

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		Louie C. Powledge Unit	
Physical address:		1400 FM 3452, Palestine, TX 77705	
Date report submitted:		October 16, 2015	
Address: P.O. Box 693081 Miami, FL 33169			
Email:		wynnie@wtsconsultant.com	
Telephone number:		786-258-4951	
Date of facility visit:		September 15 - 18, 2015	
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		903-773-5074	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Raymond Hendrix		Title:	Unit Safe Prisons PREA Manager
Email address: Raymond.Hendrix@tdcj.texas.gov		Telephone number:	903-723-5074
Agency Information			
Name of agency:		Louie C. Powledge Unit	
Governing authority or parent agency: <i>(if applicable)</i>		Texas Department of Criminal Justice, 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	
Name: Brad Livingston		Title:	Executive Director
Email address: brad.livingston@tdcj.texas.gov		Telephone number:	936-437-2101
Agency-Wide PREA Coordinator			
Name: William Stephens		Title:	Director, Correctional Institutions Division
Email address: William.stephens@tdcj.texas.gov		Telephone number:	936-437-2170

AUDIT FINDINGS

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Louie C. Powledge Unit is a state facility governed by the Texas Department of Criminal Justice(TDCJ), Correctional Institutions Division. It is a minimum security facility which is located 7 miles west of Palestine, Texas.

The facility was built in 1982 with a designed capacity of 1137; which houses male offenders. The population at time of audit was 1090. The offenders range in age 22 to 84 with the age of criminal majority being 50 to 54.

The Powledge Unit is composed of dormitory style housing areas. The main building has 14 dormitories with an average of 53 single beds in each dormitory; 2 dorms with 29 bunks retrofitted for medical needs. The medical department can house up to 14 offenders requiring assisted living and a segregation area that contains 30 cells which is utilized for all types of Administrative Segregation.

Additionally, there is a Trusty Camp housing area approximately 200 yards from the perimeter fence. The Trusty Camp is a 321 bed self-contained unit, with administration being provided by the main unit.

The Powledge Unit has a total of 290 employees (200 Security & 90 Support).

Medical Services for offenders housed at the Powledge Unit is provided through a contract agreement between the TDCJ and the University of Texas Medical Branch in Galveston, Correctional Managed Care Division (UTMB-CMC). All medical staff are employees of UTMB-CMC. Oversight of the contract and the care provided is conducted through several monitoring systems conducted by both TDCJ and UTMB.

Support Services provided by the Powledge Unit include Laundry, Food Service, Medical, Chaplaincy, and Education. The Powledge Unit houses a Metal Fabrication Plant, which is part of the Texas Corrections Industries (TCI) Divisions. The plant is located inside the perimeter fence. The perimeter of the facility has one fence and four armed guard towers which is staffed 24 hours, 7 days a week.

Mission Statement

The mission of the Louie C. Powledge Unit is to provide secure and safe confinement, rehabilitation and reintegration of adult felons consistent with the Texas Department of Criminal Justice.

Narrative

The PREA audit of **Louie C. Powledge Unit in Palestine, Texas**, was conducted on September 16th —18th, 2015 by Wynnie Testamark-Samuels, Certified PREA auditor. I was greeted by Kelvin Scott, Region 2, (Regional Director), Balden Polk, Senior Warden,

and his command staff and converse with them briefly. I toured the facility from 9:30a.m. – 12 noon. During the tour, I was accompanied by Polk,B., (Senior Warden), Pinney, K., (Assistant Warden), Clark,J., (Major), and support staff.

Powledge Unit (to include Trusty Camp), has a total of 14 buildings, 19 housing units, 28 single cells and 2 multiple occupancy cells. Additional areas toured were, Special Management Unit (SMHU), medical, intake, reception screening, recreation, laundry, kitchen, library, program areas and various work areas. I was given a listing of all offenders housed in the various units at the facility and randomly selected inmates from each housing unit as well as any offenders who were limited English speaking or had hearing/vision impairment to be interviewed. There were no vision impaired offenders; I did interview 4 limited English speaking inmates utilizing an interpreter, 0 transgender inmate, 2 gay inmate. Powledge Unit does not house juvenile inmates. I conducted a total of 60 random offender interviews.

I requested and received shift rosters from all three shifts, (morning, day and evening watch) and randomly selected line security and non security staff, shift supervisors, OIG Investigators, medical & mental health practitioners, and personnel from human resources, food services, facility maintenance, programs, volunteers and chaplaincy unit to interview. Moreover, I interviewed 2 representatives from Community Center for Solutions, which is an external source that provides victim advocates, crisis intervention and counseling services to the inmates. All specialized staff was interviewed except SANE/SAFE. All SANE/SAFE exams are performed at Palestine Regional Hospital. I conducted a total of 50 staff interviews.

There were 2 allegations of sexual assault by staff, within this audit cycle. Consequently, after thorough investigation, the 2 cases were closed.

SUMMARY OF AUDIT FINDINGS:

Based upon confidential interviews and onsite assessment, I found the staff and offenders to be well aware of PREA. The staff was knowledgeable about their agency's zero tolerance policy, reporting responsibilities and protocol dealing with victims of sexual assault and/or sexual harassment. Additionally, TCDJ training staff, Medical and Mental Health staff did an exceptional job providing additional educational training to all staff on how to identify and treat victims of sexual assault and/or sexual harassment, and provide excellent services parallel to that in the community to the inmates that's entrusted in their care.

On September 16th - 18th, 2015, one site visit was completed at Louie C. Powledge Unit in Palestine, Texas. The results indicate 100% compliance.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

115.11 Zero Tolerance

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

Auditor comments:

Documentation provided reviewed: ED 03.03 Safe Prisons PREA Plan, Safe Prisons PREA Program, PD-29 Sexual Misconduct with Offenders, TDCJ Organizational Chart.

Onsite interviews conducted with Senior Warden Polk, Safe Prisons Coordinator (Ms. Karnes), random staff, volunteers, contractors, and offenders.

Agency complies in all material ways with the standard for the audit period.

115.12 Contracting with other agencies for confinement of inmates **N/A**

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

Auditor comments:

N/A: Powledge Unit is a state of Texas managed facility.

Documentation provided by agency: Statement of Fact – Private Units

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)

Onsite interviews conducted with Senior Warden Polk, Safe Prisons Coordinator (Ms. Karnes), Classification Supervisor (Lt. Burt), Major Clark and random supervisors and staff.

Documentation reviewed: AD 11.52 Security Staffing, SOPM 08.01 Turnout Roster Management, SOPM 08.04 Explanation of Columns on Strength Report, SOPM 08.06 Security

Operations Annual Review of Turnout Rosters Procedures, PO-07.002 Major fo Correctional Officers, PO-07.003 Captain of Correctional Officers, PO-07.004 Lieutenant of Correctional Officers, PO-07.003 Sergeant of Correctional Officers, and daily rosters.

Agency complies in all material ways with the standard for the audit period.

115.14 Youthful inmates **N/A**

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

Auditor comments:

N/A: POWLEDGE UNIT DOES NOT HOUSE YOUTHFUL INMATES

115.15 Limits to cross gender viewing and searches

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

Auditor comments:

Onsite interviews conduct with Senior Warden Polk, Ms. Karnes (Safe Prisons Coordinator), Ms. Hatten(Mental Health Case Manager), Mr. Fields(Nurse Manager),random supervisors, staff and offenders.

Documentation provided and reviewed: AD-03.22 Offender Searches, SPPOM 02.05 Cross Gender Searches and Log, Knock and Announce Email, PO-07.027 Dorm Officer, PO-07.023 Cellblock Officer, PO-07.132 Work Camp Utility Officer, PO-07.020 Picket Officer, PO-07.015 Shower Room Officer, Contraband & Shakedown PS Curriculum, and training logs.

Agency complies in all material ways with the standard for the audit period.

115.16 Inmates with Disabilities and Limited English speaking

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

Does Not Meet Standard (requires corrective action)

Auditor comments:

Offenders are provided with Sexual Abuse Awareness Brochures, and receive the Safe Prison/PREA video training within the first 7 days of arrival at the facility. During the onsite visit, Sexual Awareness Posters and Zero-Tolerance Policy posters posted throughout the facility and housing units were observed.

Additionally, Orientation material were provided and posted in English and Spanish. At the time of the onsite visit, Powledge Unit had no deaf or blind offenders. LEP random inmates interviewed; no interpreter needed. TDCJ provides a list of staff approved to translate when the needed.

Documentation provided and reviewed: AD 04.25 Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking, AD 06.25 Qualified Interpreter Services-American Sign Language, CMHC G.51.1 Offenders with Special Needs, SM-05.50 Qualified Spanish Interpreters Guidelines, and SPPOM 02.03 Postings and Brochures

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Based on interviews with HR(Ms. Sperry), Warden Polk and documentation provided by TDCJ Central Office; PD-27(P:1,5) & PD 75 (P:4), the criminal background records check, agency complies in all material ways with the standard for this audit cycle.

115.18 Upgrades to facilities and technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments:

To date, Powledge Unit has had no substantial expansions or modification of its existing facility. However, in an effort to create a more sexually safe facility, Powledge Unit has installed modesty screens in inmate housing (shower and toilet areas) and installed an additional 18 security cameras in various locations throughout the facility.

TCDJ continues to evaluate institution make-up, multi-disciplinary factors, layouts for revisions, facilitate design, safety and collaborate with stakeholders for the overall assessment of needs.

Written documentation from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator, onsite interview with Senior Walden Polk, and Safe Prisons Coordinator (Ms. Karnes).

Agency complies in all material ways with the standard for this audit cycle.

115.21 Evidence protocol and forensic medical exams

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

Auditor comments:

Forensic medical examinations are performed at the local hospital in Palestine, Texas and a list of state and local Rape Advocacy Centers is available to offenders through the Unit Law Library.

Based upon documentation reviewed , TDCJ AD-16.03, 05.01, G-57.1, S.B. No.1191, training documentation, written documentation from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator, and onsite interviews with OIG Investigator (Gray,B.) for Powledge Unit.

Agency complies in all material ways with the standard for the relevant audit period.

115.22 Referrals of allegations for investigations

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

Auditor comments:

TDCJ Office of the Inspector General (OIG) conducts criminal investigations within Powledge Unit.

Based upon documentation reviewed, TDCJ AD-02.15, AD-16.20, Safe Prisons PREA Plan, 05.05, 05.10, 15.01, 15.05, BP-01-07, PD-29, OIG-04.05, and written interview from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator.

Agency complies in all material ways with the standard for the audit period.

115.31 Employee training

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

Auditor comments:

TDCJ (Powledge Unit) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. PREA training (formal and informal) is provided annually, quarterly, monthly, and daily to staff. In addition to PREA training, TDCJ also provides Gender Specific Training-Safe Prisons Initiatives, PD-29, Educational Video for staff, volunteers, and contractors; Safe Prisons/PREA Plan, 06.01 PREA Awareness Training, AD-12.20.

Based upon random interviews of staff, training documentation, lesson plans, and attendance sign in sheets provided by TDCJ Central office; it's apparent the primary focus is to provide a sexually safe environment for both staff and inmates. All employee training is kept in TDCJ electronic training database.

Agency substantially exceeds requirement of standard.

115.32 Volunteer and contractors training

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

Auditor comments:

TDCJ (Powledge Unit) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. Prior to service as a volunteer with TDCJ, volunteers are required to read, become familiar with the agency rules of conduct, policy (AD-02.46), (AD-07.35), PD-29, Safe Prisons/PREA Plan, TDCJ Volunteer Services Plan, view Volunteer Training Video and agree and signs the Acknowledge of Training(AOT) form after each training session. In the letter(Letter of Orientation for Special Volunteers) to volunteers, it clearly states that agency has a zero tolerance policy for sexual misconduct and the consequences if they violates the rights of an offender. Additionally, each volunteer receives a "Handbook for Volunteers" and a copy can also be viewed on TDCJ website.

The AOT Form is filled in the volunteer's central file maintained at TDCJ Volunteer Services Central Office. Based upon formal interviews of volunteers, training documentation provided by TDCJ Central office; agency substantially exceeds requirement of standard.

115.33 Inmate education

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

Auditor comments:

Powledge Unit is not an intake facility. However, offenders are provided with Sexual Abuse Awareness Brochures, and receive the Safe Prison/PREA video training within the first 7 days of arrival at the facility. During the onsite visit, Sexual Awareness Posters and Zero-Tolerance Policy posters posted throughout the facility and housing units were observed.

Additionally, Orientation material were provided and posted in English and Spanish. At the time of the on site visit, Powledge Unit had no deaf or blind offenders. Limited English speaking paperwork reviewed, LEP random inmates interviewed; no interpreter needed. TDCJ provides a list of staff approved to translate when the needed.

Agency complies in all material ways with the standard for the audit period.

115.34 Specialized training: Investigators

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

Auditor comments:

TDCJ Office of Inspector General (OIG) conducts criminal investigations at the Powledge Unit. Ms. Gray (OIG Investigator) articulated Miranda, Garity, evidence collection and interviewing sexual assault victim processes during interview.

Based upon the interview with OIG(Ms. Gray), review of TDCJ policy BP-01.07, OIG OPM-02.15 Training Procedures, AD-16.03 Evidence Handling, Lesson Plans-2029-Interviewing and Interrogation, Lesson Plans 3201- Sexual Assault Investigative Topics, OIG 04.05, Specialized Investigation Training, Investigator Training roster, NIC PREA Training Roster, agency complies in all material ways with the standard for the audit period.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Based upon documentation provided, all forensic exams are performed at the local hospital in Palestine. Also, reviewed TDCJ policy: AD-16.03, CMHC C 19.1 Continuing Education Staff Development, 25.1 Orientation Training for Health Services Staff, 57.1 Sexual Assault Sexual Abuse, Letter of Orientation:TDCJ Health Services Division, Medical, Mental Health Orientation checklist, Medical and Mental Health PREA Training , and interviewed Ms. Hatten(Mental Health Case Manager and Mr. Fields(Nurse Manager); agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Reviewed CMHC E-35.1 Mental Health Appraisal for Incoming Offenders, SPPOM-03.01 Offender Assessment Screening, Safe Prisons PREA Plan, C IPM-CL-69 Psychological Screening Interview, IMP-5.06 Intake Procedure Security Referrals, CMHC A-09.01 Privacy Care, CMHC H-61.1 Confidentiality and Release of Protected Health Information, interviews with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator, intake staff and offenders.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

TDCJ policy AD-04.17 states its objective is to house each offender in a manner to ensure safety, security, and treatment needs of all offenders are met, as well as to maintain the safety, security of the public, staff and unit. As such, documentation reviewed: AD 04.18, IPM- 4.01 Intake procedures, Safe Prisons PREA Plan, SPPOM-03.01 Offender Assessment Screening, CMHC E-35.1 Mental Health Appraisal for Incoming Offenders, SPPOM-03.02 Special Population Review, UCPM-04.00 Offender Housing Assignments are all utilized when screening offenders. At the time of the on site visit, there were no transgender inmates. However; TDCJ Safe Prison Plans and CMHC G-5.11 policy states, placement of a transgender offender is made on a case-by case basis .

Per Safe Prison Coordinator (Ms. Karnes), Transgender Offenders are not housed at Powledge Unit.

Based upon the aforementioned, interviews with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator (Ms. Karnes), Classification Supervisor(Lt. Burt), intake staff, offenders, agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Documentation reviewed: TDCJ Administrative Segregation Plan , Segregation Initial Placement & Notification, Placement on Restriction Ad Seg Review, Safe Prisons PREA Plan, Offender Protection Investigation, Guidelines for Administrative Segregation Committee Members.

Interviews with Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, Classification Supervisor (Lt. Burt,V.) and the aforementioned documentation reviewed, agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Interviewed Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, Classification Supervisor (Lt. Burt,V.) and random staff and offenders confirmed the various ways in which offenders can report. Also, reviewed documentation provided: Safe Prisons PREA Plan, PREA Brochure, BP 03.91 Uniform Offender Correspondence Rules, ED-02.10 PREA Complaints and Inquiries, observed Zero Tolerance Posters in English and Spanish throughout housing areas and facility.

TDCJ does not detain offenders solely for civil immigration purposes.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Powledge Unit has not had any administrative remedies as a result of sexual abuse during this audit period. Reviewed documentation provided by TDCJ Central Office: BP-3.77 Offender Grievances, AD-03.82 Management of Offender Grievances, OGOM-1.01 Step 1 Grievance Process, OGOM-7.00 Office of the Inspector General Referrals, OGOM-4.00 Grievance Limits, OGOM-9.00 Third Party Grievance Procedures and Investigations.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Onsite visit interviews conducted with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator, random staff and offenders confirmed inmates access to outside confidential support services. Additionally, reviewed documentation provided: BP-03.91 Uniform Offender Correspondence Rules, Safe Prisons PREA Plan, SPPOM 02.02 Offender Victim Representative, MOU#696-ID-13-16-M129 (TDCJ and Families In Crisis, Inc.), and Request for additional Sexual Assault Advocacy Services.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

TDCJ has established various ways in which third-party reports can be made; this information is also available to the public via agency internet (ED-02.03 Ombudsman Program).

Additional documentation reviewed: ED-02.10 PREA Complaints and Inquiries, General Information Guide for Families of Offenders, Safe Prisons PREA Plan, SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency. Also interviewed; Senior Warden Polk, Safe Prisons Coordinator (Ms. Karnes), random staff and offenders; and observed PREA postings throughout housing units and facility.

Agency complies in all material ways with the standard for the audit period.

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)

Auditor comments:

Reviewed documentation provided by TDCJ Central Office: Safe Prisons PREA Plan, SPPOM 05.01 Sexual Abuse Response and Investigation, CMHC E-35.2 Mental Health Evaluation, CMHC G-57.1 Sexual Assault/Sexual Abuse, CPOM 02.05 Requirement fo contact Department of Family Protective Services (DFPS), AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General, and Addendum to PD-29 Sexual Misconduct with Offenders.

In addition to the afformentioned, interviewed Senior Warden Polk, Safe Prisons Coordinator (Ms. Karnes), random staff, and volunteers and contractors.

Agency complies in all material ways with the standard for the audit period.

115.62 Agency protection duties

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

Auditor comments:

Interviewed Senior Warden Polk, Safe Prisons Coordinator (Ms. Karnes), and random staff during onsite visit. Reviewed documentation provided by agency: SPPOM 05.01 Sexual Abuse Response and Investigation, SPPOM 05.03 Time Frames Associated with Offender Protection Investigations, and Safe Prisons PREA Plan.

Agency complies in all material ways with the standard for the audit period.

115.63 Reporting to Other Confinement Facilities

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

Auditor comments:

Reviewed documentation provided by agency: BP-01.07 Inspector General Policy Statement, AD-16.20 Reporting Incidents/Crimes to the OIG, Safe Prisons PREA Plan, SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 05.01 Sexual Abuse Response and Investigations, and written interview from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator.

There are no unions for TDCJ.

Onsite interview with Senior Warden Polk, and Safe Prisons Coordinator (Ms. Karnes).

Agency complies in all material ways with the standard for the audit period.

115.64 Staff First Responder Duties

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

Auditor comments:

Reviewed documentation provided by agency: AD 16.03 Evidence Handling, OIG OPM 04.05 Offender Sexual Assault Investigations, and SPPOM 05.01 Sexual Abuse Response and Investigations.

Also, interviewed Safe Prisons Coordinator (Ms. Karnes), and random staff.

Agency complies in all material ways with the standard for the audit period.

115.65 Coordinated Response

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

Auditor comments:

Reviewed documentation provided by the agency: PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD-29 Sexual Misconduct with Offenders, PD-35 Independent Dismissal Mediation and Dispute Resolution, and Safe Prisons PREA Plan.

Onsite interviews conducted with Senior Warden Polk, and Safe Prisons Coordinator (Ms. Karnes), Ms. Hatten (Mental Health Case Manager), Mr. Fields (Nurse Manager), and random staff.

Agency complies in all material ways with the standard for the audit period.

115.66 Preservation of ability to protect inmates from contact with abusers

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

Auditor comments:

Based upon documentation provided by TDCJ Central Office (PD-22, PD-29, PD-35) and reviewed; agency complies in all material ways with the standard for this audit period.

115.67 Agency protection against retaliation

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

Auditor comments:

Based upon documentation provided by TDCJ Central Office (PD-13, PD-22, PD-29, PD-31, SPPP 05.08 (90-Day Monitoring for Retaliation : Offender & Staff), Safe Prisons/PREA Plan, SPPP 02.04, and written interview from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator interviews with staff, offenders and Safe Prisons Coordinator.

Offenders are monitored and assessed every 30 days for 90 days, but if actions are required in between those periods, staff will respond accordingly.

Agency complies in all material ways with the standard for the audit period.

115.68 Post-Allegation Protective Custody

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

Auditor comments:

Based upon documentation provided by TDCJ Central Office (AD-03.50, 04.63, Administrative Segregation Plan, Committee Review Decision form, Guidelines for Administrative Segregation Committee Members, Safe Prisons/PREA Plan reviewed and interviews with offenders, staff, Senior Warden Polk and Safe Prisons Coordinator (Ms. Karnes).

Agency complies in all material ways with the standard for the audit period.

115.71 Criminal and Administrative Agency Investigations
--

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

Auditor comments:

Based upon interviews conducted with OIG Investigator (Ms. Gray,B.), Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, and documentation provided by TDCJ Central Office (Safe Prisons/PREA Plan, AD-02.15, 16.20, OIG OPM 02.15, 03.72, 04.05, 05.10, 05.11, 05.15, OIG LP-3201, PD-29 BP-01.07, and reviewed. Additionally, training documents and curriculum for investigators who conducts administrative and criminal investigations within Powledge Unit.

Agency complies in all material ways with the standard for the audit period.

115.72 Evidentiary Standard for Administrative Investigations

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

Auditor comments:

Based upon interviews conducted with OIG Investigator (Ms. Gray,B.), Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, and documentation provided by TDCJ Central

Office: Safe Prisons/PREA Plan, SPP-05.05, training documents and curriculum for investigators who conducts administrative and criminal investigations within Powledge Unit.

Agency complies in all material ways with the standard for the audit period.

115.73 Reporting to Inmates

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

Auditor comments:

Based upon interviews conducted with OIG Investigator (Ms. Gray,B.), Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, offenders and documentation provided by TDCJ Central Office (Safe Prisons/PREA Plan, SPP-05.05 (Notification of OPI Outcome),05.10, 05.11.

Agency complies in all material ways with the standard for the audit period.

115.76 Disciplinary sanctions for staff

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

Auditor comments:

Based upon interviews conducted with OIG Investigator (Ms. Gray,B.), Safe Prisons Coordinator (Ms. Karnes), Senior Warden Polk, random staff and documentation provided by TDCJ Central Office (PD-13 Sexual Harrassment & Discourteous Conduct of a Sexual Nature, PD-22 General Rules of Conduct & Disciplinary Action Guidelines for Employees, PD-29 Sexual Misconduct with Offenders) and AD-16.20 Reporting Incidents/Crimes to the OIG.

During this audit period, there was 2 allegation of staff sexual misconduct. Cases were investigated and closed.

Agency complies in all material ways with the standard for the audit period.

115.77 Corrective action for contractors and volunteers

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

Auditor comments:

Based upon interviews with volunteers and documentation provided by agency: Volunteer Services Plan, Acknowledgment of Volunteer Training Orientation, Orientation Video, PD-29 Sexual Misconduct with Offenders, and Safe Prisons PREA Plan.

Agency complies in all material ways with the standard for the audit period.

115.78 Disciplinary sanctions for inmates

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

Auditor comments:

Documentation reviewed provided by agency: GR-106 Disciplinary Rules and Procedures for Offenders, Safe Prisons PREA Plan, CMHC E 35.1 Mental Health Appraisal for Incoming Offenders, SOTP 01.01 Overview of the Sex Offender Treatment Program.

Agency complies in all material ways with the standard for the audit period.

115.81 Medical and Mental health screening; history of sexual abuse

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

Auditor comments:

Onsite visit interviews conducted with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator (Ms. Karnes), and random offenders.

Reviewed documentation: CMHC E-35.1 Mental Health Appraisal for Incoming Offenders, CMHC E-35.2 Mental Health Evaluation, CMHC G-57.1 Sexual Assault/Sexual Abuse, Safe Prisons PREA Plan, SPPOM 03.01 Offender Assessment Screening, CMHC A-09.01 Privacy of Care, CMHC H-61.1 Confidentiality and Release of Protected Health Information, SPPOM 05.01 Completing the Offender Protection Investigation, CMHC I-70.1 Informed Consent, and CPOM 02.05 Requirement to Contact Department of Family Protective Services (DFPS).

Agency complies in all material ways with the standard for the audit period.

115.82 Access to emergency medical and mental health services

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

Auditor comments:

Onsite visit interviews conducted with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator (Ms. Karnes), and random offenders.

Documentation provided by agency reviewed: CMHC G-57.1 Sexual Assault/Sexual Abuse, Safe Prisons PREA Plan, SPPOM 05.01 Completing the Offender Protection Investigation, and CMHC A 01.01 Access to Care.

Agency complies in all material ways with the standard for the audit period.

115.83 Ongoing medical and mental health care for sexual abuse victims
--

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

Auditor comments:

Onsite visit interviews conducted with Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator (Ms. Karnes), and random offenders.

Documentation reviewed: CMHC G-57.1 Sexual Assault/Sexual Abuse, Safe Prisons PREA Plan, SPPOM 05.01 Completing the Offender Protection Investigation, CMHC E-32.1 Receiving, Transfer and Continuity of Care Screening, CMHC E-44.1 Continuity of Care, Rights of Crime Victims.

Agency complies in all material ways with the standard for the audit period.

115.86 Sexual abuse incident reviews

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

Auditor comments:

Onsite visit interviews conducted with Senior Warden Polk, Ms. Hatten, (Mental Health Case Manager), Mr. Fields (Nurse Manager), Safe Prisons Coordinator (Ms. Karnes), Classification Supervisor (Lt. Burt), Major Clark, and random Command Staff.

Documentation reviewed: AD 02.15 Operations of the Emergency Action Center & Reporting Procedures for Serious or Unusual Incidents, Safe Prisons PREA Plan, and SPPOM 08.01 Monthly Safe Prisons PREA Report.

Agency complies in all material ways with the standard for the audit period.

115.87 Data collection

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

Auditor comments:

Documentation provided reviewed; BP-02.09 PREA Ombudsman Policy Statement, AD 02.15 Operations of the Emergency Action Center & Reporting Procedures for Serious or Unusual Incidents, OIG OPM 04.05 Offender Sexual Assault Investigations, Safe Prisons PREA Plan, SPPOM 01.01 Safe Prisons/PREA Management Office I.A.1, and DOJ, BJS Survey of Sexual Violence (SSV).

SSV is completed at TDCJ Central Office through the Executive Services Office, OIG, and Safe Prisons/PREA Management Office for all state and privately operated facilities.

Agency complies in all material ways with the standard for the audit period.

115.88 Data review for corrective action

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

Auditor comments:

Documentation provided reviewed; BP-02.09 PREA Ombudsman Policy Statement, PREA Ombudsman Safe Prisons Program Annual Report SOP, 2013 Safe Prisons Program Annual Report, Safe Prisons PREA Plan, Texas Government Code 501.171-176, OIG (Confidential information not contained in report), and written interview from Mr. William Stephens, Director, Correctional Institutions Division & Compliance Coordinator.

Onsite interviews conducted with Safe Prisons PREA Coordinator (Ms. Karnes), and Senior Warden Polk.

Agency complies in all material ways with the standard for the audit period.

115.89 Data storage, publication and destruction

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

Auditor comments:

Documentation provided and reviewed: A,D Records Retention Schedule, BP-02.09 PREA Ombudsman Policy Statement, and OIG OPM-03.72 Record Retention-PREA Record Retention Schedule.

Agency complies in all material ways with the standard for the audit period.

AUDITOR CERTIFICATION:

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

Wynn T. Samuels

10/16/15

Auditor Signature

Date