the CID nurse. The interviews with medical staff confirmed this process. Treatment services are provided to every victim without any financial costs policy G57.1 Sexual Assault/Sexual Abuse.

Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

The agency's policies G57.1 Sexual Assault/Sexual Abuse, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no cost to the offenders and are consistent with the community level of care, per policies E32.1 Receiving, Transferring, and Continuity of Care Screening, G57.1 Sexual Assault/Sexual Abuse, and E44.1 Continuity of Care. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately. Additional education, follow-up treatment, and testing are provided as needed by the CID nurse. Treatment services associated with sexual assault/sexual abuse or alleged sexual assault/sexual abuse will not result in the application of the health services fee to the victim. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process. The one (1) offender that reported sexual abuse indicated he received treatment by medical and mental health with no cost to him.

The Safe Prisons/PREA Plan and policy 57.1 Sexual Assault/Sexual Abuse states if an incident occurs within the 96 hours of reporting, the offender will be seen by a mental health professional immediately after medical exams are completed. If reported after 96 hours, the offender will be referred to and will be seen by a mental health professional within 10 business days. This applies to the victim and the offender-on-offender abuser. A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. During the interview process, mental health staff indicated they would not provide services to abusers. They may conduct an assessment only if given consent and then would provide medication, but would not address the predator issues. Documentation was provided by the facility that an abuser was seen by the mental health administrator which showed practice. The auditor shared with the Warden and administration the comments made by the mental health staff and discussed the requirement of the standard. The auditor indicated that further training would be necessary for compliance with the standard. The facility conducted additional staff training after the on-site audit. The facility provided training to the mental health staff on the agency's policy. The training was constructed and facilitated by the Safe Prisons staff for the healthcare department. During the training sessions, each staff member received a written training and verbal instruction. There was time available within the training for questions and any topic to be clarified. At the end of the training session, every staff member signed a training roster to verify receipt of training. Samples of the training and the training rosters were provided for documentation compliance.

Standard 115.86 Sexual Abuse Incident Reviews

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

- Does Not Meet Standard (requires corrective action)

The agency's policies AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 08.01 Monthly Safe Prisons/PREA Plan, and the Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents. The Administrative Incident Review must be forwarded to the Regional Director no later than ten (10) working days following the notification to Emergency Action Center (EAC). The facility's Warden obtains input from security supervisors, investigators, and medical and/or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team includes the Warden, Assistant Warden, Majors, Safe Prisons/PREA Manager, OIG investigator, search team officer, and as needed, input from line supervisors, investigators, medical, and mental health practitioners. The review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The facility will implement recommendations that result from the review, or document the reasons for not doing so. The Regional Director reviews the Administrative Incident Review Report and documents any comments in the final portion of the Administrative Review Section and forwards to EAC no later than twenty (20) working days following the initial notification to EAC. All Administrative Incident Reviews containing recommendations or corrective action require a written ninety (90) day follow-up report prepared by the Regional or department head. The follow-up report shall be completed and submitted to the Deputy Director for Prison and Jail Operations or designee within ninety (90) days of the notification to EAC.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and the implement recommendations or improvements. The Unit Investigation Team (UIT) meets as needed, but at last monthly, to discuss and review all investigations. The review is documented through meeting minutes. The review team includes the Warden, Assistant Warden, Majors, Safe Prisons/PREA Manager, OIG investigator, search team officer, and as needed, input from line supervisors, investigators, medical, and mental health practitioners.

Sexual abuse incident reviews were completed on four (4) cases determined unsubstantiated. The four (4) unfounded cases were not formally reviewed. The administrative incident review team reports were included in the investigation files for review. The interviews with the Incident Review Team indicated they review all five elements including offender rosters, offender movements, area blind spots, review the incident area, building schedule, training records of the staff in area of incident, and whether cameras would supplement supervision in the area. The Warden indicated the review also includes whether protocol was followed, was the response appropriate, identifying unit vulnerabilities, identifying potential blind spots, staff coverage, adequate staffing, and what proactive actions can be taken to better the system. The Warden also stated the administrative team is responsible for monitoring for compliance. The review of the files and interviews with the Warden, Incident Review Team members, and Safe Prisons/PREA Manager demonstrates compliance with the standard.

Standard 115.87 Data Collection

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

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control

PREA Audit Report

through a case management database. The PREA Ombudsman oversees the reporting of sexual abuse and sexual harassment information for the Texas Department of Criminal Justice. One of the responsibilities of the PREA Ombudsman is to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards. Daily a list of all alleged sexual abuse incidents that occurred the previous day is reported to the PREA Ombudsman and Safe Prisons/PREA personnel. The information is collected using a uniform data standardized instrument, Survey of Sexual Violence 2012. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency and the PREA Ombudsman aggregates this incident based sexual abuse data at least annually. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency's website. The agency provided the Department of Justice with data from the previous calendar year. This information also was incorporated into the 2015 Safe Prisons/PREA Annual Report. The annual report was reviewed as part of the audit process.

Department policies that outline the data collection process include: AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; BP 2.09 PREA Ombudsman Statement; OIG 4.05 Offender Sexual Assault Investigations; SPPOM 8.01 Monthly Safe Prisons PREA Report; and 01.01 Safe Prisons/PREA Management Office.

Standard 115.88 Data Review for Corrective Action

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

The Department's policy BP 2.09 PREA Ombudsman Statement outlines the PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice (TBCJ) chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. The Ombudsman office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. Before publishing the annual report, all personal identifiers are removed. The annual report is approved by the Executive Director of the Texas Department of Criminal Justice then the report is published on the Texas Board of Criminal Justice PREA Ombudsman website. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. The report was reviewed as part of the audit process. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Warden and review of the facility's monthly reports it documents the data collection process and correction actions taken by the facility.

Standard 115.89 Data Storage, Publication, and Destruction

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

The Department's policy BP 2.09 PREA Ombudsman Policy Statement, Record Retention Schedule, ED 2.29 Records Management, and the Safe Prisons/PREA Plan direct how the incident based information and aggregate data is collected, properly stored, and securely retained. The PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility including contracted facilities; preparing monthly and semiannual activity reports for distribution. Access to the data is controlled. The agency's aggregate data is available to the public through the agency's website and the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. Before publishing the annual report, all

personal identifiers are removed. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All Offender Investigation Packets and criminal investigations and which include sexual abuse cases are permanently maintained electronically.

AUDITOR CERTIFICATION:

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

Barbara King

January 2, 2018

Auditor Signature

Date