

PREAAUDITREPORT Interim **X** Final

ADULT PRISONS & JAILS

Date of report: May 10, 2017

Auditor Information			
Auditor name: Debra D. Dawson			
Address: P.O. Box 5825, Marianna, FL 32447			
Email: dddawsonprofessionalaudits@gmail.com			
Telephone number: 850-209-4878			
Date of facility visit: March 29 – 31, 2017			
Facility Information			
Facility name: T. L. Roach Unit			
Facility physical address: 15845 FM 164, Childress, TX 79201			
Facility mailing address: (ifdifferentfromabove)			
Facility telephone number: (940) 937-6364			
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: Senior Warden David Lofton			
Number of staff assigned to the facility in the last 12 months: 312			
Designed facility capacity: 1384 /W9-80/ISF-420			
Current population of facility: 1376/W9-79/ISF-395			
Facility security levels/Offender custody levels: G1, G2, G4, & C1			
Age range of the population: 18 - 69/ 18 - 68/ 20 - 75			
Name of PREA Compliance Manager: Shelly Heard		Title: Unit SAFE Prisons/PREA Manager	
Email address: shelly.heard@tdcj.texas.gov		Telephone number: 940-937-6364 Ext. 7339	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: (ifapplicable)			
Physical address: 861-B-I-45 North, Huntsville, Texas 77320			
Mailing address: (ifdifferentfromabove)P.O. Box 99, Huntsville, Texas 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Brian Collier		Title: Executive Director	
Email address: brian.collier@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: Lori Davis		Title: Director, Correctional Institutions Divisions	
Email address: lori.davis@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDITFINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for the T. L. Roach Jr. Unit located at 15845 FM 164, Childress, Texas, was coordinated through the Texas Department of Criminal Justice (TDCJ) and the American Correctional Association (ACA) Alexandria, Virginia Department of Justice (DOJ). Certified PREA Auditor Debra Dawson was notified by an ACA email of the assignment to conduct the initial PREA certification audit. The initial PREA certification audit was scheduled for March 29 – 31, 2017, immediately following the conclusion of an ACA reaccreditation audit scheduled for March 27 – 29, 2017.

The audit process began prior to the on-site visit. Specifically the audit process began with contact between the ACA auditor, TDCJ Office of Administrative Review and Risk Management, Huntsville, and the Senior Warden of T. L. Jr. Roach Unit. A USB thumb drive was mailed to the auditor by Ms. Brenda German, TDCJ Administrative Assistant IV. The thumb drive contained three essential parts. Part one contained master file documents for each of the 43 standards. Part two contained supporting documentation submitted by the agency, and part three contained the completed PREA Pre-audit Questionnaire. Additionally, completed interview documentation was also noted on the thumb drive for the Agency Contract Administrator, Agency Head/Designee, and PREA Coordinator. The presentation of labelling the master file documents, and supporting documentation provided demonstrated the agency's organizational skills and preparedness for the audit.

Following the protocols, including posting of notices (posting was initiated through the American Correctional Association (ACA) the auditor began reviewing the material forwarded in the prior weeks. The auditor reviewed all information noted on the Pre-Audit Questionnaire (PAQ), and discussed any questions and/or discrepancies noted. The facility provided a response within a timely manner to all inquiries made by the auditor. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Information from the flash drive was used during pre-audit prior to the site visit and post audit when writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and in practice by staff.

On Wednesday, March 29, 2017, at 1:00 p.m., following the ACA Audit closeout brief, the initial PREA audit of T. L. Roach Jr. Unit began. An initial meeting took place in the Senior Warden's Office. The meeting consisted of facility personnel assigned to the auditor during the audit process and tour of the facility. Those in attendance were: Senior Warden David Lofton , Assistant Warden Jason Williams, Region V Directors Office PREA/Safe Prison Federico Cervantes, Major John Bowers, Captain Cornelius Campbell, and PREA Compliance Manager Shelly Heard. The auditor explained the audit process, schedule and informed staff the purpose of the audit was to observe and assess all areas of the facility in order to verify compliance with the 43 PREA Standards. These staff later accompanied the auditor during the tour of the facility.

A tour of the facility began at appropriately 1:15 p.m. on March 29, 2017, following the initial meeting. The facility provided an outline of T. L. Roach Jr. Unit layout plans showing all the buildings on site to review prior to the actual tour. All areas of the T. L. Roach Jr. Unit were toured including, all inmate housing units at the main facility (RH), Immediate Sanction Facility (ISF), and Trustee Dorm. The major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour while paying special attention to the following areas: intake/reception; general housing; training; discipline office; segregated housing; health care and mental health; food service; line building; segregation unit; academic/vocational programs; law library; and general library; soap factory, dog canine unit, and all other locations on the grounds of the T. L. Roach Jr. Unit was toured. The PREA audit instrument was used to look at areas recommended and questions to ask and recording of the answers for use in deciding compliance in the standards. The auditor observed and confirmed PREA information informing inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse posted. During the tour of the facility, the auditor observed logs that confirmed unannounced rounds are being conducted in all housing units and programming areas accessible to the inmate population. Unannounced rounds were noted as being conducted numerous times during a 24 hour period throughout the facility. The notice of the PREA audit was strategically posted in areas accessible to the inmate population and staff. The notice was documented as being posted on January 23, 2017. This was well in an excess of the required six week notification.

The T. L. Roach Jr. Unit has a staff compliment of 312 employees. Security staff accounts for 229 of the 312 employees. Nonsecurity staff accounts for remaining 83 employees. The security staff are assigned 12 hours shifts. Their hours of work are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6:00 a.m., while working 4 days on and 4 days off. The employees' job assignment is based on the need of the facility. The auditor conducted interviews with security, non-security and specialized staff that included male and female staff with years of service ranging from 5 months to 25 years. The auditor conducted 28 random sample

interviews of staff assigned at the RH; 8 random sample interviews at the ISF; and 4 random staff interviews assigned at the Trustee Dorm. A total of 15 specialized staff was interviewed. The total number of staff interview conducted was 55.

Security staff selected for interviews was from each of the 12 hour shifts assigned at the RH, W-9 and ISF. Those interviewed included: Major; Captains; Lieutenants; Sergeants; Correctional Officers; Segregation Supervisor; Intake Officer; intermediate/higher-level staff (unannounced rounds); and staff who perform inmate screening. Non-security staff interviewed included: Agency Contract Administrator; educational staff; program staff; administrative staff; medical staff; mental health staff; human resource manager; SAFE/SANE staff; staff who perform screening for risk of victimization; volunteer; contractors; investigative staff; incident review team member; and retaliation monitor. There were no employees who performed first responder's duties.

Sampling techniques for interviews with inmates was selected through the use of a current inmate roster. The RH unit has 4 buildings with 3 dorms in each, and 1 building with 4 dorms. The RH Unit inmate base count was of 1376. The selection of inmates was interviewed from each of the 16 dorms at the RH Unit for a total of 48 inmate interviews. The ISF is 1 building with 4 dorms. Three dorms are designed to house inmates assigned to the ISF program (C1) and 1 dorm is designated as the Trustee Dorm. The ISF inmate base count was 395. Ten inmates were interviewed from the ISF. One of the dorms in the ISF facility houses the Trustee Dorm. The base count for this dorm was 79. There were 10 inmates interviewed from this dorm. Interviews were conducted with 3 inmates who identified themselves as transgender, and 1 inmate who reported a sexual abuse. Each of these inmates was assigned at the RH Unit. There were zero inmates at the facility that was identified as in segregation for risk of sexual victimization; or who disclosed sexual victimization during risk screening for interview during the visit.

The facility uses resources from partner agencies to obtain the mission of the facility. Medical care is coordinated by Texas Tech University through a contract with the Childress Regional Medical Center. The Windham School district provides a wide range of educational and vocational services.

The facility provided the auditor various offices to hold staff and inmate reviews. Facility staff provided excellent service making sure the individuals selected were immediately available throughout the interview process. The auditor used the PREA Audit Instrument for: random sample of inmates; identified category inmates; random sample of staff (security and nonsecurity); and specialized staff; Warden; PREA Compliance Manager; medical and mental health staff; administrative staff; SANE/SAFE staff; volunteers and contractors who have contact with inmates; investigative staff; staff who perform screening for risk of victimization and abusiveness; staff who supervise inmates in segregated housing; staff on the incident review team; designated staff member charged with monitoring retaliation; intake staff. There was zero security and zero non-security staff who performed as first responders. All reported allegations of sexual abuse were reported later than the date of the alleged incident.

Completion of the interviews with security, non-security, contractors and volunteers, inmate population, and review of policy and procedures confirmed T. L. Roach Jr. Unit considers PREA compliance a number one priority. All staff and inmates were very knowledgeable of PREA and the agency's zero tolerance policy of sexual abuse. PREA educational material was well presented through various training methods, to during the daily Turn-out at shift exchange.

In conclusion, the auditor met with the administration and summarized preliminary observation and assessment of the audit. The auditor identified no areas of concerns during the audit process. Therefore, the T. L. Roach Jr. Unit was successful in their goal of achieving PREA certification initial.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

Number of standards exceeded: 7

115.11; 115.31; 115.32; 115.33; 115.41; 115.42; 115.64

Number of standards met: 35

115.12; 115.13; 115.15; 115.16;
115.17; 115.18; 115.21; 115.22;
115.34; 115.35; 115.43;
115.51; 115.52; 115.53;
115.54; 115.61; 115.62;
115.63; 115.65; 115.67;
115.68; 115.71; 115.72; 115.73
115.76; 115.77; 115.78; 115.81
115.82; 115.83; 115.86; 115.87 115.88; 115.89

Number of standards not met: 0

Number of standards not applicable: 2

115.14; 115.66

DESCRIPTION OF FACILITY CHARACTERISTICS

The T. L. Roach Jr. Unit of the Texas Department of Criminal Justice (TDCJ) is located approximately two miles southwest of Childress Texas. The facility was established in August of 1991, and is located on a 1600 acres site. Surrounding the facility are fields that are used for gardens and other crops. Much of the adjoining acreage was previously farmed by the inmates; however, a lot of the land is now leased out to local farmers. It is an adult male facility with a mixed security level population.

The T.L. Roach Jr. Unit is a low security correctional facility with a mixed adult male security level populations. The facility has 21 individual buildings. The perimeter is secured by a twelve-foot chain-link fenced enhanced with three rolls of razor ribbon. There is a vehicular sally-port, and a sally-port entrance for pedestrians. Two-armed observation towers are located near the entry points and are manned 24 hours a day. Two armed mobile patrol security staff provides roving monitoring from 6: 00 p.m. to 6:00 a.m. (or during any darkness and as needed) as added as a security measure.

The T. L. Roach Jr. Unit main unit (RH) was established to house a capacity rate of 1384 inmates. The Unit provides housing for security levels consisting of G1, G2, G4, and C1 Inmates. The inmates are housed in dormitories or within cubicle housing. The inmates are housed in locked cells during the night. The (RH) has a rated capacity to house 1,384 inmates. The RH unit has 4 buildings with 3 dorms in each and 1 building with 4 dorms. A central control room (picket) controls access into the building and controls access into each cell. One of the units has one tier on the lower level that is set aside as an overflow area for those who need to be temporarily separated from the general population. The facility has a small special housing unit with seven cells that separate inmates who are being processed for transfer to other TDCJ facilities due to protection needs, or because they are no longer appropriate for the Roach Unit because of classification or security concerns. The special housing is also used for inmates are serving solitary confinement sentences due the disciplinary process.

The Intermediate Sanction Facility is referred to as ISF, and is satellite unit of T. L. Roach Jr. Unit. It is located less than a mile from the main compound and is a large metal building with no exterior fencing. The interior consists of large dormitory areas on each end of the building with a center area that is used for food service, inside recreation and program activities. There is a medical clinic and area for processing and property storage. All food is prepared at the main kitchen and transferred to the unit for each meal. Those inmates assigned are referred by the parole authority in Texas to a short period as an adjustment to their parole sentence because of issues that developed during the parole. The ISF has a capacity rate of 420 inmates.

The facility has a Trustee Dorm that has a capacity rate of 80 inmates. This dorm is located within the satellite unit. Inmates assigned to this dorm are heavily involved in programming and work activities to include custodial, barbering and employee laundry at the RH. These inmates also participate in the farming operation.

There is a fully functional prison industry located at the facility that produces soap and cleaning supplies for TDCJ facilities as well as other public sector clients. The factory produces approximately 800 cases of soap per day.

The facility is well integrated into the TDCJ system and uses system resources when the level of care of inmates exceeds the facility's designated mission and capacity. Meaning inmates with significant security, medical or mental health needs are assigned to other TDCJ facilities. The facility does have an infirmary, however as needed, inmates are transferred to local medical facilities for additional medical treatment. The facility uses resources from partner agencies. Medical care is coordinated by Texas Tech University through a contract with the Childress Regional Medical Center.

The Windham School district provides a wide range of educational and vocational services to assist the offenders in rehabilitation and re-entry into society.

The T. L. Roach Jr. Unit has a large kennel, which houses, and provides in-depth training to tracking dogs and cadaver dogs located on the outer grounds of the secure facility. The canine program often provides assistance to other Texas law enforcement agencies to include but not limited to the search of missing persons and inmate escapees, etc.

There have been no expansions, renovations or changes at T. L. Roach Jr. Unit since August 20, 2012. However, during an interview with the Senior Warden, he confirmed 48 new cameras were installed on October 13, 2016. The facility now has a total of 97 cameras installed. Camera schematics for the facility were provided and reviewed by the auditor. Staff monitoring, camera, and mirror coverage at T. L. Roach Jr. Unit appears to be sufficient to ensure the safety of both staff and inmates.

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)

In accordance with the review of ED-03.03 P:1; PREA Plan, P: ii, 9-10, 12-14, it was determined T. L. Roach Jr. Unit has written policies and procedures in place to support the agency's mission, and successful goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to conduct of such. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors. The TDCJ Safe Prisons PREA Plan P: 1-39 includes the agency's strategies and responsibilities to reduce and prevent sexual abuse and sexual harassment of inmates. During interviews with a selection of random inmates and staff in addition to specialty inmates and staff, each of those interviewed confirmed they received PREA training, and was aware of their responsibility of understanding the agency's zero tolerance in sexual abuse and sexual harassment under the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor as strategically located throughout the facility for staff and inmate awareness.

A review of the TDCJ Organizational Chart confirmed TDCJ has designated an upper-level agency-wide PREA Coordinator, (Director, Correctional Institutions Division) with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. During an interview with the PREA Coordinator, she confirmed she has sufficient time to fulfill her obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all TDCJ facilities.

The T. L. Roach Jr. Unit is one of several facilities managed by TDCJ. A PREA Compliance Manager is assigned at each TDCJ facility. A review of the T. L. Roach Jr. Unit's organizational chart revealed the assigned PREA Compliance Manager is a Correctional Staff. During an interview with the PREA Compliance Manager, she confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager has direct access to the Warden to report any and all PREA issues.

The agency's zero tolerance for sexual abuse and sexual harassment is a top priority. The T. L. Roach Jr. Unit staff is committed to operating in compliance with PREA and continues to report all allegations of any form of sexual administrative misconduct to TDCJ and criminal misconduct to the Office of Inspector General (OIG) a separate division of TDCJ for review and follow up. The facility has invested the necessary resources and time to educate the inmate population about their rights under PREA and to train security and civilian staff, contractors, and volunteers concerning their obligation to identify and report knowledge or suspicion of inappropriate activity related to PREA. The agency's strong support for developing, implementing and monitoring the PREA Standards is evident with the policies developed and enforced. TDCJ is committed to proving a safe environment to the inmate population which is demonstrated with the assignment of three levels of staff beginning with the agency-wide PREA Coordinator, PREA Compliance Managers monitoring the compliance of PREA standards within the agency's facilities. In conclusion, the auditor finds the facility substantially exceed the requirement for Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

Corrective Action: None

Standard 115.12 Contracting with other entities for the confinement of offenders

- 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)

Documentation of Solicitation, Offer and Awards in addition to Modifications of Contracts for TDCJ facilities was reviewed by the auditor. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies, documented that the contracting agency shall comply with PREA Standards for Adult Prisons and Jails. The contracting facilities are required to report any offender's sexual assault or sexual harassment to the TDCJ-PFCMOD and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement.

The Modification of Contract specifically notes that the TDCJ Department designated Contract Monitor will monitor each contract for compliance with PREA standards for Adult Prisons and Jails. During an interview with the Agency Contract Administrator, it was confirmed that a Contract Monitor is located at each of the 14 remaining Contract facilities. South Texas ISF was closed in December 2016. An interview with the Agency Contract Administrator confirmed that a TDCJ contract monitor is on site at each contract facility. The assigned contract monitor primary responsibility is overseeing to ensure the contract facility is compliant with the PREA standards. The contract monitor is responsible for taking an immediate action to resolve situations of any immediate risk that has been identified. Continued monitoring of any identified concern is continuously monitored until a compliance level is met. Currently, T. L. Roach Jr. Unit does not have any inmates confined with contract entities.

Corrective Action: None

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)

In accordance with the review of the T. L. Roach Jr. Unit staffing plan; AD-11, 52 P: 2-3; SOPM-07.02 P: 1; SPOM-08.01 P: 1-2; SPOM-08.06 P: 1; and interviews with the PREA Compliance Manager, PREA Coordinator, and Senior Warden, it was determined policies and procedures are in place that confirms T. L. Roach Jr. Unit has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, T. L. Roach Jr. Unit has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blindspots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Senior Warden, he confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. Documentation supported the staffing plan was reviewed annually. The PREA Coordinator participates in the review process. According to the PREA Manager the staffing positions are developed from the staffing plan established by TDCJ.

In accordance to SOPM-08-1 P. 1 -2, policy and procedures is outlined is for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Deviations is be maintained on the Turn-out rosters. A review of the Turn-out rosters revealed there was no deviation from the staffing plan within the past 12 months. During an interview with the Senior Warden, he confirmed T. L. Roach Jr. Unit has not deviated from the staffing plan. He continued by saying, schedule adjustments are made to accommodate all assigned post within the security department and no security post is ever vacated.

In accordance a review of the T. L. Roach Jr. Unit Security Operations Annual Review of Turn-out Rosters Procedures, and interview with the PREA Coordinator it was determined whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by 115.11, the agency assess, determine, and document whether adjustments are needed to: 1) The staffing plan established pursuant to the first paragraph of this section; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. This staffing level is within generally accepted guidelines and practices. An interview with the PREA Coordinator confirmed she is consulted regarding assessments of and adjustments to the staffing plan for T. L. Roach Jr. Unit on an annual basis.

In accordance with the review the agency's PO-07.002 P: 2; PO-07.003 P: 1; PO-007.004 P: 2; PO-007.005 P: 3; Staffing Rosters; and PREA Plan P:9; and review of logs, it was determined T. L. Roach Jr. Unit has policies and practices in place to maintain compliance with PREA Standard 115.13 Supervision and monitoring . Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of logs revealed this practice is performed during the day and night shifts. The facility has a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Disciplinary action is imposed on those who violate this policy. Unannounced rounds are documented by signatures of intermediate-level and higher –level supervisors in log books at the main unit and the ISF. This practice was confirmed during interviews with the Senior Warden, Assistant Warden, intermediate level supervisory staff, and the review of logs. **Corrective Action:** None

Standard 115.14 Youthful Offenders

- 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)
- Not Applicable

A review of T. L. Roach Jr. Unit PAQ; CPOM-01.02, Safe Prison PREA Plan, Administrative Segregation Plan, UCP 16.15 State Jail Youthful, UCP 4.19 Youthful Offenders determined TDCJ has policies in place to ensure a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, agencies shall either; 1) maintain sight and sound separation between youthful inmates and adult inmates, or 2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. Agencies shall make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. It is determined by this auditor that TDCJ has policies and procedures outlined to be in full compliance with this standard. However, T. L. Roach Jr. Unit does not house youthful inmates. Therefore, standard 115.14 Youthful inmates is non-applicable for T. L. Roach Jr Unit.

Corrective Action: None

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)

In accordance with a review of AD-03.22 P:2-3, staff’s post orders, and interviews with a random sample of staff and inmates, it was confirmed that T. L. Roach Jr. Unit does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility require the documentation in a log book of all cross-gender strip searches and cross-gender visual body cavity searches, and staff shall document all cross-gender pat-down searches of females inmates. However, T. L. Roach Jr. Unit is a male inmate facility and does not house female inmates. T. L. Roach Jr. Unit reported the unit has not conducted cross-gender strip searches or cross-gender visual body cavity searches other than by medical practitioners.

In accordance with a review of: AD-03.22 P: 2-3: PREA Plan P: 9; PO-07.105 P: 2; it is determined the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviews with random selection of staff, and random selection of inmates from each housing unit confirms inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. Modesty panels and/or partial walls have been installed in all housing areas and any area where visual checks may be conducted throughout the facility such as entering and exiting recreation areas, program areas, doing movement, and work assignment areas in addition to shower stalls and toilet use. T. L. Roach Jr. Unit policy requires female correctional staff announce their presence upon entering all housing units. This policy requirement is painted on all of the doors and walls entering the housing areas and states in bold letters with contrasting colors “Knock and Announce.” The identity of the PREA Compliance Manager is also posted. Interviews with staff and inmates confirmed staff of the opposite gender announces their presence when entering an inmate housing unit. This practice was observed by the female employees upon entering the housing units.

In accordance with a review of AD-03.22 P: 1-2; PREA Plan P: 16; it was determined the facility has implemented policies in place that prohibits staff from conducting a search or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with a random sample of security, and non-security staff confirmed they were aware of the agency's policy prohibiting them from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no reports of such searches occurring at T. L. Roach Jr. Unit.

In accordance with a review of CTSD Curricula P: 11-13, it was determined the agency has implemented policies and have procedures in place to ensure proper training of security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This auditor was provided with documentation verifying 100% of security staff has received and understands the cross-gender pat-down searches and searches of transgender and intersex inmates. During interviews with a random sample of staff, each confirmed they received this training in the Training Academy during initial PREA training, during Turn-out, and also during annual in-service training.

Corrective Action: None

Standard 115.16 Offenders with disabilities and Offenders 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)

In accordance with the review of: AD -04.25 P: 2-4, 8-9; AD-06.25 P: 1; PO-07.105 P: 1-3, SPPOM 02.03 SAFE Prison PREA Program Posting; CHMC G 51.1 – Offenders with Special Needs; CHMC G 51.5 – Certified American Sign Language (ASL) Interpreter Services; AD 04-25 – Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking; SM 05.50 – Qualified Spanish Interpreters Guidelines; it has was determined the agency has policies and practices in place to provide appropriate services to offenders with disabilities and offenders who are limited English proficient. These services available are for those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing while providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. An Interview with TDCJ Agency Head Designee, confirmed information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any offender identified as having a Special Needs in accordance with Correctional Managed Health Care policy, i.e. American Sign Language Interpreter Services; language assistance is provided to monolingual Spanish offenders; and alert systems are on facilities that house blind and deaf offenders use a system of lights and bells to alert gender supervision changes in the housing area. An interview was conducted with an inmate identified as being limited English proficient. An on duty TDCJ Certified Translator was utilized to translate communication between the auditor and inmate. The interviewed inmate confirmed the facility provides information about sexual abuse and sexual harassment that enables him to understand and be aware of additional assistance available to him. There was no other disabilities reported at T. L. Roach Jr. Unit during the site visit.

In accordance with the review of: G-51.5 Sign Language P: 1; SM-05.50 P: 3; SPPOM-02.03 P: 1; List of staff that speak 20 Foreign Languages; it was determined the agency has policies and practices in place to conclude the agency has taken reasonable

steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary. During an interview with the Agency Head Designee, it was confirmed the agency has procured Interpretation Services for Individuals with Limited English Proficiency that are available over-the-phone and in-person. There was no request for interpretation services other than the use of Spanish translation by certified staff at T. L. Roach Jr. Unit during the last 12 months.

In accordance with the review of AD-04.25 P: 2-4, 8-9 it was determined the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or the investigation of the inmate's allegations. During interviews with a random sample of staff, each confirmed inmate interpreters are not relied on by staff for sexual abuse and/or sexual harassment related issues. Educational PREA material is available to the inmate population throughout the facility in both English and Spanish. This includes stenciled on the walls, educational pamphlets, video training, and postings on the inmate telephones. Newly received monolingual Spanish-speaking offenders receive language assistance services during the intake process/incoming chain interview process at T. L. Roach Jr. Unit not an in-take facility. The facility maintains a roster of those staff certified as level 4 and level 5 translators to provide translation assistance as needed. There were zero instances within the past 12 months where inmate interpreters, readers, or other types of inmate assistants were used for the report or investigations of sexual abuse and/or sexual harassment.

Corrective Action: None

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)

In accordance with the review of: PD-71 P:2, 28-29; PD-73 P:1, 3-4; PD-75 P: 1-4, 9-10; PREA Plan P: 38; it was determined that policies and practices are in place to ensure the agency does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section. During an interview with the Human Resource Staff, she confirmed prior to an appointment for possible employment, the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted as required. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

In accordance with the review of: TDCJ's hiring policies; PD-75 P: 1-4, 9-10; PREA Plan P: 38; it was determined policies and practices are in place to ensure the agency considers: any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates; incidents of sexual harassment are strongly considered in considering employment, promotions and contractor. During an interview with Human Resource Staff, she confirmed the agency considers incidents of sexual harassment in determining whether to hire or promote. The policy established by the agency also applies to applicants for contract positions.

In accordance with the review of: PD-27 P: 1-5 and PD-75 P: 4; it determined prior to the hiring of new employees who may have contact with inmates the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Interview with the Human

Resource Staff confirmed background checks have been completed on all employees at T. L. Roach Jr. Unit, and attempts are made to contact all prior institutional employers as per policy and this standard.

In accordance with the review the completed PAQ, a random sample of employee files, and an interview with the Human Resource Staff, it was confirmed the agency perform criminal record background checks of all employees. In the past 12 months, 77 individuals who have contact with inmates were hired and had criminal background records checks. An interview with Human Resource Staff confirmed background checks are completed on all new employees prior to hiring.

In accordance with the review of the completed PAQ; PD-71 P: 2, 24-25; it was determined policies and practices are in place to ensure the agency performs a criminal background record check prior to enlisting the services of any contractor who may have contact with inmates. There was 1 new contractor hired at the T. L. Roach Jr. Unit during the last twelve months. During an interview with the Human Resource Staff, she confirmed upon a review of the contractor's file, a background record check was completed for the individual.

In accordance with the review of: PD-27 P: 1.5 and PD-75 P:4 it was determined policies are in place to ensure the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. A review of policies, procedures, forms and through an interview with the Human Resource Staff, it was confirmed the Division of Criminal Justice Service ensures criminal background records checks are conducted every five years for current employees and contractors who have contact with inmates. Additionally, upon a review of PD-71 and an interview with Human Resource Staff, it was confirmed all agency employees are subject to an annual criminal offense check which is conducted during the employee's birth month, and six months after to ensure there are no outstanding warrants and/or arrest. The TDCJ has established a flash notification process where if any staff member is apprehended by law enforcement and an NCIC check is conducted, the agency is immediately notified, as all staff fingerprints are on file.

In accordance with the review of: PREA Plan P: 38; Employee Applicant Supplement Form P: 1-2; employee files; and an interview with Human Resource Staff, it was confirmed applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment activity. Included within the policies and forms completed by applicants are statements that the omissions of material regarding such misconduct, or the provision of materially false information are grounds for termination.

During an interview with Human Resource Staff, it was confirmed unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Corrective Action: None

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)

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The T. L. Roach Jr. Unit was established in August of 1991, and has not made a substantial expansion to the existing facility since August 20, 2012. Therefore, this part of the Standard 115.18 is non-applicable.

In accordance with a review of: SOPM 07.02 P.1; SM 01.14 P.1 and an interview with the Senior Warden, it was confirmed T. L. Roach Jr. Unit has policies and procedures in place to ensure when installing or updating video monitoring system, electronic systems, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The T. L. Roach Jr. Unit completed the installation of 48 additional cameras on

October 13, 2016. The placement of these additional cameras enhanced the agency's ability to protect inmates from sexual abuse without violating the inmate's privacy in performing bodily functions.

Corrective Action: None

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)

In accordance with the review of: AD-16.03 P:13; OIG-04.05 P: 1-6; SPPOM-05.01 Sexual Abuse Checklist G; it was determined TDCJ has policies and procedures in place that enables TDCJ the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. During interviews the PREA Compliance Manager, medical staff and investigators, it was confirmed T. L. Roach Jr. Unit does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to Northwest Texas Hospital in Armallio, Texas. There the inmate will be provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence. There were no instances where it was evidentiary or medical appropriate for an alleged victim of sexual abuse to be transported for a forensic medical examination at T. L. Roach Jr. Unit in the past 12 months.

In accordance with TDCJ policies and procedures, it is determined TDCJ's policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violent Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. However, T. L. Roach Jr. Unit is an all-male adult facility that house inmates of 18 years old and older. Therefore, this part of the standard is non-applicable.

In accordance with the review of: CMHC-G-57.1 P: 1; OIG-04.05 P: 1-6; PREA Plan P: 13; Senate Bill 1191; SPPOM-05.01 P: 1-4; and interviews with medical staff and the SANE/SAFE staff at Northwest Texas Hospital, it was determined there are policies are in place to ensure the agency offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFE or SANE practitioners cannot be made available, the examination can be performed by other qualified medical practitioner. The agency documents its efforts to provide SAFEs or SANEs. During an interview with the PREA Compliance Manager, inmates would be transported to Northwest Texas Hospital for a forensic medical examination by a SANE/SAFE forensic medical examiner. During the telephonic interview with the SANE forensic medical examiner at Northwest Texas Hospital, she stated a team of SANE/SAFE forensic medical examiners are available 24/7. The hospital maintains an on call roster of SANE/SAFE forensic medical examiners during their time of absence. During times of such, services will be provided by the emergency room staff until the arrival of a SANE/SAFE forensic medical examiner. During an interview with facility medical staff, it was confirmed the service is available to the victim without a financial cost to the inmate. There were no forensic medical examinations conducted on inmates from T. L. Roach Jr. Unit during the past 12 months.

In accordance with the review of the Solicitation Letter, it was determined TDCJ has polices in place and to ensure the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agency documents efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related

assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

In accordance with the review of: SPPOM-02.02 P: 1-2; PREA Plan P: 12; CID-OVR Sexual Victim Representation Training P: 1-32; it was confirmed policies are in place to ensure as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. During interviews with medical staff, and PREA Compliance Manager, each confirmed policies are in place to ensure victim advocate services are available. TDCJ had issued a solicitation letter to victim advocacy groups in Texas and had no response. There have been no instances of forensic medical examinations being conducted in the past twelve months. The T. L. Roach Jr. Unit makes available to the victim a victim advocate from employees trained as offender/victim representatives. Mental/emotional services are available on-site.

The requirements of all aforementioned paragraphs of this section shall also apply to: 1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and 2) Any Department of Justice Component that is responsible for investigating allegations of sexual abuse in prisons or jails. The TDCJ is responsible for administrative investigations and OIG is responsible for criminal investigations. Therefore, this part of Standard 115.21 is non-applicable.

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The T. L. Roach Jr. Unit makes available to the victim a victim advocate from the employees who have received required training as offender/victim representatives.

Corrective Action: None

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)

In accordance with a review of: T. L. Roach Jr. Unit PAQ; OIG-04.05 P: 1; SPPOM-05.05 P: 1 Sexual Abuse Response and Investigation; SPPO 05.05 Offender Protection Investigation; AD 16.20 Reporting Incidents/Crimes to the Office of the Inspector General P: 1, 3-4; AD 02.15 Operations of the Emergency Action Center P: 5, 14; it was determined policies and procedures are in place to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All administrative investigations of sexual abuse and sexual harassment are conducted by TDCJ staff who has received the appropriate training to conduct such investigation. All criminal investigations of sexual abuse and sexual harassment are forwarded by TDCJ to the Office of Inspector General (OIG) for investigation. The OIG also assists in conducting staff-onoffender sexual abuse administrative investigations as well. During the past 12 months, there were 10 allegations of sexual abuse or sexual harassment at T. L. Roach Jr. Unit. An investigation was completed for each of the 10 allegations reported. Four investigative cases were found to be unsubstantiated, and six were found to be unfounded. There were no cases for sexual abuse or sexual harassment accepted for criminal investigation during the past 12 months.

In accordance with the review of: Ad-16.20 P: 3-4, 6; BP-01.07 P: 1-2, 4; OIG-04.05 P: 1, 3, 5-6; SPPOM-05.01 P: 2,; and an interview with investigative staff, it was determined policies are in place to ensure allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website and, makes the policy available to all. The agency documents all such referrals. The PREA Policy; History of Combating Sexual Abuse; Report Sexual Abuse; is available on the TDCJ website by clicking on the area desired during the search. During an interview with investigative

staff and the Senior Warden, each confirmed all allegations of sexual abuse/sexual harassment are referred immediately for investigation. During an interview with the Senior Warden, it was confirmed the administrative investigations are conducted by staff trained in PREA investigations, specifically the Captains and above ranking staff. Timely and proper notifications are made to the appropriate officials, such as the Senior Warden, the OIG, medical and mental health staff, and PREA Compliance Manager. Depending on the nature of the incident, forensic medical examinations are conducted, and a victim advocate representative is offered. During the investigation, investigative staff gathers statements from the alleged victim, alleged assailant, witnesses, in addition to the review of available monitoring equipment, and all other possible elements of evidence to satisfy a sound correctional investigation into the allegations made. Upon completion of the investigation, the summary of the investigation is thoroughly reviewed through the established incident review process. The investigative staff and the incident review team ensure all policies governing such investigations are complied with.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The TDCJ is responsible for conducting criminal investigations. INSPECTOR GENERAL POLICY STATEMENT Pursuant to Texas Government Code § 493.019, the OIG is the primary investigative and law enforcement entity of the TDCJ.

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in Texas Department of Criminal Justice facilities. Therefore, this part of the standard is non-applicable.

Corrective Action: None

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)

In accordance with the review of: AD-12.20 P:1.8; PD-29 P: 6; PREA Plan Video; SPPOM-06.01 P: 1-2; CTSD Supervisor preservice and in-service training PREA Curriculum; it was determined T. L. Roach Jr. Unit has policies in place to ensure training is provided to all employees who may have contact with inmates on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Inmates' rights to be free from sexual abuse and sexual harassment; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement ; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. During interviews with random sample staff, and specialty staff, all was well knowledgeable of the PREA standards and understood their responsibilities as outlined in the PREA standards which demonstrated additional evidence of their receipt of PREA training. Additionally, a review of staff's training rosters with acknowledgment of staff's signatures served as confirmation of staff receiving such training. Specifically, each employee received PREA training during initial orientation and each year during annual in-service training. Additionally at a minimum, security staff receives additional PREA training during daily Turn-out at shift change. Employees were provided PREA training in classroom and individual settings. They were also provided with a copy of Staff's PREA Handbook, PREA pamphlets, educational material obtained from the National PREA Resource Center, viewing of a PREA video, PREA brochures detailing first responder duties for easy reference, access to continuous PREA information throughout the entire facility utilizing flyers, posters, and PREA information stenciled on walls.

In accordance with the review of: PREA Plan P: 32-33; TDCJ Gender Specific Training; and completion of interviews with staff, it was determined policies are in place to ensure T. L. Roach Jr. Unit provides training tailored to the gender of the male inmates at the facility to include transgender and intersex. A review of the Familiarization training policy, confirmed all new employees who transferred from another facility to T. L. Roach Jr. Unit, received familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response Procedures. Therefore, employees who were previously assigned at a facility that house female inmates receive additional training that is tailored to the male population at T. L. Roach Jr. Unit.

In accordance with the review of: AD-12.20 P: 1.8; CTSD-SOP-07.06 P: 1; and PREA Curriculum it was determined all current employees received PREA training within one year of the effective date of the PREA standards. In addition to staff receiving PREA training during orientation, refresher PREA training is provided to all employees during annual in-service. Interviews with the PREA Compliance Manager, random sample staff, specialized staff, and the review of employee signatures on training rosters confirmed PREA training was given to each new employee and all current staff within one year of the effective date of PREA Standards.

The standard requires refresher PREA training every two years, however TDCJ requires employees to receive refresher PREA training annually. The agency's PREA Compliance Manager and Security Supervisors were responsible for conducting the vast majority of PREA training including continuous training to staff that includes during daily Turn-out at shift exchange. During interviews with random sample staff, each contributed their understanding of the PREA Standards were given and/or organized by the PREA Compliance Manager and or the Security Supervisors during shift Turn-out. The auditor attended a shift Turn-out and observed the presentation of PREA training provided by the Security Supervisors. The Security Supervisors exhibited an impressive degree of knowledge and method of conducting PREA training to the attendees through their presentation.

A review of the Security Supervisor's shift reports were also conducted and revealed PREA training is provided daily to both shifts. All staff interviewed was very knowledgeable of the PREA Standards and provided the appropriate response to each question provided by the National PREA Resource Center without hesitation. A review of the training materials provided to staff included the ten specific topics found in this standard. The PREA Compliance Manager and Security Supervisors were complimented by both security and non-security staff as doing a phenomenal job in conducting an enormous amount of PREA training on a continuous basis. They took a personal interest in learning the DOJ PREA Standards and applying it in their successful efforts to train staff. Training rosters documented 100% of T.L. Roach Jr. Unit staff completing the required PREA training. The auditor were very impressed with staff knowledge of their responsibility in preventing, detecting and responding to reports of sexual abuse and sexual harassment, as staff articulated it during the interview process and during the presentation of training conducted by the Security Supervisors. T. L. Roach Jr. Unit substantially exceeds the requirements of Standard 115.31 Employee Training.

Corrective Action: None

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)

In accordance with the review of the training curriculum, Volunteer Handbook, Safe Prisons/PREA Plan, Volunteer Acknowledgement forms, and interviews with volunteers and contractors, it was determined T. L. Roach Jr. Unit provides annual PREA training to all volunteers and contractors rather than the two year standard requirement. The volunteers and contract workers were provided PREA training in classroom and individual settings. They were also provided with a copy of Staff's PREA Handbook, PREA pamphlets, educational material obtained from the National PREA Resource Center, PREA brochures detailing first responder duties for easy reference, access to continuous PREA information throughout the entire facility utilizing flyers, posters, and PREA information stenciled on walls and the viewing of a PREA video. A volunteer Chaplain, contract medical staff, contract medical and mental health, and contract educational staff were interviewed. Each

acknowledged receiving PREA training. They also articulated very clearly to the auditor their responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment, how to avoid inappropriate relationship with inmates, prevention, detection and response of sexual harassment or sexual abuse. The training provided included the mandatory standard to report all incidents, knowledge, or suspicions of sexual abuse or sexual harassment. The PREA Compliance Manager who conducted PREA training, stated increased training was provided to volunteers and contract staff to ensure a better understanding of PREA rather than what was required of them, as they have interaction with the inmates on a regular basis and in some cases as much as agency staff.

She continued in saying, their degree of PREA knowledge is essential to the well-being and safety of the inmates.

The T. L. Roach Jr. Unit ensures all volunteers and contractors who have contact with offenders have been notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment, and are informed of the procedures for reporting incidents. Each of the contractors and volunteers interviewed were aware of duties and responsibilities in regards to the PREA standards to include as a first responder, and their responsibility in preventing, detecting and responding to reports of sexual abuse and sexual harassment, as staff articulated it during the interview process and presentation of training conducted by the PREA Compliance Manager. Documented signatures of receiving PREA training was reviewed by this auditor. Therefore, T. L. Roach Jr. Unit substantially exceeded the required level of PREA training the requirements of Standard 115.32 Volunteer and Contract Training.

Corrective Action: None

Standard 115.33 Offender 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)

In accordance with the review of: AD-06.02 P:1-2; AD-04.25 P:1; PREA Plan P: 32; SPPOM-02.03 P:1; SPPOM-06.02 p: 1-2; Offender SAA Video Letter; Offender Handbook and SAA Video Script P:1; it was determined by this auditor that policies are in place to ensure during the intake process/incoming chain interview process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. During an interview with intake staff/PREA Compliance Manager, she stated inmates are provided with information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. During interviews with random sample inmates, each confirmed they received PREA information verbally and in writing upon their arrival at T. L. Roach Jr. Unit by the intake staff/PREA Compliance Manager. Per the completed PAQ, 784 inmates arrived at the RH unit, 87 arrived at the Trustee Dorm, and 2,147 inmates arrived at the ISF during the past 12 months. Each received PREA information during intake.

In accordance with the review of: PREA Plan P: 32; SPPOM-06.02 P: 1; Offender PREA Video; it is determined policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview with intake staff, she stated she meets with each inmate on the day of their arrival to the facility and advise them of their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview process with a random of inmates, and inmates identified for interview, all confirmed receiving the aforementioned PREA training upon their arrival to the facility during the incoming chain interview by the PREA Compliance Manager.

In accordance with the review of: UCPM-05.00 P: 1; it was determined policies are in place to ensure current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ

from those of the previous facility. Interviews with the PREA Compliance Manager, confirmed all inmates in the facility have been educated in PREA standards. Those inmates, who are transferred in from another facility, receive formal PREA information upon arriving at the facility by the PREA Compliance Manager. Inmates, who have not completed the PEER Class where additional PREA training is conducted, are required to attend. In rare circumstances in which newly arriving inmates are not given formal PREA training immediately, they receive it within 72 hours upon their arrival at the facility. T. L. Roach Jr. Unit is not an intake facility. Therefore, all inmates entering T. L. Roach Jr. Unit are those who have been transferred from another TDCJ facility. A random selection of documentation pertaining to the inmates' completion of PREA training was reviewed and confirmed by this auditor.

In accordance with the review of: AD-04.25 P: 1; AD-06.25 P: 1; CMHCG-51.1 P: 2; CMHC G-51.5 P: 1-2; E-37.5 P: 1; Offender SAA Video Letter; Offender SAA Video Script; SPPOM-02.03 P: 1; it was determined T. L. Roach Jr. Unit has policies in place that require the facility to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. Copies PREA materials and PREA video was reviewed and confirms PREA material within a variety of languages with interpretation services are provided in accordance with the Department's Language Access Policy. In the event an inmate has difficulty understanding the written material due to a disability or limited reading skills, an appropriate staff member is provided to assist the inmate. The auditor reviewed the PREA video (Safe Prison PREA for Offenders, Heat, and Cold Weather) and found the video has excellent content and is of professional quality. The T. L. Roach Jr. Unit does not currently have any disabled or deaf inmates in the population.

In accordance with the review of: SPPOM-06.02 P: 1-2, attachment Q; ED Letter March 14, 2014; signature sheets completed by the inmate population provided documentation of inmates' participation in PREA educational sessions. Inmates confirmed during the interview process their receipt of educational PREA sessions and the understanding of such training. The intake staff/ PREA Compliance Manager confirmed inmates document the receipt of PREA training sessions with their signature during the incoming chain interview and during class PEER Class attendance.

In accordance with the review of: SPPOM-02.03 Attachments A, B 1-6, C; Offender SAA Video Script; PREA Plan P: 32; PREA Rape handouts; it is determined in addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and other written formats. During the site visit, the auditor observed PREA posters advising the inmate population of their right to be free of sexual abuse and how to report incidents of sexual abuse strategically placed throughout the facility. Additionally, methods of reporting such acts are stenciled on the walls in the housing units and programming areas easily accessible to the inmate population at the RH Unit, and ISF. Staff provides each inmate with a copy of an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison.

During the interview process with the inmate population, each articulated very clearly to the auditor their understanding of their rights and responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and the agency's policies and procedures for responding to such incidents. Inmates were very comfortable speaking with the auditor during the interview process and did not hesitate in providing appropriate responses to the interview guide questionnaire for inmates provided by the National PREA Resource Center. Numerous inmates interviewed acknowledged the PREA Compliance Manager on the method of training provided and continuous training offered by the facility through PREA video, PREA posters, PREA information stenciled on the walls, and the placement of resources to report allegations of sexual abuse and/or sexual harassment to include the postings of hotline telephone numbers posted on the inmates' phones in housing units. Those inmates, who have not completed the PEER educational classes prior to their arrival at T. L. Roach Jr. Unit, are required to complete it at T.L. Roach Jr. Unit. The PEER class is scheduled monthly. An additionally method of PREA training provided to the inmate population is their daily viewing of the PREA video on televisions in the inmates' dayroom. Staff has done a phenomenal job in providing educational PREA training sessions to the inmate population at T. L. Roach Unit. It was concluded by the auditor, that the inmate population has a clear understanding of their rights and responsibilities under the PREA standards which was established by the many educational and training methods presented by staff at the facility. Therefore, it is concluded by this auditor that the T. L. Roach Jr. Unit substantially exceeds requirement of Standard 115.33 Inmate Education.

Corrective Action: None

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)

In accordance with the review of: BP-01.07 P:2-3; CTSD Specialized Investigations; OIG LP-2029 P: 1-43; OIG LP-3201 P: 138; OIG OPM-02.15 P: 1,3; OIG OPM-04.05 P: 1-6; PD-97 P: 5-6; ; confirmed policies are in place to ensure in addition to the general training provided to all employees pursuant to 115.31, TDCJ ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. . Investigators have completed the course “Investigating Sexual Abuse in a Confinement Setting” and a course on interview, interrogation, and evidence collection. There are 24 supervisors certified to conducted inmate on inmate sexual abuse/ sexual harassment investigations and 4 supervisors certified to conduct staff on inmate sexual abuse/sexual harassment investigations at T. L. Roach Jr. Unit.

In accordance with the review of: AD-16.03 P: 1-2; CMHC Policy C-25.1 Orientation; CTSD Specialized Investigations; and interviews with investigators confirmed T. L. Roach Jr. Unit has policies in place that ensures the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff confirmed the specialized training for investigators included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative or prosecution referral. A review of the staff training records assigned to conduct sexual abuse administrative investigations at T. L. Roach Jr. Unit, revealed documentation was maintained which supported the agency’s investigators successfully completed the required specialized training to conduct such investigations.

Any State entity or Department of Justice component that investigates sexual abuse in confinement setting shall provide such training to its agents and investigators who conduct such investigations. There is no Department of Justice component and this part of the standard is non-applicable.

This Specialized training was in addition to the mandatory training requirements for sexual assault investigations. OIG investigators receive in-service training that specifically relates to sexual assaults within confinement setting and conduct all criminal allegations of sexual abuse and/or sexual harassment reported for TDCJ. Although TDCJ currently have 136 OIG agents who are authorized to conduct investigations at T. L. Roach Jr. Unit, 4 OIG agents are officially assigned to T. L. Roach Jr. Unit.

Corrective Action: None

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)

In accordance with the review of:AD-16.03 P: 1; CMHC C-25.1 P:1; CMHC G-57.1 P:1; and CMHC C-19.1 P: 1; New Employee Check List; SB 1191; TDCJ Letter of Orientation; it was determined TDCJ ensures all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirm that full-and-part medical and mental health care practitioners have received training as described in 1-3 in the first paragraph. T. L. Roach Jr. Unit has a contract with the Childress Regional Medical Center, Childress, Texas (CRMC), and through the Texas Tech University Health PREA Audit Final Report

Sciences Center (TTUHSC.) They employ full-time, part-time health professionals to provide a full range of comprehensive medical, dental and mental health services. One fulltime Psychiatrist contracted through Texas Tech provide support for the ISF and RH Unit as needed. The T. L. Roach Jr. Unit employs fourteen full and part-time medical staff for the main facility and seven for the ISF. Four fulltime dental staff provides services to the main unit and the ISF. Each contracted fulltime and part-time staff received the required training which was confirmed during interviews and documentation of signatures.

Per this standard, if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The TDCJ policy does not train medical staff to conduct forensic medical examinations as this policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Interviews with the Senior Warden, PREA Compliance Manager, and medical staff, each confirmed the facility does not perform forensic medical exams. The inmates are transferred to Northwest Texas Hospital in Armallio, Texas where a forensic examination can be provided by a SAFE/ SANE practitioner 24/7. Therefore, this part of Standard 115.35 is non-applicable.

In accordance with the review of: Statement of Fact; Senate Bill 1191; New Employee Orientation Check List; and interviews with medical staff it was determined TDCJ policies are in place to ensure medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency. The medical staff and Psychiatrist contracted through Childress Regional Medical Center, Childress, Texas (CRMC), and through the Texas Tech University Health Sciences Center (TTUHSC) who regularly work at T. L. Roach Jr. Unit have received the specialized training. Interviews with medical and mental health confirm they receive PREA training mandated for employees under 115.31.

Corrective Action: None

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)

In accordance with the review of: CMHC E-35.1 P: 1; SPPOM-03.01 P: 1; it is determined policy is in place to ensure all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. However, T. L. Roach Jr. Unit is not a TDCJ intake facility. The full intake screening process is conducted at another TDCJ facility prior the inmates' arrival at T. L. Roach Jr. Unit. Staff at the T. L. Roach Jr. Unit does however; conduct incoming chain interviews upon the inmates' arrival where an additional screening of risk of victimization and abusiveness is conducted by PREA Compliance Manager. During interviews with the Senior Warden, PREA Compliance Manager/incoming chain interviewer, and review of intake screening forms confirmed all inmates are screened prior to their arrival at T. L. Roach Jr. Unit and followed-up by the an incoming chain interview by the PREA Compliance Manager for any new or omitted information during their original intake screening. During the interview of a random sample of inmates, each confirmed they received the screening as required.

In accordance with the review of: SPPOM-03.01 P:1; SPPOM-03.01 Assessment Screening; SPPOM-03.01 Attachment E; PREA Plan P:16; review of completed intake screening forms; it was determined policy is in place to ensure intake screening ordinarily take place on the day of the inmates, arrival, but not later than 72 hours of arrival at the facility. T. L. Roach Jr. Unit is not an intake facility. However, during the interview process with staff that performs the incoming chain interviews, and review of the intake screening forms completed at the intake TDCJ facility, it is confirmed, the screening process is conducted within the guidelines of TDCJ policy. Upon each inmate arrival at the T. L. Roach Jr. Unit, the inmate is again screened within 24 hours of arrival for any indication of current sexual vulnerability or sexually aggressive behavior not previously reported. Per the completed PAQ, 775 inmates entered the facility through transfer within the past 12 months (whose length of stay in the facility was for 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

In accordance with the review of: SPPOM-03.01 Attachment E; IPM-CI-69 P: 3; it was determined assessments are being conducted using an objective screening instrument. Interviews with the PREA Compliance Manager, classification staff, and review of the Intake Screening Form on file, confirmed TDCJ meets the requirement of using an objective screening instrument.

In accordance to the review of: SPPOM-03.01 Assessment Screening P: 4; PREA Plan P:16-17; and review of the objective screening instrument it was determined the objective screening instrument used during intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: 1) Whether the inmate has a mental, physical, or developmental disability; 2) The age of the inmate; 3) The physical build of the inmate; 4) Whether the inmate has previously been incarcerated; 5) Whether the inmate's criminal history is exclusively nonviolent; 6) Whether the inmate has prior convictions for sex offenses against an adult or child; 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the inmate has previously experienced sexual victimization; 9) The inmate's own perception of vulnerability; and 10) Whether the inmate is detained solely for civil immigration purposes. Staff who conduct the screening process confirmed the initial risk screening considers: consideration of any inmate disabilities; inmate age; physical build; previous incarceration; criminal history exclusively nonviolent; inmate criminal history; perceived sexual orientation; previous sexual victimization; inmate perception of vulnerability and whether detention is related to civil immigration.

In accordance to the review of: PREA Plan P: 17; IPM-5.06 SPPOM-03.01 Assessment Screening P: 1; it was determined policies and forms are in place to ensure the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. During interviews with staff that perform the screening process, it was confirmed that the initial risk screening includes assessments including: prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, to assess the inmate for risk of being sexually abusive. Upon the auditor's review of the PREA Intake Screening Form, relevant screening information was noted.

In accordance with the review of SAFE Prisons PREA Plan P. 17, and interview with screening staff it was determined TDCJ policies are in place to ensure within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. During an interview staff performing the screening process, it was confirmed the facility reassess the inmate's risk of victimization or abusiveness within 30 days per TDCJ policy. Per the completed PAQ and interview with the screening staff, there were 8 inmates at the RH Unit, and zero inmates at the ISF and Trustee Dorm that required additional 30 day screening. An interview was conducted with an inmate who disclosed sexual victimization during screening previously. The inmate confirmed being asked if he would like to medical and/or mental health practitioners but declined.

In accordance with the review of: PREA Plan P: 17; SPPOM-03.01 Assessment Screening; screening documents and interviews with screening staff, it was determined TDCJ and T.L. Roach Jr. Unit has policies in place to ensure an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This was confirmed during an interview with the PREA Compliance Manager, who performs additional screening for risk of victimization and abusiveness during the incoming chain interview.

In accordance with the review of: PREA Plan P: 19; SPPOM-03.01 P: 1; Offender Assessment Screening documents it was determined policies are in place to ensure inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. Staff who performs screening for risk of victimization and abusiveness and the PREA Compliance Manager confirmed inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to the aforementioned questions in this section.

In accordance with the review of: PREA Plan P: 19; SPPOM-03.01 P: 2; Offender Assessment Screening; it was determined T. L. Roach Jr. Unit has policies in place to ensure the facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. During interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for screening inmates, it was confirmed that the agency outlines who should have access to an inmate's risk assessment within the facility in order to protect sensitive information and prevent exploitation of the inmate while providing access of the information to only those on a need to know basis. Apart from reporting to designated supervisors and/or officials,

staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy to make treatment, investigation, and other security and management decisions.

At the conclusion of review of the policies established by the TDCJ and the practices of the staff at T. L. Roach Jr. Unit exceeded the standard of screening inmates who are identified as risk of victimization and abusiveness on the day of arrival (less than 24 hours), with a practice of completion within 72 hours. In conjunction with the policies developed and practice of conducting the screening process on the day of arrival, and based on the interviews with the PREA Coordinator, PREA Compliance Manager, and the staff responsible for screening, the T. L. Roach Jr. Unit substantially exceeds the requirement of Standard 115.41

Screening for Risk of Victimization and Abusiveness.

Corrective Action: None

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)

In accordance with the review of: SPPOM-03.01 Assessment Screening; IPM-04.01 P: 1; AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18 and staff interviews, it was determined TDCJ has policies in place on how information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. During interviews with staff responsible for screening, and the PREA Compliance Manager, it was confirmed information collected during the risk screening process is reviewed, and assessed with the Unit Safe Prison PREA Compliance Manager, security and medical/mental health staff. The information received is used to assist in the determination of housing, bed, work, education and program assignments.

In accordance with the review of: AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18; and CMHC E-35.1 P:1-2; it was determined TDCJ policies are in place to ensure the agency makes individualized determinations about how to ensure the safety of each inmate. During interviews with staff responsible for screening inmates, and PREA Compliance Manager, it was confirmed the facility uses the intake screening information to make individualized determinations to ensure the safety of all inmates.

In accordance with the review of: CMHC G-51.11 P 1-2; it was determined TDCJ's agency's policy is in place upon staff deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. During an interview the PREA Compliance Manager upon a transgender or intersex inmate arrival at the T. L. Roach Jr. Unit, the transgender or intersex inmate would go through the PREA risk assessment with the information gained from the correction counselor interview and would use this information for determining the inmate's initial housing assignment. Housing assignment may be changed after a further evaluation by an appropriate staff member. However, during the interview with the PREA Compliance Manager, she stated no intersex inmates have been designated at the T. L. Roach Jr. Unit within the past 12 months.

In accordance with the review of: OM 03.02 P: 1; PREA Plan P: 19; it was determined TDCJ policies ensure placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year to review any threats to safety experienced by the inmate. During an interview with the PREA Compliant Manager, and staff responsible for screening inmates, placement and programming assignments for each transgender or intersex inmate is reassessed to review any threat to safety quarterly with classification, offender rehabilitation coordinator, and staff responsible for screening inmates. However, during the interview with the PREA Compliance Manager, she exceeds the quarterly reassessment with the 3 transgender inmates assigned at the RH Unit. She stated she speak with these inmates weekly formally and or informally to assess their risk of victimization or abusiveness due to their age and other behavior manners. The 3 inmates confirmed their sessions with the PREA Compliance Manager. There has been zero intersex inmates designated at the facility in the past 12 months.

In accordance with the review of: SPPOM 03.02 P: 1-2; I-5.06 P: 1; it was determined that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Interviews with PREA Compliance Manager and staff responsible for screening inmates, transgender and intersex inmates' views of his safety are given serious consideration in placement and programming assignments. During interviews with the 3 transgender inmates, each confirmed they felt their views of safety are given serious consideration in their placement and programming assignments. There has been zero intersex inmates assigned at the facility in the past 12 months.

In accordance with the review of PREA Plan P: 7 it was determined that TDCJ has policy in place to ensure transgender and intersex inmates are given the opportunity to shower separately from other inmates. According to interviews with medical/mental health staff, PREA Compliance Manager and staff responsible for screening inmates, transgender and intersex inmates are given the opportunity to shower separately from other inmates. During interviews with the 3 transgender inmates, each confirmed they are allowed to shower separately from other inmates. The transgender inmates also confirmed they have been approved to have separate shower time from other inmates upon their request. However, none have elected to. This information was confirmed by the PREA Compliance Manager, and security staff. There has been zero intersex inmates designated at the T. L. Roach Jr. Unit within the past 12 months.

In accordance with the review of: PREA Plan P: 19; Offender Housing Assignments P:2; it was determined that TDCJ has policies in place to ensure T. L. Roach Jr. Unit shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. During interviews with the Senior Warden, and PREA Compliance Manager they confirmed the agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex inmates. During interviews with 3 transgender inmates, each confirmed they have not been placed in a dedicated facility, unit or wing solely on the basis of being identified as transgender.

Based the policies and practices initialed by the staff at T. L. Roach regarding the PREA Compliance Manager maintaining an continuous open line of communication with the 3 assigned transgender inmates regarding any risk of victimization or abusiveness at the facility, the facility allowing additional privacy and security methods for the transgender during showering it is evident that the T. L. Roach Jr. Unit substantially exceeded the required level of PREA requirements of Standard 115.42 Use of screening information

Corrective Action: None

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)

In accordance with the review of: PREA Plan P: 18; SPPOM-05.05 P: 5; Ad Seg Plan P: 1, 2, 4; and I-169 Form; I-203 Placement Restriction; it was determined T. L. Roach Jr. Unit has policies and procedures in place that ensures inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility holds the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. During an interview with the Senior Warden, he confirmed the agency's policy prohibits placing inmates at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers (last resort). He added, due to the facility layout to include the separation of housing units and security controls, options are available prior to the inmate's placement in involuntary segregated housing. During the last 12 months there have been no inmates held in involuntary segregated housing due to a risk of sexual victimization.

In accordance with the review of: PREA Plan P:18; SPPOM-05.05 P:5; Ad Seg Plan P:1,2,4; it was determined T . L. Roach Jr. Unit has policies in place that ensures inmates who are placed in segregated housing due to a high risk of sexual victimization shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: 1) The opportunities that have been limited; 2) The duration of the limitation; and 3) The reasons for such limitations. During an interview with staff who supervises inmates in segregated housing for protection from sexual abuse or after having alleged sexual abuse they would have access to: programs; privileges; and education. Due to the security requirement in the segregated housing, work opportunities are limited and are not accessible to the inmates assigned there. The supervisor interviewed confirmed the facility has not placed an inmate in involuntary or voluntary protective custody due to being high risk for sexual victimization during the last 12 months. Therefore, due to no inmate placement in protective custody for a high risk for sexual victimization, the auditor was unable to conduct an interview with an inmate regarding this standard.

In accordance with the review of: PREA Plan P: 19; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members P: 2; it was determined by this auditor T. L. Roach Jr. Unit has policies that ensures the facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. During interviews with the Senior Warden, and staff who are assigned to supervise inmates in segregated housing, inmates who are identified at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and is used as a last resort and for a time of less than 30 days. During an interview with the Senior Warden, he confirmed other alternatives are always available to include accessible locations of numerous TDCJ facilities available rather than the placement of such inmates in involuntary segregated housing. Due to zero inmates having been assigned to segregated housing for high risk for sexual victimization up to 30 days, there were no inmates to be interviewed by this auditor.

In accordance to the review of: PREA Plan P: 18; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members P: 2; it was determined the agency has policies in place to ensure if an involuntary segregated housing assignment is made pursuant to the first paragraph of this section, the facility shall clearly document: 1) The basis for the facility's concern for the inmate's safety; and 2) The reason why no alternative means of separation can be arranged. During the interview process with the Senior Warden, PREA Compliance Manager, and staff supervising inmates in segregated housing, each confirmed policies are in place to identify and document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. There was zero inmates held in in involuntary segregated housing for at risk of sexual victimization within the past 12 months, there were no inmate files to be reviewed by this auditor.

In accordance with the review of: Guidelines for Administrative Segregation Committee Members; AD Seg Plan; PREA Plan P: 19; and appropriate documentation, it was determined the agency has policies that ensure every 30 days, the facility affords such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews with Senior Warden, PREA Compliance Manager, and staff supervising inmates in segregated housing, confirmed procedures are in place to ensure a review of the inmate every 30 days to determine whether there is a continuing need for separation from the general population. There were zero inmates held in in involuntary segregated housing for at risk of sexual victimization within the past 12 months.

Corrective Action: None

Standard 115.51 Offender 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)

In accordance with the review of: PREA Plan P: 20; BP-03.91 P:3.8; Immigration Statement of fact, 7/26/2014; SPPOM Attachment A; SPPOM Attachment AS; and TDCJ PREA Brochure; it was determined the agency has policies in place and that ensures multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Interviews with random sample of staff and inmates, they confirmed an inmate may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Staff confirmed verbal reports of sexual abuse and/or sexual harassment are promptly documented and submitted to their supervisor. During interviews with random sample inmates, each inmate confirmed awareness of ways to report sexual abuse and methods to do so privately. Inmates shared their awareness and understanding of the reporting opportunities made available to them when reporting sexual abuse and/or sexual harassment.

In accordance with the review of: AD-14.09 P: 1, 8-9; BP-03.91 P8; ED-02.10 P: 1; PREA Plan P: 23; it was determined the agency has policies in place to ensure the T. L. Roach Jr. Unit provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Confirmation that the agency provide methods to privately report sexual abuse and sexual harassment to agency officials while allowing the inmate to remain anonymous upon request was obtained during interviews with the random sample staff, random sample inmates in conjunction with a review of documentation provided to the inmate population on how to contact the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ). Inmates are allowed to forward these letters sealed and uninspected to the Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director; PREA Ombudsman; or Senior Warden. The PREA Ombudsman contact information and a Hotline number was stenciled on the walls and posted on the inmate telephones for inmate reference. Although the Hotline phone numbers are posted at every inmate phone, the inmates cannot use the number themselves due to the phone system used at this Unit; however inmates can give the telephone number to a third party to report on their behalf. During the site visit, the auditor observed PREA posters strategically posted throughout the facility in addition to being stenciled on the walls in the housing units with detailed information on methods to report abuse or harassment to a public or private entity or office that is not part of the agency. Random sample inmates confirmed their understanding of the available reporting process during interviews. Inmates are not detained solely for civil immigration purposes at T. L. Roach Jr. Unit; therefore, this part of the standard is non-applicable.

In accordance with the review of: TDCJ PREA Plan P: 21; SPPOM-05.05 P: Attachment J; SPPOM-Attachment A; General Information Guide for Families of Offenders; it was determined T. L. Roach Jr. Unit has policies directing staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document an verbal reports. During interviews with a random sample of staff, each confirmed when an inmate report an allegation of sexual abuse or sexual harassment, the inmate may do so verbally, in writing, anonymously, and/or by third parties. Staff stated verbal reports are documented immediately and submitted to their immediate supervisor, the Senior Warden, or on duty ranking security supervisor.

In accordance with the review of PREA Plan P: 23 T. L. Roach Jr. Unit has policies and procedures in place that provides various methods for staff to privately report sexual abuse and sexual harassment of inmates. During interviews with a random sample of staff, employees stated they may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting the OIG, the Senior Warden, PREA Ombudsman, and/or Hotline.

Corrective Action: None

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)

In accordance with the review of: AD-03.77 Offender Grievances P: 1; PREA Plan P: 21; and AD-03.82 Management of Offender Grievances it was determined T. L. Roach Jr. Unit has policies and procedures in place that ensures the facility has an administrative procedure for dealing with inmate grievances regarding sexual abuse. During interviews with staff handling inmate grievances, random sample of staff, random sample of inmates, and PREA Compliance Manager, all confirmed administrative policies are in place for dealing with inmate grievances regarding sexual abuse.

In accordance with the review of: AD-03.77 P: 1; AD-03.82 P: 7; AD-03.82 Appendix B; PREA Plan P: 21; it was determined

T. L. Roach Jr. Unit has policies and procedures in place to ensure: 1) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; 2) the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; 3) the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 4) nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, they confirmed the policies are in place in regards to the four requirements noted in this paragraph.

In accordance with the review of: AD-03.82 P: 8; PREA Plan P: 22; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure: 1) an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) such grievance is not referred to a staff member who is the subject of the complaint. During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, it was confirmed inmates are allowed to submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member.

In accordance with the review of: Texas Government Code 501.008; AD-03.82 P:9; OGOM section 4.00 P:1; PREA Plan P: 22; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure: 1) the agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; 2) computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal; 3) the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made; 4) at any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. Interviews with the staff member assigned to monitor inmate grievances, and the PREA Compliance Manager confirmed decision on merits of grievance or portion of a grievance are made within 90 days of the filing; in past 12 months there was one filed at T. L. Roach Jr. Unit and a grievance extension was not requested. Therefore, notification to the inmate was not required.

In accordance with the review of: AD-03.82 P:4; OGOM section 9 P:1-2 Appendix U; PREA Plan: 21; it was determined policies and procedures are in place to ensure: 1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates; 2) if a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; 3) if the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision; During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, they confirmed the procedures are available to the inmate population..

In accordance with the review of: AD-03.82 P:5; OGOM section 1.04 P:2, 7.00 P:1; PREA Plan P:22; it was determined policies and procedures are in place to ensure: 1) the agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; 2) after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. These grievances are immediately forwarded for an immediate corrective action to taken within 48 hours and the agency is required to issue a final decision within 5 calendar days.

In accordance with the review of: SAFE Prison/PREA Plan P. 22, it was determined policy and procedures are in place to ensure the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Corrective Action: None

Standard 115.53 Offender 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)

In accordance with the review of: Safe Prison PREA Plan; P:13; SPPOM-02.02 P:1; BP-03.91 P:1,9; Offender Orientation Handbook; it is determined T. L. Roach Jr. Unit has policies and procedures in place that ensures the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with random sample of inmates, they are aware of and have received material that identifies access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The inmates confirmed the facility provided mailing addresses and telephone numbers for the outside services. Although the auditor interviewed an inmate who reported an allegation of sexual abuse, he acknowledged that he declined support services outside the facility. He stated no actual sexual contact was made. There were zero inmates interviewed who stated they had utilized or attempted to utilize an outside victim advocate for emotional support services related to sexual abuse.

In accordance with the review of: BP-03.91 P: 1; Offender Video Instructions P: 1; PREA Plan P: 13; SPPOM-06.02 P: 1; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure employees inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. During an interview with an inmate who alleged an attempt of sexual abuse within the facility, he confirmed he was informed prior to being given access to outside support services the extent to which communications would be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. However, he declined the use of services.

In accordance with the review of: PREA Plan; documentation of the agency's attempt to enter into MOU's; and an interview with the PREA Compliance Manager, it was determined the agency has attempted to enter into a memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Copies of the attempted agreements were made available for review by the auditor. However, TDCJ has been unsuccessful in obtaining an MOU for the request services. A comprehensive list of Rape Crisis Centers is has been available to the inmate population and is located in the law library.

Corrective Action: None

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)

In accordance with the review of: SPPOM-04.02; ED-02.03 P1, 2, 8, 9; ED-02.10 P: 1, 3: General Information for Families of Offenders Brochure P: 32-33; and Safe Prison PREA Plan P: 23; it was determined T. L. Roach Jr. Unit has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. During interviews with the Senior Warden, and PREA Compliance Manager, the agency has established a Webpage that gives a link to process a third-party report of sexual abuse and sexual harassment. A review of this Webpage was conducted by the auditor.

Corrective Action: None

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)

In accordance with the review of: AD-16.20 P: 1-9; CMHC-G-57.01P: 2-3; Safe Prisons PREA Plan P:23; PD-29 P:3-4; it was determined T. L. Roach Jr. Unit has policies and procedures in place that require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During the interview process with the random sample staff, PREA Compliance, mental health and medical staff, all were knowledgeable of their duties to report all instances outlined in this standard. Staff stated they are required to report to their immediate supervisor on duty, ranking security supervisor on duty or the Senior Warden. Each of the employees interviewed, confirmed they would make a verbal notification and document in writing specific details any knowledge regarding the incident of sexual abuse or sexual harassment.

In accordance with the review of: CMHC g 35.2 p: 1-2; CMHC G-57.01 P: 1-3; Safe Prisons PREA Plan P: 22-23; SPPOM05.01 P:4; it was determined T. L. Roach Jr. Unit has policies and procedures in place that require apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. During an interview with the PREA Compliance Manager, and random sample staff, each acknowledged their awareness of the sensitive nature of a situation in which an inmate's report of sexual abuse or sexual threats, and the completed report are to maintained as confidential and is only to be shared with essential staff involved in the reporting investigation, discipline and treatment process, or as otherwise required by law.

In accordance with the review of: CMHC G-57.1 P: 1; PREA Plan P: 22-23; SPPOM-05.01 P: 4; it was determined T. L. Roach Jr. Unit has policies and procedures in place that ensures unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. During interviews with mental health and medical staff, both confirmed at the initiation of services to an inmate, they disclose the limitations of confidentiality and their professional duty to report. They each stated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. T. L. Roach Jr. Unit does not house any inmates under the age of 18. Therefore, this part of Standard 115.61 is non-applicable.

In accordance with the review of: Safe Prisons PREA Plan P:22-23; SPPOM-05.01 P:4; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure the facility reports all allegation of sexual abuse and sexual harassment, including

third-party and anonymous reports to the facility's designated investigators. During interviews with the PREA Compliance Manager, and Senior Warden, they confirmed all allegations of sexual abuse and sexual harassment including those from thirdparty and anonymous sources are reported directly to the designated facility investigators. A review of all allegations of sexual abuse and sexual harassment was made available for the auditor's review. An investigation was completed for each allegation made.

Corrective Action: None

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)

In accordance with the review of: completed PAQ; SPPOM-05.01 P: 1, 3; SPPOM-05.03 P:1; AD-02.15 P: 1, 6; and Administrative Review/Investigation; it was determined. T. L. Roach Unit has policies and procedures in place to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Interviews conducted with the Senior Warden, PREA Compliance Manager, and random sample staff confirmed upon staff becoming aware that an inmate is subject to a substantial risk of imminent sexual abuse, each case is evaluated by the facility or Office of Special Investigations based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; inmate at risk or potential predator may be moved to another housing unit or transferred. If no other options are available temporarily protective custody until other steps can be taken may be considered. There were no inmates identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at T. L. Roach Jr. Unit.

Corrective Action: None

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)

In accordance with the review of: completed PAQ; BP-01.07 P: 2; AD-16.20 P: 5; PREA Plan P: 24; SPPOM-04.01 P: 1-3; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure where upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification shall be occur as soon as possible, but no later than 72 hours upon becoming aware. The facility in which the allegation of sexual abuse and/or sexual harassment occurred is responsible for ensuring the allegation is investigated in accordance with these standards. T.L. Roach Jr. Unit reported no notifications were made nor received during the last 12 months. Therefore, no documentation was available for review by the auditor.

Corrective Action: None

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)

In accordance with the review of: SPPOM-05.01 P:2-3; AD-16.03 P:1-3; OIG OPM-04.05 P:4-5; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report incident shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In accordance with the review of: SPPOM-04.02 P: 1; SPPOM-05.01 P:2-3; SPPOM-05.05 P: 1; AD-16:03 P:1; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. According to interviews with PREA Compliance Manager, and random sample of staff, the agency has a first responder policy (security and non-security staff) for allegations of sexual abuse and first responders are required to follow 1-4 in the first paragraph. Although there were 10 reported allegations of sexual abuse reported within the past 12 months, there were no incidents in which a security staff or non-security staff was able to perform first responder action. Interviews with random sample of staff, and a review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard as a priority, and all staff are well knowledgeable of their responsibilities in preparation to serve as a first responder per the requirements of this standard.

In accordance with the review of: T. L. Roach Jr. Unit PAQ; SPPOM-04.02 P: 1; SPPOM-05.01 P:2-3; SPPOM-05.05 P: 1; AD16:03 P:1; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

During the interview process with random sample staff, each and every staff member to include security, non-security, volunteers, and contract workers were very knowledgeable of their responsibilities as a first responder. Staff did a phenomenal job in reciting requirements 1- 4 in the first paragraph of this standard without hesitation. T. L. Roach Jr. Unit has a practice of issuing first responder duties to each employee on handouts in a manner that can be easily carried and accessible to the employee for familiarization and reference as needed. First responder duties are also discussed during daily Turn-out at shift change. Although there were 10 allegations of sexual abuse and/or sexual harassment, there were no instances in which security or non-security was required to perform the duties of a first responder. However, it was obvious to the auditor that each employee had a clear and full understanding of the first responder duties. It was also confirmed; T. L. Roach Jr. Unit considered this standard a priority and all staff are prepared, by policy to respond per the requirements of this standard. Therefore, T. L. Roach Jr. Unit substantially exceeds requirements of Standard 115.64 Staff First Responder Duties.

Corrective Action: None

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)

In accordance with the review of: PREA Plan P:26; SPPOM-05.01 P:1-2; it was determined T. L. Roach Jr. Unit has policies and procedures in to ensure the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners investigators, and facility leadership. During an interview with the Senior Warden, random sample staff, medical and mental health, and PREA Compliance Manager, it was confirmed the facility has developed specific guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among staff first responders, investigators, medical and mental health practitioners, and facility leadership. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between Executive Staff; security staff, the Office of the inspector General, medical and mental health services and victim advocates or victim offender representatives.

Corrective Action: None

Standard 115.66 Preservation of ability to protect Offenders 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)
- Not Applicable**

According to Standard 115.66 Preservation of ability to protect inmates from contact with abusers the agency or any other governmental entity responsible for collective bargaining on the agency's behalf enters into or renew any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. TDCJ to include T. L. Roach Jr. Unit is not responsible for collective bargaining on the agency's behalf. Texas is a "right to work state" and does not have collective bargaining that would interfere with the preservation of the agency's ability to protect inmates from contact with abusers. Therefore, this standard is non-applicable

Corrective Action: None

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)

In accordance with the review of: PD-22 P: 1-2, 4-5, 8-9, 19, 27, 32-33, 43, 50, 53-54, Attachment B; PD29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM-05.08 P:1; it was determined T. L. Roach Jr. Unit has policies and procedures in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The PREA Compliance Manager has been designated the Retaliation Monitoring Manager, and reports directly to the Warden in PREA retaliation issues.

In accordance with the review of: PD-22 P:41-42, 51, 53, Addendum PL5; PD-29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM05.08 P:1; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure the agency employ

multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During an interview with the Senior Warden, it was confirmed inmates and staff are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures made on a case-by-case basis. Both the facility administration and the Office of Inspector General consider whether the present inmate housing placement is appropriate and, if no, consider whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on the services provided is to the inmate. During an interview with the Retaliation Monitoring Manager/PREA Compliance Manager, she confirmed there are a variety of protective measures to be considered that includes: housing changes; transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. An interview with the Senior Warden, he confirmed those found to perform and/or participate in any form of retaliation would be held accountable for such actions to include disciplinary actions.

In accordance with the review of: PREA Plan P:24; SPPOM-02.4 P:1, 2,3; SPPOM-05.8 P:1,2; it was determined T. L. Roach Jr. Unit has policies and procedures in place that the facility shall monitor the conduct or treatment of inmates or staff who report sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff for at least 90 days following a report of sexual abuse. If the initial monitoring indicates a continuing need is necessary, it will continue. During an interview with the Senior Warden, and Retaliation Monitoring Manager/PREA Compliance Manager, they confirmed monitoring is conducted for at least 90 days following a report of sexual abuse or sexual harassment that includes monitoring the conduct and treatment of an inmate or employee who reported an incident; and an inmate who reported or was reported to have suffered sexual abuse or sexual harassment. Monitoring will be for all areas in the above paragraph and will continue beyond 90 days if necessary. There were no reports of retaliation and/or monitoring of retaliation in the past 12 months at T. L. Roach Jr. Unit.

In accordance with the review of: PREA Plan P: 24; and SPPOM-05.08 P:4 ; it was determined T. L. Roach Jr. Unit has policies and procedures in place to insure in the case of inmates, such monitoring also include periodic status checks. During an interview with the Retaliation Monitoring Manager/PREA Compliance Manager, and random sample staff, it was confirmed in the case of inmate monitoring, it includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment. However, there were zero reports of retaliation and or monitoring of retaliation in the past 12 months at T. L. Roach Jr. Unit.

In accordance with the review of: PREA Plan P: 24; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. During an interview with the Senior Warden, all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Retaliation monitoring includes the review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. The department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

In accordance with the review of: PREA Plan P: 24 it was determined T. L. Roach Jr. Unit has policy and procedures in place confirm a policy is in place ensuring the agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

Corrective Action: None

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)

In accordance with the review of: completed PAQ; Ad Seg Plan P:2, 4, 11; AD-04.63 P:2, 4; AD-03.50; PREA Plan P:26; Guidelines for ASC P:1 Attachment 12 00B; it is determined T. L. Roach Jr. Unit has policies and procedures in place to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interviews with the Senior Warden, and the Supervisor assigned to supervise inmates in segregated housing confirmed the policies are in place to allow use of segregated housing to protect an inmate. However, alternative means of separation is always available due to the amount of facilities available in the TDCJ and having the option to do inter-state transit if needed. It was reported that there has been no inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 month.

Corrective Action: None

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)

In accordance with the review of: AD-02.15 P: 1,7-8; AD-16.03 P: 2-3; AD-16.20 P:2-3,7; BP-01.07 P: 1-2; CTSD Specialized Investigator Training; OIG-OPM-03.72 P: 1;OIG-OPM-04.05 P:1-6; OIG-OPM-05.10 P:1-6; OIG-OPM-05.15 P:1-6; PREA Plan P: 25; SPPOM-05.05 P: 6-7; SPPOM-05.11 P: 2; it was determined when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, investigators who have received special training in sexual abuse investigations will conduct the investigation pursuant to Standard 115.34.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, OIG conducts compelled interviews only after consulting with prosecutors.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. Neither does the T. L. Roach Jr. Unit nor TDCJ require an inmate 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. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

During an interview with an OIG Agent, he confirmed criminal investigations are documented, and the reports contain a description of the allegation; description of victim; witness and perpetrator interviews; description of DNA; physical, documentary and other evidence; and the cases closing summary. The file contains copies of all the witness statements, documents, reports, photos, video recordings, and any other available evidence. He confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution.

In accordance with the review of Records Retention Schedule; SSPOM 05.11; SPPOM 05.05; OIG OPM-0371; T. L. Roach Jr. Unit retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per OIG 04.05 Offender Sexual Assault Investigations, the Records Department must maintain these records for at least ten years.

In accordance with the review of: PREA Plan P: 28; PD-29 P: 1, 5; it is determined that T. L. Roach Jr. has policies and procedures in place to ensure the departure of the alleged abuser or victim from the employment or control of the facility or PREA Audit Final Report

agency shall not provide a basis for terminating an investigation. Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation of the alleged incident.

In accordance with the review of: BP-01.07 P:1, 2, 3, 4, 6; it is determined T. L. Roach Jr. Unit has policies and procedures in place to ensure any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The TDCJ is responsible for all administrative investigations and criminal investigations are the responsibility of OIG. All investigations follow TDCJ policies and the requirements of this Standard. The Department of Justice involvement is not involved. This part of the standard is non-applicable.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The TDCJ investigates all sexual abuse allegations. This part of the Standard is non-applicable.

Corrective Action: None

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)

In accordance with the review of: PREA Plan P: 28; SPPO,-05.05 P:9-10; CTSD Special Investigator Training P:6; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with facility investigative staff, confirmed T. L. Roach Jr. unit imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse of sexual harassment are substantiated. The “preponderance of the evidence” means that more than 50% of the evidence supports the allegation. An interview with the OIG Agent, confirmed criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt.

Corrective Action: None

Standard 115.73 Reporting to Offenders

- 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)

In accordance with the review of: PREA Plan P: 30; SPPOM-05.05 Attachment J P:5; SPPOM-05.05 Attachment M; SPPOM05.11 Attachment F P:6; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure that following an investigation into an inmate's allegation he suffered sexual abuse in an agency facility, staff informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. During interviews with the Senior Warden and investigative staff it was confirmed, upon the completion of an investigation in which an inmate makes an

allegation of sexual abuse, that inmate must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and zero criminal investigations completed at T. L. Roach Jr. Unit within the past 12 months. However, there were 10 administrative investigations completed in which 4 were determined to unsubstantiated, and 6 unfounded. There were zero investigations of sexual abuse and/or sexual harassment found to be substantiated within the past 12 months. All inmates involved the 10 administrative investigations received notification verbally with documentation or in writing of the results of the investigation. A review of the case files documented receipt of inmate notifications.

If the agency in which the inmate is assigned at the completion of the investigation did not complete the investigation, that agency shall request the relevant information from the agency that conducted the investigation to inform the inmate. There were zero investigations of sexual abuse or sexual harassment that required such a request.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.11 Attachment F P:5-6; it was determined that T. L. Roach Jr. Unit has policies and procedures to ensure following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the inmate's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. During an interview with the PREA Compliance Manager, and a review of sexual abuse files, there were zero investigations that met the standard criteria for notification requirements.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.10 P: 1, 6; SPPOM-05.11 Attachment F P: 5-6; it was determined that T. L. Roach Jr. Unit has policies and procedures in place to ensure following an inmate's allegation that he has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on charge related to sexual abuse within the facility. During an interview with the PREA Compliance Manager, she confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency informs the alleged victim whenever: agency learns alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on charge related sexual abuse in the facility. During an interview with the PREA Compliance Manager and a review of sexual abuse files, there were zero investigations that met the standard criteria for notification requirements.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.11 P:5-6; SPPOM-05.05 Attachment J, Attachment M; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure all such notifications or attempted notifications are documented. During interviews with the Senior Warden, PREA Compliance Manager, and investigative staff, each confirmed all required notifications or attempted notification are documented showing the date and time of the notification in case chronology. If the inmate refused to discuss the outcome, it is noted the date and time of the attempted notification and the fact that the inmate refused. Case file review confirmed the completion of proper notification.

In accordance with the review of: SPPOM-05.11 P:5-6; and SPPOM-05.05; it was determined T. L. Roach Jr. Unit has policies and procedures to ensure the agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. During interviews with the Senior Warden, PREA Compliance Manager, and agency investigative staff, it was confirmed that there is no obligation to report the case outcome to the reported victim inmate after the inmate has been released from the custody of TDCJ. However, depending on the circumstances of the allegations and findings, it may be necessary to contact the victim, such as pending criminal charges against the alleged abuser.

Corrective Action: None

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)

In accordance with the review of: T. L. Roach Jr. Unit PAQ; OPD-13 P: 1, 3-5; PD-22 P: 1, 41-42, 48. Addendum P:5; PD-29 Addendum P:5; WBP-0715 P: 1,4; WBP-07.44 P: 1, 3, 7-8; it was determined T. L. Roach Jr. Unit has policies and procedures to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. T. L. Roach Jr. Unit has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident during the last 12 months.

In accordance with the review of: T. L. Roach Jr. Unit PAQ; PD-22 P: 25-26 it was determined T. L. Roach Jr. Unit has policy in place that ensures termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The facility has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident.

In accordance with the review of: T. L. Roach Jr. Unit PAQ; PD-29; PD-22 P: 19, 41-42, 48, 51, 53, 54; confirmed policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. Interviews with PREA Compliance Manager, and Human Resource Staff confirms disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, zero staff have been disciplined, nor terminated for violation of agency sexual abuse or sexual harassment policies.

In accordance with the review of: T. L. Roach Jr. Unit PAQ; PD-29 P: 6; PD-29 Definitions; AD-16.20 P:3-4 ,7, 9; it was determined policies are in place to ensure all terminations for violations of agency sexual abuse or sexual harassment policies, and resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. T .L. Roach Jr. Unit has had zero staff reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies within the past 12 months.

Corrective Action: None

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)

In accordance with the review of: Volunteer Service Plan P: 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Training Facilitators Guide; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; and interviews with the Senior Warden, volunteers and contractors, it was determined T. L. Roach Jr. Unit has policies and procedures are in place to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. T. L. Roach Jr. Unit has had zero contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

In accordance with the review of: Volunteer Service Plan P; 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Services Facilitators Guide; PD-29 P:5-6; PREA Plan P: 39; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During an interview with the Senior Warden, he confirmed in the case of any violation of agency sexual abuse or sexual harassment policy, he would immediately deny the individual access into the facility and refer the allegation to OIG for an investigation.

During the interview process with volunteers, and contractors, each confirmed they have received PREA training in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure and they have a clear understanding of the completed training.

Corrective Action: None

Standard 115.78 Disciplinary sanctions for Offenders

- 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)

In accordance with the review of: T. L. Roach Jr. Unit PAQ; PREA Plan P: 30; GR-106 P:18-21, 26, Attachment A-2; Email of New Offense 20.4; Disciplinary Rules and Procedures for Offenders; it is determined T. L. Roach Jr. Unit has policies and procedures in place to ensure inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. During an interview with the Senior Warden, he confirmed the facility's use of as a consistent, fair and reasonable disciplinary process is the facility's most valuable tool to address inmate misconduct, while ensuring the safety of all employees and inmates and the security of the facility.

In accordance with the review of: TDCJ Disciplinary Rules for Offenders P:25-26; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. During an interview with the Senior Warden, he confirmed policies are enforced to ensure the disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse are progressively disciplined based on guidelines. The sanctions are to be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.

In accordance with the review of: PREA Plan P: 30; TDCJ Disciplinary Rules and Procedures for Offenders P:25-26; CMHC E35.1 P:1, 2; it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. During an interview the Senior Warden, he confirmed the inmate's mental disability and mental illness would be considered however; inmates with mental disable and mental illness are not assigned to the facility.

In accordance with the review of: PREA Plan P: 30; CMHC E-35.1 P: 1-2, SOTP-01.01 P:1; TDCJ Disciplinary Rules and Procedures for Offenders P:25-26; it was determined TDCJ has policies and procedures in place to ensure if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

In accordance with review of PREA Plan P: 31; it was determined T.L. Roach Jr. Unit has policy in place to ensure the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In accordance with the review of: GR-106 P: 18-21, 26; PREA Plan P: 31; it was determined T.L. Roach Jr. Unit has policies in place to ensure that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable PREA Audit Final Report

belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In accordance with the review of: GR-106 P:18-21 Attachment B-2-1; PREA Plan:31; TDCJ Disciplinary Rules for Offenders P:25-26; it was determined T. L. Roach Jr. Unit has policies in place to ensure the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

There were zero reports of inmate-on-inmate sexual abuse that was founded to be substantiated within the past twelve months. Therefore, no inmates received disciplinary sanctions related to sexual abuse for such actions.

Corrective Action: None

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)

In accordance with the review of: PREA Plan P:17; SPPOM-03.01 Attachment E; CMHC E-35.1 P:1; CMHC E-35.2 P:1; CMHC G-57.1 P:1-2; it was determined TDCJ has policies and procedures in place to ensure if the screening pursuant to 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interview with staff who is responsible for risk screening confirms if a screening indicates that an inmate previously perpetrated sexual abuse, the facility offer a follow-up meeting with a mental health practitioner. In-depth screening pertaining to this standard is completed at a TDCJ intake facilities prior to the inmate's arrival at T. L. Roach Jr. Unit. During interviews with the Senior Warden, PREA Compliance Manager (who is also responsible for conducting risk screening during the incoming chain interview), medical and mental health staff confirmed an additional medical and mental health followup screening is conducted during the incoming chain interview as needed. Staff confirmed on occasions, inmates make reports of recent unreported allegations of sexual abuse during the incoming chain interview, and an additional follow-up screening is conducted with inmates with 7 days after arrival.

In accordance with the review of: T. L. Roach Jr. Unit PAQ; CMHC E-35.2; Mental Health Evaluation P: 1; CMHC G-57.1 Sexual Assault/Sexual Abuse P:1-2; it was determined TDCJ has policies and procedures in place to ensure if the screening pursuant to 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Interview with staff who is responsible for risk screening confirms if a screening indicates that an inmate previously perpetrated sexual abuse, they are offered a follow-up meeting with a medical health practitioner to be held immediately. In the past 12 months, 100 percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up with a mental health practitioner. Mental health staff maintain secondary materials (e.g. form, log) documenting compliance with the requirements of this standard.

In accordance with the review of: SPPOM-05.05 P:2-3; CMHC A-09.01 P:1; CMHC A-61.1 P:1-3; it was determined TDCJ has policies and procedures in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. During interviews with the PREA Compliance Manager, (who is also responsible for risk screening) medical and mental health staff, each confirmed the release of information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to determining security and management decisions,

including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

In accordance with the review of: CMHC G-57.1 P:1-2; CMHC 1-70.1 P:1; CMHC-02.05 P:1; CMHC H-61.1 P:4; it was determined TDCJ has policies and procedures in place to ensure medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. During interviews with the PREA Compliance Manager, medical and mental health staff, each confirmed medical and mental health practitioners are required to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Corrective Action: None

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)

In accordance with the review of T.L. Roach Jr. Unit PQA; CMHC A-01.1; CMHC G-57.1; SPPOM-05.01 and in conjunction with interviews with the PREA Compliance Manager, mental health and medical staff to include SANE Practitioner at Northwest Texas Hospital, it was determined policies and procedures are in place to ensure compliance of allowing inmates access to emergency medical and mental health services. Policy outlines procedures that 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. All security and non-security staff have received first responder training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners on duty. The inmate will be provided minor first aid by qualified medical staff at the facility in a manner that would not compromise the forensic examination that will occur at Northwest Texas Hospital. During an interview with the SANE Practitioner, she stated a team of SAFE/SANE Practitioners are available at Northwest Texas Hospital and they offer forensic medical examinations 24/7. In the event medical staff is not on duty upon staff being advised of the sexual abuse, the inmate will be immediately transported to Northwest Texas Hospital for all medical treatment. The inmate victim of sexual abuse will be offered timely access to sexually transmitted prophylaxis within a timely manner in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident.

Corrective Action: None

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)

In accordance with the review of: the completed PAQ, Safe Prison/PREA Plan, SPPOM-05.01, SPPOM-05.05, CMHC G-57.1,

E-44.1, interviews with medical/mental health staff, and review of PREA related incidents, it was determined that T. L. Roach Jr. Unit has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. Interviews with the PREA Compliance Manager, medical and mental health staff, confirmed the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Medical and mental health services are offered by TDCJ consistently with the care level offered in the local community. Victims will be provided with medical and mental health services consistent with the community level care. The inmate victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at T. L. Roach Jr. Unit will be provided without cost to the victim. This includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise from the incident. T. L. Roach Jr. Unit does not house female inmates.

Corrective Action: None

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)

In accordance with the review of: the Safe Prisons/PREA Plan, SPPOM-08.01, AD-02.01, Administrative Review/Investigation, interviews with Senior Warden, and member of the incident review team, it was determined that T. L. Roach Jr. Unit has policies and procedures in place to ensure the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Interviews with the Senior Warden, and PREA Compliance Manager in addition to a review of incident review reports confirmed the facility conducts a sexual abuse incident review at the conclusion of sexual abuse investigation, unless the allegation has been determined to be unfounded. The Incident Review Team conducts the review within 30 days of the investigation conclusion. The Incident Review Team consist of upper-level management, with input from line supervisors, investigators, and medical or on-site mental health practitioners. The T. L. Roach Jr. Unit implements recommendations from results of these incident reviews. In the event recommendations made are not implemented, the review team will document reason of why implementation was not done.

Corrective Action: None

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)

In accordance with the Safe Prison PREA Plan, OIG OPM-04.05, SPPOM-01.01, BP-02.09, and Survey of Sexual Violence 2012 the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. During an interview with the Senior Warden, he stated uniform data has been collected for every incident of sexual abuse alleged to have occurred at the T. L. Roach Jr. Unit while using a standardized instrument and set of definitions. The auditor reviewed documentation of the standardized instrument with the set of definitions utilized.

In accordance with the review of: AD-02.15; AD-01.01, and PREA Plan, incident-based sexual abuse data is aggregated on an annual basis. The incident-based data collected is required to include at minimum information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Ombudsman maintain reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. TDCJ also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

In accordance with the review of: AD-02.15; AD-01.01, Department of Justice Report revealed that the agency has provided all such data from the previous calendar years to the Department of Justice no later than June 30th of each year. Calendar year reports were provided to the auditor for review.

Corrective Action: None

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)

In accordance with the review of: Safe Prison/PREA Plan, PREA Ombudsman Safe Prison Program Annual Report SOP ; and interviews with the Senior Warden and PREA Compliance Manager it was determined TDCJ has policies and procedures in place to ensure the agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1) Identifying problem areas; 2) Taking correction action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. During an interview with the PREA Coordinator, she noted the agency reviews data collected and aggregated pursuant to standard 115.87. An Annual Report is compiled by the joining efforts of the Office of the Inspector, PREA Ombudsman, and Safe Prison/PREA Office. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly, and annually as well. All the data is integrated and reviewed for usefulness. It is reviewed by agency leadership and Safe Prisons/PREA Managers Office.

The report included areas identified by the facilities in need of corrective actions and a summary of any corrective action taken that was previously identified. The report also included a comparison of the current year's data and corrective action with those from prior years while providing an assessment of the agency's progress in addressing sexual abuse.

Corrective Action: None

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)

In accordance with the review of: the Safe Prisons/PREA Plan P. 36; TDCJ Annual Report; OIG Report and completion of an interview with the SAFE Prisons PREA Manager, it was determined T. L. Roach Jr. Unit has policies and procedures in place to ensure guidelines are followed to ensure data collected pursuant to standard 115.87 are securely retained. The PREA Coordinator confirmed during an interview that the Safe Prisons/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete information.

Mainframe data reported through the Emergency Action Center is stored on a server. Employees must have a user account to access the EAC system. There is a 2nd level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator.

A review of the PREA Plan, and interviews with the PREA Coordinator and PREA Compliance Manager confirmed the agency make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public annually through its agency's website and was reviewed by the auditor.

Per the agency's Safe Prisons/PREA Plan, personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit while maintaining the nature of the material. The PREA Coordinator confirmed the agency does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction. However, if personal identifiers were reported, redaction would be made.

In accordance with Records Retention Schedule, PREA Plan, and ED-02.29, the agency follows the record retention scheduled for all Safe Prisons/PREA documents. All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. The agency's retention schedule for these documents is Death / Discharge plus ten (10) years. Offender Classification files retention time period is thirty (30) years. Some OIG files are permanent records. Policy and procedures are in accordance with Federal, State and local law requirements.

Corrective Action: None

AUDITOR CERTIFICATION

I certify that:

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

Debra D. Dawson

Auditor Signature



Date