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

☐ Interim ☒ Final

Date of Report December 20, 2020

Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Kendra Prisk</th>
<th>Email</th>
<th><a href="mailto:Kendra@preaauditing.com">Kendra@preaauditing.com</a></th>
</tr>
</thead>
</table>

Company Name: PREA Auditors of America, LLC

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>14506 Lakeside View Way</th>
<th>City, State, Zip</th>
<th>Cypress, TX 77429</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>713-818-9098</th>
<th>Date of Facility Visit</th>
<th>November 18-20, 2020</th>
</tr>
</thead>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Name of Agency</th>
<th>Texas Department of Criminal Justice</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Governing Authority or Parent Agency (If Applicable):</th>
<th>State of Texas</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>861-B I-45 North</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>PO Box 99</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th>Huntsville, TX 77320</th>
</tr>
</thead>
</table>

| Agency Is            | ☐ Military ☐ Private for Profit ☐ Private not for Profit |
|----------------------|---------------|----------------|

<table>
<thead>
<tr>
<th>☐ Municipal ☒ County ☒ State ☐ Federal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agency Website with PREA Information:</th>
<th><a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a></th>
</tr>
</thead>
</table>

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name</th>
<th>Bryan Collier</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:Bryan.Collier@tdcj.texas.gov">Bryan.Collier@tdcj.texas.gov</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>936-437-2101</th>
</tr>
</thead>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name</th>
<th>Cassandra McGilbra</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th><a href="mailto:Cassandra.McGilbra@tdcj.texas.gov">Cassandra.McGilbra@tdcj.texas.gov</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
<th>936-437-5557</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PREA Coordinator Reports to:</th>
<th>Patrick O’Daniel - Chairman</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Compliance Managers who report to the PREA Coordinator</th>
<th>6</th>
</tr>
</thead>
</table>

Facility Information
<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>T.L. Roach Jr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>15845 FM 164</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Childress, TX 79201</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☒ State</td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
</tbody>
</table>

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ☒ ACA
- ☐ NCCHC
- ☐ CALEA
- ☐ Other (please name or describe:)
- ☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: A Division Level Operational Review was conducted at the unit in September 2018. These reviews are conducted by each functional area proponent at least every three years.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Michael Crow  
**Email:** Michael.Crow@tdcj.texas.gov  
**Telephone:** 940-937-6364

### Facility PREA Compliance Manager

**Name:** Joshua Majors  
**Email:** Joshua.Majors@tdcj.texas.gov  
**Telephone:** 940-937-6364

### Facility Health Service Administrator

**Name:** Billy Burge  
**Email:** bbburge@childresshospital.com  
**Telephone:** 940-937-6364

### Facility Characteristics

| Designated Facility Capacity: | 1384 |
| Current Population of Facility: | 1219 |
### Average daily population for the past 12 months:
- 1367

### Has the facility been over capacity at any point in the past 12 months?
- □ Yes
-☒ No

### Which population(s) does the facility hold?
-☐ Females
-☒ Males
-☐ Both Females and Males

### Age range of population:
- 18-72

### Average length of stay or time under supervision:
- 2 Years 2 Months

### Facility security levels/inmate custody levels:
- G1, G2 & G4

### Number of inmates admitted to facility during the past 12 months:
- 849

### Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:
- 831

### Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:
- 685

### Does the facility hold youthful inmates?
-☐ Yes
-☒ No

### Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)
-☒ N/A

### Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?
-☐ Yes
-☒ No

#### Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):
-☐ Federal Bureau of Prisons
-☐ U.S. Marshals Service
-☐ U.S. Immigration and Customs Enforcement
-☐ Bureau of Indian Affairs
-☐ U.S. Military branch
-☐ State or Territorial correctional agency
-☐ County correctional or detention agency
-☐ Judicial district correctional or detention facility
-☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)
-☐ Private corrections or detention provider
-☐ Other - please name or describe: Click or tap here to enter text.
-☒ N/A

### Number of staff currently employed by the facility who may have contact with inmates:
- 246

### Number of staff hired by the facility during the past 12 months who may have contact with inmates:
- 30

### Number of contracts in the past 12 months for services with contractors who may have contact with inmates:
- 3

---

1 These refer to the security levels within the TDCJ. G1 is the lowest general population security level while G5 is the highest general population security level.
<table>
<thead>
<tr>
<th>Physical Plant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of buildings:</td>
</tr>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
</tr>
<tr>
<td>Number of inmate housing units:</td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a &quot;housing unit&quot; defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled sight lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
</tr>
<tr>
<td>Number of single cell housing units:</td>
</tr>
<tr>
<td>Number of multiple occupancy cell housing units:</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
</tr>
<tr>
<td>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</td>
</tr>
<tr>
<td>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical and Mental Health Services and Forensic Medical Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
</tr>
<tr>
<td><strong>Are medical services provided on-site?</strong></td>
</tr>
<tr>
<td><strong>Are mental health services provided on-site?</strong></td>
</tr>
<tr>
<td><strong>Where are sexual assault forensic medical exams provided? Select all that apply.</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Investigations

### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: 142

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- ☑ Facility investigators
- ☑ Agency investigators
- ☑ An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- ☑ Local police department
- ☑ Local sheriff’s department
- ☑ State police
- ☑ A U.S. Department of Justice component
- ☑ Other (please name or describe): Office of the Inspector General (OIG)
- ☐ N/A

### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment: 20

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- ☑ Facility investigators
- ☑ Agency investigators
- ☑ An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- ☑ Local police department
- ☑ Local sheriff’s department
- ☑ State police
- ☑ A U.S. Department of Justice component
- ☑ Other (please name or describe): Office of the Inspector General (OIG)
- ☐ N/A
Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for the T.L. Roach Jr. Unit® (Roach Unit), Texas Department of Criminal Justice (TDCJ) in Childress, Texas was conducted on November 18-20, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor. The audit was originally scheduled for March 2020; however it was rescheduled to November due to COVID-19.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, on-site audit and post-audit.

The last PREA audit was conducted by PREA auditor Debra Dawson on March 29-31, 2017. The previous auditor conducted the audit with seven exceed standards and 34 met standards.

Prior to the on-site portion of the audit, the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was very responsive related to any questions the auditor had during this review. The Warden ensured the audit announcement was placed throughout the facility prior to the audit. On October 13, 2020 the auditor received six emailed photos of the PREA audit announcement posted throughout the facility. The auditor received correspondence from one inmate at the facility related to PREA. The inmate indicated an issue with the cross-gender announcement, however he had transferred from the facility prior to the on-site portion of the audit and was unable to be interviewed.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (1219) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the Inmate Interview Questionnaire supplemented by the Targeted Inmate Questionnaires. The table following the inmate listings depicts the breakdown of inmate interviews. It should be noted that during the on-site portion of the audit over half of the population was infected with COVID-19. Therefore, the auditor conducted 20 interviews through a no-contact visitation area with inmates who were not directly infected with the virus. At least two inmates from each housing unit not infected with COVID-19 were selected. The other 20 interviews with specialized inmates that were infected with COVID-19 were completed by handing out the questionnaires to the inmates and having them complete them via pen and paper. This helped to protect the inmates, staff and auditor from contracting COVID-19.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening
The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across: gender, race, ethnicity and post assignments. Staff selected for the both shifts were interviewed. Interviews were conducted using the Interview Guide for a Random Sample of Staff and the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
   - Agency contract administrator
   - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
   - Line staff who supervise youthful inmates, if any
   - Education staff who work with youthful inmates, if any
   - Program staff who work with youthful inmates, if any
   - Medical staff
   - Mental health staff
   - Non-medical staff involved in cross-gender strip or visual searches
   - Administrative (Human Resources) staff

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates</td>
<td>20</td>
</tr>
<tr>
<td>Targeted Inmates</td>
<td>20</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>40</td>
</tr>
<tr>
<td>Targeted Inmate Interview:</td>
<td></td>
</tr>
<tr>
<td>• Youthful Inmates</td>
<td>0</td>
</tr>
<tr>
<td>• Inmates with a Disability</td>
<td>0</td>
</tr>
<tr>
<td>• Inmates who are LEP</td>
<td>7</td>
</tr>
<tr>
<td>• Inmates with a Cognitive Disability</td>
<td>0</td>
</tr>
<tr>
<td>• Inmates who Identify as Lesbian, Gay or Bisexual</td>
<td>6</td>
</tr>
<tr>
<td>• Inmates who Identify as Transgender or Intersex</td>
<td>2</td>
</tr>
<tr>
<td>• Inmates in Segregated Housing for High Risk of Victimization</td>
<td>0</td>
</tr>
<tr>
<td>• Inmates who Reported Sexual Abuse</td>
<td>2(^2)</td>
</tr>
<tr>
<td>• Inmates who Reported Sexual Victimization During Screening</td>
<td>3</td>
</tr>
</tbody>
</table>

\(^2\) No inmates who reported sexual abuse were still at the facility, however two inmates who reported sexual harassment were identified and interviewed under this interview protocol.
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

### Category of Staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>17</td>
</tr>
<tr>
<td>Total Staff Interviews</td>
<td>28</td>
</tr>
</tbody>
</table>

### Specialized Staff Interviews

- Agency Contract Administrator: 1
- Intermediate or Higher-Level Facility Staff: 2
- Line Staff who Supervise Youthful Inmates: 0
- Education and Program Staff who Work with Youthful Inmates: 0
- Medical and Mental Health Staff: 2
- Human Resources Staff: 1
- Volunteers and Contractors: 1
- Investigative Staff: 2
- Staff who Perform Screening for Risk of Victimization: 1
- Staff who Supervise Inmates in Segregated Housing: 1
- Incident Review Team: 1
- Designated Staff Member Charged with Monitoring Retaliation: 1
- Security and Non-Security who Acted as First Responders: 3
- Intake Staff: 1
The following interviews with leadership staff were also conducted (not counted in table above):

- Mr. Bobby Lumpkin (Agency Head Designee)
- Mr. Michael Crow (Warden)
- Ms. Cassandra McGilbra (PREA Coordinator “PC”)
- Mr. Joshua Major (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on November 18, 2020 through November 20, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor reviewed documentation and selected inmates and staff for interviews as well as identified all documentation needed for review. A tour of the facility was conducted on November 18, 2020 and began at 9:00am. The tour including all areas associated with the Roach Unit, to include, all housing units, the administration building, the gym, medical, mental health, dental, education and vocation, recreation, the kitchen and dining hall, the line building, the soap factory and all other common/program areas. During the tour the auditor was cognizant of staffing levels, monitoring device placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. Due to COVID-19 the auditor did not have direct contact with staff and inmates during the tour and as such did not informally speak to staff and inmates. The tour was completed at 11:30am.

Interviews were conducted on November 18, 2020 in the afternoon and evening as well as on November 19, 2020 in the morning and afternoon. During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. Files were reviewed for the original audit period March 2019 through March 2020. Additional information was reviewed from March 2020 through October 2020, however due to COVID-19 operations have deviated due to quarantining of inmates, medical lockdowns at facilities and limited transports, and as such documentation was limited. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 246 staff assigned. The auditor reviewed a random sample of 20 personnel and/or training records that included ten individuals hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four volunteers and two contractors who have contact with inmates were sampled randomly across functional service areas.

**Inmate Files.** On the first day of the on-site phase of the audit, the inmate population was 1219. A total of eighteen inmate records were reviewed. The records reviewed were of those inmates that arrived in the previous twelve months, specifically from January through March (due to operational changes made in April due to COVID-19).

**Medical and Mental Health Records.** During the past year, there were eleven inmates that reported sexual abuse at the facility. The auditor reviewed a sample of six of these victim’s medical and mental health files. Additionally, six mental health files were reviewed for inmates who reported prior victimization during the risk screening.

**Grievances.** In the original audit period, the facility reported that they had five PREA grievances. The auditor reviewed three of the five grievances (two were unavailable as the inmates had transferred to another facility). During the new extended audit period (March 2020-October 2020) three additional PREA grievances were identified. The auditor reviewed two of the three grievances.

**Hotline Calls.** The facility has an outside reporting hotline via the PREA Ombudsman’s Office. The Ombudsman confirmed that the hotline is utilized for inmates and the public to report allegations and that all allegations are reported back to the facility for investigation.

**Incident Reports.** The auditor reviewed eight of the fourteen investigations, which included a review of eight incident reports.
**Investigation Files.** During the previous twelve months, there were fourteen allegations reported at the facility. The auditor reviewed a sample of eight investigative reports to ensure all components were included from the investigating authority.

<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse</th>
<th>Sexual Harassment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inmate on Inmate</td>
<td>Staff on Inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Unfounded</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total Allegations</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

### Facility Characteristics

T.L. Roach Unit is a state prison under the authority of the Texas Department of Criminal Justice, located at 15845 FM 164 in Childress, Texas. The Roach Unit opened in August 1991 and is located in Childress County. The Roach Unit is located approximately 115 miles Southeast of Amarillo, Texas and approximately 115 miles Northwest of Wichita Falls, Texas. The facility encompasses over 1651 acres, with the majority of the acreage located outside the secure perimeter. The facility is home to numerous programs to include Literacy, Special Education, Pre-Release, English as Second Language and Cognitive Intervention. Additionally, the facility is home to three vocational programs, carpentry, horticulture and heating and air conditioning. The soap and detergent factory is also found at the Roach Unit. This factory produces all cleaning supplies for the TDCJ.

Within the secure perimeter are all buildings associated with the Roach Unit, excluding the warehouse. The buildings inside the secure perimeter include all housing units, visitation, the gymnasium, medical, mental health, dental, education, vocation, recreation, commissary, the cafeteria and kitchen, the line building, the soap factory, laundry and maintenance. Entry to the facility is through a secure entry where staff and visitors are required to show identification. Upon exit of the building is a breezeway leading to the administration building. This administration building contains many areas including records, the mailroom, human resource, visitation and central control. The unit has an indoor and outdoor visitation area. The outdoor visitation area consists of numerous picnic tables and a grassy space. The indoor visitation has both a contact and no contact visiting area. The no contact area consists of individual booth type seating with stools and phones to communicate with the inmates behind the plexiglass. The contact visitation area consists of tables and chairs, vending machines and restrooms. The restrooms are equipped with solid doors for privacy. The area also contains posted PREA information. The exit to the administration building is through central control. The compound is laid out in a large circle with a few protruding buildings outside of the circle.

Upon exit of the administration building you find the first housing building that contains J, K and L units. Left of this building is the next housing building that contains M, N, O and P units. This housing building is protruded outside the circle between the first housing building and the third housing building and has additional cross fencing that separates it from the rest of the compound. This building has its own recreational yard contained in the cross fencing. The third housing building is located to the left of the second and contains G, H and I unit. The first housing unit building and the third housing unit building
share a recreational yard located out front of the buildings. This recreational yard includes a basketball court, a weight area and a large open grassy space. To the left of the third housing unit is the gymnasium. This space is also utilized as the chapel. The building is large and open and contains a basketball court and open space for other activities. The restroom in this area contains a half wall and a barrier for privacy. The remaining two housing buildings are found after the gymnasium. The fourth housing building contains D, E and F units and the fifth housing building contains A, B and C units. The fourth and fifth housing buildings share a recreational yard that is equipped with a handball court, a basketball court and a grassy area.

The fifth housing building is on the opposite end of the compound (from the administration building) and as such to the right of the building is the second half of the compound. Immediately right and located outside of the immediate circle is the line building. This building contains classification, property and administrative security offices. Restrictive housing is also contained in this building. The soap factory is right of the line building. The building is half warehouse and half factory. All of the cleaning supplies for TDCJ are made at the factory and distributed across the facilities. The factory has a strip search area that contains blue tarp like material that provides privacy as well as full wall barriers in the restrooms for privacy. The building contains reflective mirrors to cover blind spots and civilian and security staff are assigned to this area for supervision. Also located behind the circle is the maintenance building. This area consists of a tool room and offices. The restroom in maintenance has a full door that affords inmate workers privacy. There are six storage sheds located outside the circle near the maintenance building. These storage sheds are utilized to store materials for maintenance, laundry and the kitchen.

The next building in the circle is the medical and dental building. Medical exam rooms contain full doors for privacy. The area has an emergency room as well as a holding area with benches that is enclosed by fencing materials. Additionally, a restroom with a saloon style door is contained in the holding area and provides privacy for inmates when using the restroom. Reflective mirrors are found throughout this building to cover any blind spot areas. Medical is on site from 6:00am-6:00pm. Behind the medical and dental building is a small garden and a tool shed.

The kitchen and dining hall are located to the right of the medical and dental building. There is a staff dining area on one side of the building and an inmate dining area on the other side of the building. These areas are separated by a solid wall. Staff dining contains a serving line and numerous tables and chairs. The inmate dining area is larger than the staff dining area and contains two serving lines and a plethora of tables and stools. The kitchen is located behind the dining areas and contains all the necessary equipment to provide meals to over 1200 inmates. This includes a dish area, coolers, freezers, a baking area, ovens, grills, dry storage space and a baking space. An officer station is located in the center of the kitchen where staff can supervise. The inmate restroom in this area contains a privacy barrier, a solid half wall and black out tape. Reflective mirrors are found throughout the kitchen to eliminate blind spots.

The laundry and boiler room building is located next to the kitchen. The boiler room contains boilers and equipment necessary for heating. Also in the building is the laundry area. This space is equipped with washers, dryers and pressing equipment. Reflective mirrors are found throughout the laundry area to eliminate blind spots behind any equipment. Additionally, the inmate restroom in this area has a half wall and individual privacy barriers.

The last building in the circle on the compound is the education and vocational building. The left side contains vocation while the right side contains education. The space houses three vocational programs, horticulture, heating and air conditioning and woodworking. Each vocation has a bay that contains a restroom with saloon style doors for privacy. The educational side of the building contains the library, the law library and educational classrooms. All spaces are large and open. The restroom in this area is a full door with lattice material. Expanded metal has been added over the center portion of the door to provide privacy.

There is one additional building on the compound on the far end, opposite of the administration building. This is the back gate. This area is where transport buses and vans enter and is where inmates are initially searched. The strip search area is equipped with barriers to provide privacy.
The facility comprises six buildings with seventeen housing units. Housing units comprise general population inmates and restrictive housing inmates. A breakdown of the housing units and the inmate population that make up each unit is found below. Twelve housing units are multiple occupancy cells that hold either 84 or 73 inmates, four are open bay style and hold either 63 or 125 and one is single cell with seven total cells.

A, C, D, E, F, G, H, I, J, K and L housing units have the same physical plant design and are set up the exact same way. B unit also has a similar physical plant design with the exception of one area being single celled for additional restrictive housing space. B unit differs in that is has a fencing closure around the cell area to provide extra security as well as security enclosure materials for three of the showers for additional security. All the units have an officer station in the center of the building. A sally port hallway is outside the officer station in a “U” shape. Each housing unit has an entrance door. Upon entry is the dayroom with benches, televisions and phones. Each housing unit is two floors connected by stairs at the far end of the unit. Cells line the unit with shower areas located on the first floor on both sides of the unit. Each side has three showers that are equipped with saloon style doors for privacy. Toilets have privacy barriers and all bathrooms have black out paint on the windows to provide privacy from the officers’ station. All cells are double bunked with a table, stool, shelf, toilet and sink. Cell doors are solid with a small window for supervision.

M, N, O and P housing units are in the same building and are set up the same with the exception of M and P being half the capacity and as such half of the physical plant of N and O units. Prior to the housing units is an indoor recreation area. The inmate restrooms in this space is equipped with saloon style doors for privacy. The housing units have separate doors for entry and have a top and bottom area with living space. The living area is open bay style with half walls that separate beds. Each bedding space has a bunk that is outlined with a small concrete wall. These bedding areas are on the bottom floor as well as the top floor. The floors are connected by stairs. Each housing unit also has a dayroom space with tables, benches and televisions. Additionally, an open bay restroom is in each housing unit. The restroom is equipped with a half wall that provides privacy as well as individual barriers.

Restrictive housing is found in the line building and contains seven single cells and a shower. The shower has privacy via metal barriers. Cells contain a bed, a table and stool, a toilet and a sink. Cell doors are solid with a small window for monitoring.

All housing units and common areas have PREA reporting information posted in English and Spanish as well as painted PREA information on the walls. Video technology is found throughout the housing units to provide supplemental monitoring.

<table>
<thead>
<tr>
<th>POD</th>
<th>Capacity</th>
<th>Style</th>
<th>Inmate Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G4</td>
</tr>
<tr>
<td>B</td>
<td>73</td>
<td>Multiple Occupancy</td>
<td>G4 &amp; Restrictive Housing</td>
</tr>
<tr>
<td>C</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G4</td>
</tr>
<tr>
<td>D</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>E</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>F</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>G</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>H</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>J</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>K</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>L</td>
<td>84</td>
<td>Multiple Occupancy</td>
<td>G2</td>
</tr>
<tr>
<td>M</td>
<td>63</td>
<td>Open Bay</td>
<td>G2</td>
</tr>
<tr>
<td>N</td>
<td>125</td>
<td>Open Bay</td>
<td>G2</td>
</tr>
<tr>
<td>O</td>
<td>125</td>
<td>Open Bay</td>
<td>G2</td>
</tr>
<tr>
<td>P</td>
<td>63</td>
<td>Open Bay</td>
<td>G1 &amp; G2</td>
</tr>
<tr>
<td>Line</td>
<td>7</td>
<td>Single Cell</td>
<td>Restrictive Housing</td>
</tr>
</tbody>
</table>

The facility employs 246 staff. Staff mainly make up two shifts, day shift works from 5:30am-6:00pm and evening shift works from 5:30pm-6:00am. Lieutenants serve as the shift supervisors and a building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. Each housing unit is equipped with a Control Officer as well as two or three Roving Officers. Roving Officers are responsible for a specific building, which contains either three or four housing units. Control Officers are located in the officer’s station of each building and are responsible for management of all housing units in the building. Additional officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. The facility employs 34 contractors that make up medical staff and education staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 141 volunteers that provide services to the inmates.

The total capacity for the facility is 1384. On the first day of the audit the population at the facility was 1219. The facility houses adult male inmates. The age range of the facility’s population is eighteen to 72 years of age. The facility houses G1, G2 and G4 inmates. The average length of stay for inmates at the facility is approximately two years and two months.
## Summary of Audit Findings

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.31, 115.33, 115.67 &amp; 115.73</td>
</tr>
</tbody>
</table>

### Standards Met

| Number of Standards Met: | 41 |

### Standards Not Met

<table>
<thead>
<tr>
<th>Number of Standards Not Met:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Not Met:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Prison Rape Elimination Act Ombudsman Policy Statement BP-02.09
4. Executive Order ED-03.03
5. Post Order PO-07.150
6. Organizational Charts

Interviews:
1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

**Findings (By Provision):**

**115.11 (a):** The agency has a comprehensive PREA Policy: Safe Prisons/PREA Plan as well Executive Orders, Policy Statements, Post Orders, Administrative Directives and numerous other policies and procedures that supplement the PREA Plan. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address “Preventing” sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address “Detecting” sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "Responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. Agency policies are consistent with the PREA standards and outline the agency’s approach to sexual safety.

**115.11 (b):** ED-03.03 confirms the responsibilities of the PC and BP-02.09 states that the TDCJ PREA Ombudsman shall coordinate the TDCJ efforts to comply with the PREA standards in all its correctional and community facilities. Additionally, it states that the PREA Ombudsman will have sufficient time and authority to oversee TDCJ’s policies related to the implementation of the PREA. The agency’s organizational chart reflects that the PC position is an upper-level position and reports to the Texas Board of Criminal Justice. The PC stated that she has enough time to manage all her PREA related responsibilities. She indicated she has a lot of help and that there are numerous regional and facility staff that assist her with ensuring compliance. The PC stated that together with these staff they develop recommendation to correct any policies, procedures and practices to comply with PREA standards. Additionally, she stated that if there is an issue complying with a PREA standard she would work with the regional and facility staff to ensure correction.

**115.11 (c):** The facility has a staff member responsible for ensuring PREA compliance (Unit Safe Prisons PREA Manager – USPPM). PO-07.150 states that the USPPM shall assist the unit Warden with monitoring of the Safe Prisons/PREA Program, as well as coordinate and maintain compliance with PREA standards at the unit level. The facility’s organizational chart as well as PO-07.150 confirm the USPPM is responsible for PREA compliance and that this staff member reports directly to the Warden. The interview with the Compliance Manager indicated he has sufficient time to coordinate the facility’s PREA compliance. He stated that PREA is his only job duty.

The evidence shows that the agency has a PREA policy, has designated an upper-level PC as verified through policy and the organizational chart and has a PREA Compliance Manager as verified through policy and the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and CM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

**115.12 (a)**

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

115.12 (b)

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

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Administrative Directive AD-02.46
3. Contracts for Confinement of Inmates

Interviews:
1. Interview with the Agency’s Contract Administrator

Findings (By Provision):

115.12 (a): The agency has 37 contracts related to the confinement of parolee and probationers; ten secure, eight re-entry and nineteen transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of a sample of the 37 contracts confirmed that all had language requiring compliance with PREA standards. The Secure Treatment contracts stated that the contractor shall comply with the PREA standards for adult prisons and jails and they are required to report any sexual abuse or sexual harassment to TDCJ. The Residential Corrections Centers and Transitional Treatment contracts state that the contractor shall comply with the PREA community confinement standards and report any sexual abuse or sexual harassment to TDCJ. Additionally, newer contracts also contain language requiring the contractor to obtain PREA compliance within twelve months of the service commencement date and that they must maintain compliance at all times thereafter.

115.12 (b): The agency has 37 contracts related to the confinement of parolees and probationers; ten secure, eight re-entry and nineteen transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the 37 contracts confirmed that all had language requiring compliance with PREA standards. The Secure Treatment contracts stated that the contractor shall comply with the PREA standards for adult prisons and jails and they are required to report any sexual abuse or sexual harassment to TDCJ. The Residential Corrections Centers and Transitional Treatment contracts state that the contractor shall comply with the PREA community confinement standards and report any sexual abuse or sexual harassment to TDCJ. Additionally, newer contracts also contain language requiring the contractor to obtain PREA compliance within twelve months of the service commencement date and that they must maintain compliance at all times thereafter. The interview with the Agency’s Contract Administrator indicated that each Secure Treatment facility has a staff member responsible for monitoring PREA compliance. The Transitional Treatment contracts and the Residential
Corrections Centers are monitored at least monthly via contract reviews. The Administrator stated that all of the contracts are in compliance with PREA currently and that each facility reports the required information through their chain of command and that the contract monitors check to ensure adherence to protocols.

Based on the review of AD-02.46, the PAQ, a review of the language within a sample of the agency’s 37 contracts and the interview with the agency’s contract administrator, this standard appears to be compliant.

**Standard 115.13: Supervision and monitoring**

**115.13 (a)**

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

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

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

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

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

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes  ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes  ☐ No  ☐ NA

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

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

115.13 (b)

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

115.13 (c)

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

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

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

115.13 (d)

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Administrative Directive AD-11.52
5. Security Operations Procedures Manual SOPM-08.06
6. Post Order PO-07.002 through PO-07.005
7. Staffing Plan
8. Security Rosters (Showing Unannounced Rounds)
9. Employee and Visitor Log (Showing Unannounced Rounds)

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:
1. Staffing Levels – Adequate levels throughout the facility
2. Security Rosters for all Shifts – Unannounced rounds documented on both shifts

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnover rosters for each state operated unit. Additionally, the Safe Prisons/PREA Plan, page 10-11 states that TDCJ shall ensure each unit develops, documents and complies with a staffing plan that provides adequate levels of staffing. It indicates that when calculating adequate staffing the unit will take into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the facility’s maximum capacity (1384). Each shift has a building Lieutenant that serve as the shift supervisors. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff. Each housing unit is equipped with a Control Officer as well as two or three Roving Officers. Roving Officers are responsible for a specific building, which contains either three or four housing units. Control Officers are responsible for maintaining operations in the officer’s station of each building. Additional officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, intake, transport, visitation, utility, etc. Interviews with the Warden and the CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden indicated that the plan takes into consideration all the components. That they have a donated video monitoring system that is utilized in the housing units and that the staffing plan is documented. He stated that he reviews the shift rosters to ensure compliance with the staffing plan and that the plan is always being reviewed using the components to determine where any modifications or additions are needed based on physical plant, offender population, movement and any findings of inadequacy.

115.13 (b): The facility indicated in the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to staff shortages, inmate transports, hospital duty, training, constant direct observation and search teams. The SOPM-08.01, page 2 and the Safe Prisons/PREA Plan, page 11 indicate that all deviations from the staffing plan are required to be documented and justified on the back side of the security roster. A review of a sample of ten security rosters indicated that deviations are documented on the back of the roster. The interview with the Warden indicated that all deviations are documented on the back of the shift rosters and that anytime a deviation occurs he is required to get approval via email from the Regional Director.
115.13 (c): SOPM 08.06 and the Safe Prison/PREA Plan, page 11, describe the required annual review. They indicate that each unit shall complete an assessment, whenever necessary, but no less frequently than once a year. The staffing plan was reviewed and a statement of participation was signed by the Regional Director, the Warden, the Security Operations Warden, the PREA Coordinator and the Staffing Coordinator for Security Operations on July 25 2019. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit’s deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. A review of prior reviews confirmed that the staffing plan was previously reviewed on July 20, 2018 and June 29, 2017. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary. She indicated that she is not directly involved during the review but she does review them afterward.

115.13 (d): The SAFE Prison/PREA Plan, page 9, section B, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted by the building Sgt., Lt. and/or Captain and are documented at the bottom of the shift turnover roster. A review of Post Orders 002 through 005 (Sgt., Lt., Captain and Major) confirm that required duties for these security staff include frequently conducting and appropriately documenting unannounced inspections of all areas where staff are assigned. Interviews conducted with intermediate/higher level staff indicated that supervisors are required to make unannounced rounds daily and that these rounds are documented on the back of the shift roster. A review of the PAQ supplemental documentation to include ten shift turnover rosters and ten employee and visitor logs confirmed that unannounced rounds were made on both first and second shift in each of the five buildings by the shift supervisor. An additional review of the shift rosters during the on-site portion of the audit indicated that supervisory rounds were being made and documented on both shifts. Additionally, the SAFE Prisons/PREA Plan prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interviews, supervisory staff indicated that they deviate their times and locations to prohibit staff from alerting other staff about the rounds and that they hold their staff accountable and train them to ensure they understand policy and procedure related to the prohibition of alerting other staff.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-11.52, SOPM 08.06, SOPM 08.01, Post Orders, the staffing plan, the security rosters, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, CM and supervisory staff, this standard appears to be compliant.

**Standard 115.14: Youthful inmates**

115.14 (a)

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

115.14 (b)

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

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

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

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Unit Classification Procedure UCP-4.19
4. Unit Classification Procedure UCP-16.15
5. CPOM-01.02
6. Daily Population Reports
7. Memorandum

Site Review Observations:
1. Observations in Housing Units Related to Age of Inmates – None under the age of 18

Findings (By Provision):

115.14 (a): The Safe Prisons/PREA, Plan page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for Youthful Inmates. Policies indicates that youthful offenders shall not be placed in housing units where the youthful offender will have sight, sound or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area or sleeping quarters. While the agency does house youthful inmates, the Roach Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (b): The Safe Prisons/PREA Plan, page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for youthful inmates. Policies indicates that when youthful offenders are outside of the housing areas, correctional staff shall maintain sight and sound separation between youthful offenders and adult offenders as well as provide direct supervision when youthful offenders and adult offenders have any sight, sound or physical contact. While the agency does house youthful inmates, the Roach Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within
the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (c): The Safe Prisons/PREA Plan page, 10, section C, indicates that the agency (TDCJ) shall make best efforts to avoid placing youthful offenders in isolation for the purpose of maintaining sight and sound separation. It also indicates that daily large muscle exercise and legally required special education services required to comply with the standard shall not be denied except in exigent circumstances. Additionally, youthful inmates shall have access to other programs and work opportunities to the extent possible. While the agency does house youthful inmates, the Roach Unit does not. A review of the daily population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Unit Classification Procedures 4.19 and 16.15, CPOM 01.01, daily population reports and observations made during the tour this standard appears to be compliant.

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) □ Yes □ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No
- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operational Manual SPPOM-02.05
4. Administrative Directive AD-03.22
5. Post Order PO-07.006, PO-07.023 and PO-07.027
6. Safe Prisons/PREA Program In-Service Training
7. Contraband and Searches In-Service Training
8. Staff Training Records

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:
1. Observations of Privacy Barriers and Shower Curtain in Bathroom Areas
2. Observation of Absence of Female Inmates
3. Observation of Cross Gender Announcement and Actual Announcement
Findings (By Provision):

115.15 (a): The Safe Prisons/PREA Plan, page 9, section B as well as AD-03.22, page 2, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. Additionally, Post Orders state that staff are required to request a security supervisor’s approval if an exigent circumstance arises and a cross-gender strip search of a male offender is required. The PAQ indicated that no searches of this kind were conducted at the facility over the past twelve months. Interviews with inmates indicated that none had been naked in front of female staff.

115.15 (b): AD-03.22, page 2, prohibit staff from conducting cross gender pat searches of female inmates. The PAQ indicated that no female inmates are housed at the facility and therefore this section of the standard would not apply to the Roach Unit. A review of the unit mission and demographics as well as observations made during the tour indicated that no female inmates are or were housed at the facility in the previous twelve months.

115.15 (c): The Safe Prisons/PREA Plan, page 9 and AD-03.22 page 4, requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female inmates by the security supervisor through the approving Warden. Post Orders state that staff are required to request a security supervisor’s approval if an exigent circumstance arises and a cross-gender strip search of a male offender is required. Additionally, they state that staff are required to document the approved cross-gender search on the Inter-Office Communication. The Safe Prisons/PREA Program in-service training goes over these requirements on pages 4-10. The PAQ indicated that no cross-gender searches had been conducted in the previous twelve months and that female inmates are not housed at the facility.

115.15 (d): The Safe Prisons/PREA Plan, page 9, section B as well as Post Orders, indicate that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Specifically, Post Orders (page 2 and 3) require staff to announce their presence when entering the dorm if the dorm officer is of the opposite gender of the offenders housed in the dorm housing area. Additionally, they state that a verbal announcement is made any time the gender supervision of a dorm changes and the announcement is for both security and non-security staff. The Safe Prisons/PREA Program in-service training goes over these requirements on pages 4-10. Interviews with random inmates and interviews with random staff indicated that inmates have privacy when showering, using the restroom and changing clothes via privacy barriers, solid doors and half walls. All twelve staff indicated during interviews that inmates have privacy and all random and specialized inmate interviews indicated none had been naked in front of a female staff member. All twelve staff interviews and 30 of the 40 inmate interviews indicated that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor heard the opposite gender announcement being made upon entry of the audit group into the inmate living area. The auditor observed that all housing units have saloon style doors, privacy barriers, half walls and solid doors to provide privacy for inmates when showering, using the restroom and changing their clothes.

115.15 (e): The Safe Prisons/PREA Plan, page 16 and AD-03.22, page 2, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Additionally, the Safe Prisons/PREA Program in-service training, page 10, directs staff on this requirement. The PAQ indicated that there had been no searches of this nature within the past twelve months. Interviews with random staff indicate that the majority knew the agency had a policy prohibiting these searches, and all twelve were aware that searches of this nature are not allowable. Interviews with the two transgender inmates indicated that they had never been searched for the sole purpose of determining their genital status.
115.15 (f): The Safe Prisons/PREA Plan, page 33 and AD-03.22 page 2 indicate that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The Contraband and Searches Training, page 8-15 as well as the Safe Prisons/PREA Program In-Service Training, page 4-6 and 9-11 outline these professional and respectful search techniques. The PAQ indicated that 100% of security staff had received this training. A review of a random sample of ten training records indicated that staff had received the in-service PREA and Contraband training, which includes a video on searches. Interviews with a random staff indicated that all twelve received this training at annual in-service and also during shift turnover.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.22, SPPOM-02.05, Post Orders, the Safe Prisons/PREA Program In-Service Training, the Contraband and Searches In-Service Training, a random sample of staff training records, observations made during the tour to include the opposite gender announcement, privacy barriers, half walls, saloon doors and solid doors, as well as information from interviews related to inmate privacy and staff’s training on searches indicates that this standard appears to be compliant.

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☑ Yes ☐ No
• Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes  ☐ No

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

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHPCM-G-51.1
5. Administrative Directive AD-06.25
6. Administrative Directive AD-04.25
7. Qualified Interpreter List
8. PREA Posters
10. Safe Prisons/PREA Program Brochure
11. LanguageLine Solutions Information

Interviews:
1. Interview with the Agency Head Designee
2. Interview with Random Staff
3. Interview with Inmates with Disabilities
4. Interview with Limited English Proficient (LEP) Inmates

Site Review Observations:
1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The Safe Prisons/PREA Plan, page 20-21 as well as the Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establish the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. The interview with the Agency Head Designee indicated that the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all of the agency’s sexual abuse and sexual harassment policies. He stated that information is delivered in different formats, written, video, English, Spanish, American Sign Language, etc. He stated that facilities that house deaf and blind offenders use an alert system of lights and bells to alert gender supervision changes in the housing area. He also stated there are policies for providing assistance to any offender identified as having special needs. No inmates with disabilities were identified and as such documentation was unable to be reviewed and interviews were unable to be completed. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establish the procedure to ensure meaningful access to all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient. The facility has a qualified staff interpreter list that is utilized for any inmates who are LEP. Additionally, the facility can utilize LanguageLine Solutions, a telephone service that will translate information between the staff member and LEP inmate. Policy and interviews indicate that the agency’s PREA information is available in numerous formats to include; written, video, English, Spanish, American Sign Language, etc. and that PREA information is available throughout the facility in English and Spanish. The interview with the Agency Head Designee indicated that the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all of the agency’s sexual abuse and sexual harassment policies. He stated that information is delivered in different formats, written, video, English, Spanish, American Sign Language, etc. He stated the agency has staff certified interpreters within the facilities and a database of employees who speak different languages is maintained. Interviews with seven LEP inmates indicated that all seven received PREA information in a format that they could understand. During the on-site portion of the audit, the auditor utilized staff to translate paper interview questions for those inmates infected with COVID-19. A review of a sample of files for LEP inmates indicated that they signed that they received PREA information and they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.
115.16 (c): The Safe Prisons/PREA Plan, page 21, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with random staff indicated that eleven of the twelve were aware that inmates are not utilized to translate for PREA purposes. Staff indicated that they would utilize another staff member and none of the eleven of the twelve staff were unaware of a time an inmate was utilized to translate or provide assistance. Interviews with seven LEP inmates indicated that none of the seven had another inmate provide any type of assistance.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-04.25, AD-06.25, CMHPCM G-51.1, CMHPCM E-37.05, the qualified staff interpreter list, the Safe Prisons/PREA Program brochure, the LanguageLine Solutions information, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee and LEP inmates indicates that this standard appears to be compliant.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

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

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

115.17 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  ☒ Yes  □ No
115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

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

115.17 (g)

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

115.17 (h)

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

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-75
4. Executive Directive PD-73
5. Executive Directive PD-56
6. Employment Application Supplement
7. PERS-200
8. Personnel Files of Staff
9. Contractor Background Files
10. Volunteer Background Files

**Interviews:**
1. Interview with Human Resource Staff

**Findings (By Provision):**

115.17 (a): The Safe Prisons/PREA Plan, page 27, section 1 as well as Executive Directive PD-75, indicate that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of personnel documentation for ten of the 30 staff hired in the previous twelve months confirmed that all ten had a criminal background check completed prior to hiring and all ten answered questions in written format related to committing prior sexual abuse or sexual harassment.

115.17 (b): The Safe Prisons/PREA Plan, page 27, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that it is part of their clearance process. All applicants, including contractors, are asked a question related to substantiated allegations of sexual harassment.

115.17 (c): The Safe Prisons/PREA Plan, page 39, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of ten of the 30 personnel files indicated 100% of those reviewed had a criminal background completed. A review of one staff members personnel file identified to have worked for a prior institutional employer indicated that the PERS-200 form was sent to the prior employer and question 4b inquired about prior substantiated allegations of sexual abuse and sexual harassment. Additionally, all staff are fingerprinted and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). The interview with Human Resources indicated that all applicants have a criminal
background check completed as part of the pre-employment process. The agency reviews the applicants Federal Bureau of Investigations (FBI) and Texas Department of Public Safety (DPS) criminal history and arrest records.

115.17 (d): The Safe Prisons/PREA Plan, page 39, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been three contracts at the facility within the past twelve months. Of the three contracts, 100% of the contractors have had a criminal background check completed prior to enlisting services. A review of a random sample of two contractor personnel files indicated that both had a criminal background check conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

115.17 (e): The PAQ indicated that the agency has a policy that requires that either criminal background checks be conducted at least every five years for current employees and contractors, or that a system is in place for otherwise capturing such information. The Safe Prisons/PREA Plan, page 39, outlines the system that is in place to capture criminal background information. The agency utilizes the FACT, a repository of the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) fingerprint-based criminal history results. All staff and contractors are fingerprinted upon initial hire and any future arrest are automatically reported to the TDCJ Human Resources Division. This system is more efficient than annual background checks as it is live information and the agency is notified immediately and able to terminate employment. The interview with Human Resource staff confirmed that they utilize the Criminal Justice Information System (CJIS) which alerts them of any new arrests or criminal history information for employees.

115.17 (f): The Safe Prisons/PREA Plan, page 38, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of page 1 of the Employment Application Supplement indicates that these questions are included under questions 9a, 9b, 9c, 9d and 9e. A review of ten of the 30 personnel files indicated 100% of those reviewed were asked about the above incidents in the employment application supplement. Additionally, the interview with Human Resource staff confirmed that all three questions on the employment application for agency employees, for outside of the agency new hires and for contract applicants.

115.17 (g): The PAQ stated that the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The Safe Prisons/PREA Plan, page 38 as well as PD-73, page 5 indicates that material omissions regarding sexual misconduct or the provision of materially false information will be subject to disciplinary action and may be grounds for termination. Human Resource staff confirmed that the agency imposes a continuing duty to disclose any previous misconduct.

115.17 (h): Executive Directive PD-56 indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. The interview with the Human Resource staff indicated that the agency provides this information through open records and through the OIG.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-56, PD-73, PD-75, the Employment Application Supplement, PERS-200, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.
115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology – Cameras are located in housing units

Findings (By Provision):

115.18 (a): The PAQ indicated that the facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as the interviews with the Warden confirmed there have not been any modifications to the facility since August 20, 2012. The interview with the Agency Head Designee indicated that there are processes in place to ensure any new facilities or modification to existing facilities take into consideration the safety of the inmates in the construction, design or modification. He stated that there is no upcoming construction and they have no plans for expansion. During the tour, the auditor did not observe any renovations, modifications or expansions.

115.18 (b): The PAQ indicated that the facility has not installed or updated video monitoring technology, electronic surveillance systems or other monitoring technology within the audit period. SOPM-07.02 indicates that prior to new installation the Surveillance Systems Coordinator must coordinate with the CM
to ensure the facility’s ability to protect inmates from sexual abuse. The PAQ as well as the interview with the Warden confirmed there have not been any upgrades or installation of video monitoring technology since the last PREA audit. The interview with the Agency Head Designee indicated that the agency has utilized technological enhancements via monitoring technology to supplement staffing and assist in the safety and protection of the offender population. The Warden stated that anytime there is an incident or an investigation that the cameras are utilized to assist in the investigation. During the tour, the auditor observed video monitoring technology in housing units.

### RESPONSIVE PLANNING

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

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

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes □ No

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

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

**Auditor Overall Compliance Determination**

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.03
4. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01
5. Office of the Inspector General Policy OIG-04.05
7. Safe Prisons/PREA Operations Manual SPPOM-02.02
8. Offender Victim Representative (OVR) Training
9. Offender Victim Representative (OVR) Handout
10. Solicitation Letters

Interviews:
1. Interview with Random Staff
2. Interview with the PREA Compliance Manager
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): AD-16.03, Evidence Handling, and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations. Interviews with random staff indicated that all twelve were aware of the evidence protocol. They indicated they do not collect evidence but rather they preserve. Staff also stated that investigations are completed by those who have the appropriate training, including the OIG, Lieutenant and Captain.

115.21 (b): AD-16.03 and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as the Safe Prisons/PREA Plan this was developed appropriate for youth and was adapted from the DOJ’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents”.

115.21 (c): The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The PAQ indicated that during the previous twelve months, there have been zero forensic exams conducted. The PAQ did however indicate that victims of sexual assault who require a forensic exam are taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that hospital staff have specialized training to complete a forensic exam but does not require that they be SANE or SAFE trained. When possible though, SANE or SAFE will be utilized. During the audit period, there was not an instance where an inmate was provided a forensic medical examination and as such no documentation was available for review. An interview was unable to be conducted due to the SANEs/SAFEs being employed by the local hospital.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that these efforts are documented. Additionally, the PAQ indicated that if and when a rape crisis center is not available, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff member to provide advocacy services. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany
the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Tralee Crisis Center for Women, Inc for the Roach Unit. The facility has two staff identified to serve as the qualified staff members who provide advocacy services when necessary. Both are documented with Offender Victim Representative training. The interview with the CM confirmed that the agency has attempted to get a rape crisis center to provide services, however the agency has not been successful. He stated that the facility has two OVRs available for inmate victims upon their request. The interview with one of the OVR staff members indicated that she is available any hour to provide emotional support and accompany any offenders during the forensic examination and investigatory interviews. No inmates who reported sexual abuse were available during the on-site portion of the audit, however two inmates who reported sexual harassment were identified for interview. One of the two indicated that he was provided mailing addresses and phone numbers for services after his allegation. Additionally, a review of documentation indicated that after each sexual abuse allegation the inmate is offered access to the OVR. Their response is documented on the PREA checklist.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. SPPOM-05.01, page 2 states that following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigatory interviews. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Tralee Crisis Center for Women, Inc for the Roach Unit. The facility has two staff identified to serve as the qualified staff members who provide advocacy services when necessary. Both are documented with Offender Victim Representative training. The interview with the CM indicated that OVRs go through a special training that is outlined in the agency policy. The auditor spoke to one of the two OVR staff members and she indicated she had received this specialized training twice, once a while back and then again as a refresher. No inmates who reported abuse were at the facility during the on-site portion of the audit and therefore only interviews with two inmates who reported sexual harassment were completed. One of the two inmates indicated that he received mailing addresses and phone numbers for emotional support services after he reported his allegation.

115.21 (f): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (g): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (h): SPPOM 02.02 outlines the requirements for offender victim representatives. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative training and include; mental health practitioners, sociologists, chaplains, social workers and case managers.

Based on a review of the PAQ, The Safe Prisons/PREA Plan, OIG-04.05, AD-16.03, SPPOM-05.01, SPPOM-02.02, CMHCPM-G-57.01, OVR training and handout, copies of solicitation letters and information from interviews with the PREA Compliance Manager indicates that this standard appears to be compliant.
Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons PREA Operational Manual (SPPOM) 05.05
4. Office of the Inspector General Policy OIG-04.05
5. Administrative Directive AD-16.20
7. Board Policy BP-01.07
8. Texas Rule 493.019
9. Incident Reports
10. Investigative Reports

Interviews:
1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): SPPOM 05.05, pages 1-2, OIG-04.05, AD-16.20, PD-29 and the Safe Prisons/PREA Plan, outline the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The supervisor or ranking staff member will determine if it requires immediate reporting to the OIG. If it requires an administrative investigation the supervisor or Warden will ensure an Administrative Incident Review is completed promptly. All criminal allegations will be forwarded to the OIG for investigation. The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ stated that there have been fourteen sexual abuse and sexual harassment allegation reported in the previous twelve months. Of those, all had a criminal or an administrative investigation completed. The PAQ indicated that not all investigations were completed (one administrative investigation and one criminal investigation were still open) for those allegations received in the previous twelve months. A review of documentation confirmed there were fourteen reported allegations, three sexual harassment and eleven sexual abuse. At the time of the on-site portion of the audit, all investigations were completed. The interview with the Agency Head Designee indicated all investigations are driven by policy and procedure and that the investigative process is described in these policies. He stated that the OIG is responsible for all criminal investigations.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred to an investigative agency with the legal authority to complete criminal investigations. Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The PAQ stated that the agency policy requires that the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website and that all of these referrals are documented. The policy regarding investigations is published at https://www.tdcj.texas.gov/divisions/oig/index.html. The interviews with the investigators confirmed that the OIG is responsible and has the legal authority to complete all criminal investigations.

115.22 (c): Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.

115.22 (d): Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.
115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.05, OIG-04.05, AD-16.20, PD-29, BP-01.07, Texas Government Code 493.019, the agency’s website, investigative reports and information obtained via interviews with the Agency Head Designee and Investigators, this standard appears to be compliant.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)
- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes  ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes  ☐ No

**115.31 (c)**

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

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Executive Directive ED-12.10
5. Safe Prisons/PREA Operations Manual SPPOM-06.01
6. Safe Prisons Module: Sexual Abuse/Assault Training Curriculum
7. Safe Prisons/PREA Program Training Curriculums (All & Supervisor)
8. Safe Prisons/PREA in Texas Video Transcript
9. Security Memorandum SM-02.25 (On the Job Training Program)
10. On the Job Training (OJT) Program Procedures Guide
11. Sample of Staff Training Records

**Interviews:**

1. Interview with Random Staff

**Findings (By Provision):**

**115.31 (a):** The PAQ indicated that the agency trains all employees who may have contact with inmates on topics (1) through (10). PD-29 and the Safe Prisons/PREA Plan, page 33-35 indicate that all staff are...
required to receive PREA training at least every two years. It also indicates that during the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies. A review of the three PREA training curriculums as well as the Safe Prisons/PREA in Texas video confirms that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate and staff to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. A review of a sample of ten staff training records indicated that 100% of those reviewed received PREA training. Additionally, records indicated that staff received training at least monthly at shift turnout and quarterly at pre-turnout. PREA was documented on the shift roster under training topics. Interviews with random staff confirmed that all twelve had received PREA training and that all the topics are covered. Staff indicated that in addition to in-service training they continuously receive PREA training monthly during shift turn out and quarterly during pre-service. The staff were exceptionally knowledgeable on the PREA.

115.31 (b): The Safe Prisons/PREA Plan, page 33-35 and SM-02.25, page 16, indicate that the training shall be tailored to the gender of the offenders at the unit of assignment and that the employee shall receive additional training when transferring to a unit with offenders of a different gender. The OJT Program Procedures Guide, page 17 states that a twelve-hour gender specific course will be completed for those correctional employees that will be assigned to a unit that houses female offenders and that they will be required to complete the training course prior to being assigned to a shift or a department. The facility houses only male inmates and as such the staff receive the regular PREA training. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of ten staff training records indicated that 100% of those reviewed received PREA training.

115.31 (c): The PAQ indicated that 246 or 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The PAQ also indicated that in between trainings staff are provided PREA information at shift turnovers. SPPOM-06.01 indicates that in addition to the annual training, the USPPM shall provide awareness education to unit staff and be available to answer any questions or concerns regarding the operational procedures of the Safe Prison/PREA Program. A review of documentation confirmed that all staff received PREA training and that they receive an annual refresher training during in-service. A sample of ten staff training records indicate that all received PREA training in 2018 and 2019. Some staff received 2020 training, however due to COVID-19, staff in-service was postponed beginning in April 2020. It should be noted that training is continued during shift turnover.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. ED-12.10 indicates that training courses are approved through the TDCJ training database. Employees are required to enroll and complete courses through this database. If the training is a classroom setting, the trainer of the class or designee is required to ensure the course is entered into the database. Additionally, a supplemental training record is kept for all classroom style training. A review of the training records indicate that all staff sign an acknowledgement of training once completed and then that acknowledgement is utilized to enter the training into the electronic system.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, ED-12.10, SM-02.25, SPPOM-06.01, the PREA video transcript, the numerous PREA training curriculums, the OJT guide, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. TDCJ conducts annual PREA training during in-service, which already exceeds the standard. In addition to the annual training, they cover specific PREA topics quarterly in pre-service and
monthly during shift turn out. Staff were exceptionally knowledgeable on the PREA and indicated that they receive training at least monthly.

**Standard 115.32: Volunteer and contractor training**

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Volunteer Handbook
5. PREA Training Lesson Plan (Volunteer Services Training Program)
6. Volunteer Services Plan
7. Texas Tech University Health Sciences Center (TTUHSC) Annual PREA Policy Packet Training
8. University of Texas Medical Branch (UTMB) Health Safe Prison/Sexual Assault Training
9. Sample of Contractor Training Records
10. Sample of Volunteer Training Records

**Interviews:**

1. Interview with Volunteers or Contractors who have Contact with Inmates

**Findings (By Provision):**

**115.32 (a):** The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas.
training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). Additionally, health services contractors and/or volunteers receive PREA training via the Texas Tech University Health Sciences Center Annual PREA Policy Packet training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicated that a plethora of PREA information is provided during the trainings, including responsibilities in prevention, detection and response. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PAQ indicated that 175 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of a sample of training documents for three contractors and three volunteers indicated that 100% of those reviewed received PREA training. Additionally, the interview with the contract staff confirmed that she had received PREA training, was aware of the zero-tolerance policy and knew to immediately report to security if she was informed of an allegation. It should be noted that due to COVID-19 there were minimal contract staff available to be interviewed. Additionally, due to COVID-19 all volunteers were prohibited from providing services and as such none were available for interviews.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as the volunteer handbook (pages 12-13). Additionally, health services contractors and/or volunteers receive PREA training via the Texas Tech University Health Sciences Center (TTUHSC) Annual PREA Policy Packet training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicated that a plethora of PREA information is provided during the trainings, including the agency’s zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The interview with the contract staff confirmed that she had received PREA training, was aware of the zero-tolerance policy and knew to immediately report to security if she was informed of an allegation. It should be noted that due to COVID-19 there were minimal contract staff available to be interviewed. Additionally, due to COVID-19 all volunteers were prohibited from providing services and as such none were available for interviews.

115.32 (c): The PAQ and a review of a sample of training documents for contractors and volunteers indicated that 100% of those reviewed had signed either the TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation (volunteers) or the employee training acknowledgement (contractors). Both forms document that individuals have received and understood the training.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program, the TTUHSC training, the UTMB training, a review of a sample of contractor and volunteer training records as well as the interview with the contractor indicate that this standard appears to be compliant.

**Standard 115.33: Inmate education**

**115.33 (a)**

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

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
115.33 (b)

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

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

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

115.33 (c)

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

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

115.33 (d)

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

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

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

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

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

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prison/PREA Operations Manual SPPOM 02.03
4. Safe Prison/PREA Operations Manual SPPOM 06.02
5. Intake Procedures 1.10
6. Offender Orientation Handbook
7. Safe Prisons/PREA Program Brochure
8. Safe Prisons/PREA Program Posters
9. Nursing Services Policy Manual NSPM-E.37.5 (Interpretive Services)
11. Qualified Interpreter List
12. LanguageLine Solutions Information
13. Offender Sexual Abuse/PREA Awareness Video Transcript
14. Inmate Training Records

Interviews:
1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:
1. Observations of Intake Area
2. Observation of Daily Viewing of the PREA Video
3. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 *(a)*: Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 02.03 outline the requirement for inmates to receive PREA education, specifically information on the agency’s zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 849 inmates received information on the zero-tolerance policy and how to report at intake. The is equivalent to 100% of inmates who received this information at intake. A review of documentation indicated the offender orientation handbook, pages 26-28, as well as the Safe Prisons/PREA Program brochure included information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmates at intake. A review of eighteen inmate files that were received within the previous twelve months indicated that all eighteen had been documented with receiving PREA information at intake. A box is marked on the offender assessment that indicates whether the offender received the PREA literature. The inmate then signs the bottom indicating the information is correct. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided a handout/brochure as well as the offender handbook immediately upon arrival. They are then taken to a private office setting for the offender risk assessment. PREA posters are located throughout the intake area as well as in all housing units and commons areas. The interview with intake staff indicated that she provides the offenders with a pamphlet and goes over the information with them. She indicated she provides this right as they come off the bus
and that they signed that they receive and understand the information. Interviews with inmates indicated that all 40 had received information at the facility on the agency’s sexual abuse and sexual harassment policies.

115.33 (b): The Safe Prisons/PREA Operations Manual 06.02 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Offender Sexual Abuse/PREA Awareness video will be shown to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates were educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agency’s policies and procedures related to prevention, detection and response. The PAQ indicated that 685 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for more than 30 days (685). The interview with the intake staff member indicated that inmates receive a pamphlet when they come off the bus and that the information is read to them. Additionally, the PREA video is shown to them and is also played daily on the televisions. A review of eighteen inmate files indicated that all eighteen had been documented with receiving comprehensive PREA education. It should be noted that in April 2020 all formal comprehensive PREA education at the facility was suspended due to COVID-19. Inmates are still provided the information at intake and the PREA video is still show daily (Monday through Friday) on the inmate televisions. During the tour, the auditor observed that the PREA educational video was shown on the inmate televisions. Interviews with 40 inmates indicated that all 40 had received information on the agency’s sexual abuse and sexual harassment policies. Most of the inmates interviewed indicated that they had seen the video on the day they arrived at the facility.

115.33 (c): The PAQ indicated that all inmates had received comprehensive PREA education. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to the extent that the policies and procedures of the new facility differ from those of the previous facility. SPPOM-06.02, page 1, states that the USPPM shall be responsible for ensuring offenders receive the Offender Sexual Abuse/PREA Awareness video every two years and that the USPPM at non-intake facilities ensure all offenders arriving at the facility view the video as soon as possible following knowledge that he or she did not receive the training. The auditor could not identify any inmates that were at the Roach Unit prior to 2013. A review of eighteen inmate training records indicated all had received PREA education. TDCJ completed a mass inmate PREA education following the release of the PREA standards. The interview with the intake staff indicated that all inmates are provided pamphlets and view the video when they arrive at the facility, regardless of if they have received the information at a prior facility.

115.33 (d): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are Limited English Proficient (LEP). The facility has a qualified staff interpreter list that is utilize for any inmates who are LEP. They can also utilize LanguageLine Solutions, a service they can call that will translate information between the staff member and LEP inmate. A review of a sample of five LEP inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in Spanish.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness
education sign-in roster. This information is then entered on the offender’s individual treatment plan. A review of eighteen inmate’s files indicate that all inmates have been provided comprehensive PREA education.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. SPPOM-02.03, page 1, states that the USPPM shall ensure the continuous display of English and Spanish Safe Prisons/PREA Program posters throughout the unit. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program brochure and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM-02.03, the SPPOM-06.02, Intake Procedures 1.10, the offender orientation handbook, the Safe Prisons/PREA Program brochure, the Safe Prisons/PREA Program posters, the Offender Sexual Abuse/PREA Awareness Video NSPM-E.37.5 (Interpretive Services), CMHCPM-G-51.5 (American Sign Language), the staff translator list, the LanguageLine Solutions information, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage as well information obtained during interviews with intake staff and random inmates indicate that the facility appears to exceed this standard. All TDCJ facilities have the same sexual abuse and sexual harassment policies. Inmates receive this information upon entry to the TDCJ system via the intake centers. Inmates are provided a brochure and watch the PREA video. When they are transferred to other TDCJ facilities, they are then provided this same information. As such, inmates are educated on the same sexual abuse and sexual harassment policies over and over. Additionally, at the Roach Unit, the PREA video is shown daily to the inmate population. A review of inmate files confirmed that all 40 reviewed had received PREA education and had received it the same day as their arrival. Inmate interviews also confirmed that they were more than familiar with the sexual abuse and sexual harassment policies and that they had received the information repeatedly throughout TDCJ.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

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

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

☐ Yes ☐ No ☐ NA

115.34 (c)

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.).)

☐ Yes ☐ No ☐ NA

115.34 (d)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. 2013 Operational Procedures Manual (OPM) OIG-02.15
4. Safe Prisons/PREA Conducting a Thorough Investigation Training
5. Sexual Assault Investigative Topics
6. Investigator Training Records

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ stated that the agency has a policy that requires investigators to be trained in conducting sexual abuse investigations in confinement. The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums; Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. Additionally, specialized training is offered through the NIC training. A review of investigator training records indicated that all OIG investigators have completed the NIC investigation training. Additionally, 20 facility staff members are documented with completing the Conducting a Thorough Investigation training. The OIG investigator indicated he received specialized training through the NIC training which included topics such as victim interviews and evidence collection. The facility investigator indicated she received specialized training through the TDCJ.
115.34 (b): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums; Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. Additionally, investigators complete the NIC training. The training curriculums included the following; 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 criminal prosecution. A review of investigator training records indicated that all OIG investigators have completed the NIC investigation training. Additionally, 20 facility staff members are documented with completing the Conducting a Thorough Investigations training. The interview with the OIG investigators confirmed that he had received training and that the training comprised all the aforementioned topics. The facility investigator indicated she received numerous specialized trainings through TDCJ and the OIG and that they included the required topics.

115.34 (c): The PAQ indicated that currently there are 142 OIG investigators and 20 facility investigators who complete investigations on sexual abuse and sexual harassment. The PAQ also indicated that the agency maintains documentation showing that investigators have completed the training. Of the 162 investigators, the PAQ indicated that all have received specialized training. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and all administrative investigators have received specialized training through the agency.

115.34 (d): The PAQ indicated that currently there are 142 investigators who complete criminal PREA investigations that work for the Office of the Inspector General. This office is independent of the TDCJ. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and are required to receive this training prior to conducting sexual abuse investigations.

Based on a review of the PAQ, OIG-02.15, the NIC training, the Safe Prisons/PREA Investigation Training, the Sexual Assault Investigation Topics curriculum, a review of investigator training records as well as interviews with investigative staff, indicate that this standard appears to be compliant.

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

115.35 (a)

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

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

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. Correctional Managed Health Care Policy Manual CMHCPM C-25.1
3. University of Texas Medical Branch (UTMB) Health PREA: Part 4 Specialized Training for Medical and Mental Health Staff
4. PREA Resource Center (PRC) PREA Health Care Standards Training
5. Texas Tech University Health Sciences Center Annual PREA Policy Packet Training
6. University of Texas Medical Branch (UTMB) Health Safe Prison/Sexual Assault Training
7. Mental Health Staff Training Records

Interviews:
1. Interview with Medical and Mental Health Staff
Site Review Observations:
1. Observations during on-site review of physical plant

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in facilities. CMHCPM C-25.1, requires that all medical and mental health care staff complete an orientation within 90 days. The orientation includes security, classification and health care topics and specifically discusses the detection, assessment and response to offender-victim sexual abuse and sexual harassment. Medical and mental health services are provided through Texas Tech University Health Science Center and UTMB Health. The orientation is completed through one of two curriculums; UTMB Health PREA: Part 4 Specialized Training for Medical and Mental Health or the PRC’s PREA Health Care Standards Training. A review of the two curriculums confirm that they both contain the following topics: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has fourteen medical and mental health staff and that 100% of these staff received the specialized training. A review of three medical training records indicated that all three received the specialized training. Interviews with medical staff confirmed that they had received the PREA specialized training through NIC training curriculums. It should be noted that the facility does not employ mental health care staff. Mental health services are provided via telehealth or inmates are transferred to a facility with mental health staff.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. Inmates are transported to a local hospital, where nurses with specialized training completes the forensic medical examination. State law (SB-1191) requires that hospital staff have specialized training to complete a forensic exam but does not require that they be SANE or SAFE trained. When possible though, SANE or SAFE are utilized. Interviews with medical staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of three training documents for medical staff confirm that staff who complete the specialized training are required to complete a post text quiz and that a certificate is printed showing the test score and completion of the training. The certificate of completion is added to each staff members training file.

115.35 (d): All medical and mental health care staff are considered contractors. The PAQ indicated that contractors who have contact with inmates have been trained on their responsibilities under the facility’s policies and procedures on sexual abuse and sexual harassment. Health services staff receive contractor PREA training via the Texas Tech University Health Sciences Center Annual PREA Policy Packet training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicated that a plethora of PREA information is provided during the trainings, including their responsibilities in prevention, detection and response, the agency’s zero tolerance policy and how and whom to report allegations to. A review of sample training documents for three medical staff indicated that 100% of those reviewed completed the training. Additionally, interviews confirm that medical staff had received PREA training.

Based on a review of the PAQ, CMHCPM C-25.1, the four PREA training curriculums, a review of medical staff training records as well as interviews with medical staff, indicate that this standard appears to be compliant.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS
Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes  ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☐ Yes ☒ No

115.41 (e)

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

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

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

115.41 (f)

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

115.41 (g)

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

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

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

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

115.41 (h)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01
4. Intake Procedures 5.06
5. Offender Assessment Screening (Attachment E & E-1)
6. Offender Assessment and Re-Assessment Records

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicates that the agency has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed that the risk screening is conducted in a private office setting to allow for confidentiality. The assessment is typically completed by the CM. Interviews with 31 inmates received in the previous twelve months indicated that 25 were asked the risk screening questions the same day as their arrival. The interview with the staff responsible for the risk screening indicated that inmates are screened at intake and that the offender assessment screening form is completed.

115.41 (b): The PAQ states that the agency policy requires that inmates be screened for risk of victimization or risk of sexually abusing other inmates within 72 hours of their intake. The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 831 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of eighteen inmate files confirmed that the initial risk screening was completed on the same day as arrival for all eighteen. Interviews with 31 inmates received in the previous twelve months indicated that 25 were asked the risk screening questions the same day as their
arrival. The interview with the intake staff confirmed that inmates are screened within 72 hours and in fact they are screened the same day they arrive at the facility.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment E and E-1 indicated that inmates answer yes or no questions with one being multiple for gender identity/sexual preference and that many of the questions can be confirmed through a review of the inmate’s file.

115.41 (d): A review of Attachment E and E-1 indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; 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. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. The interview with the risk screening staff indicated that the screening includes questions related to previous sexual abuse and potential factors that could lead to sexual abuse such as height, weight, sexual preference, gender identity, current charge, etc. He stated that the risk assessment is yes and no questions as well as a few open-ended questions.

115.41 (e): A review of Attachment E and E-1 confirms that the intake screening considers the following: prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The interview with the risk screening staff indicated that the screening includes questions related to previous sexual abuse and potential factors that could lead to sexual abuse such as height, weight, sexual preference, gender identity, current charge, etc. He stated that the risk assessment is yes and no questions as well as a few open-ended questions.

115.41 (f): The PAQ confirmed that policy requires that the facility reassess each inmate’s risk of victimization or abusiveness within a set time period, not to exceed 30 days. SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 685 inmates were reassessed within 30 days. The number indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. The interview with staff responsible for the risk screening indicated that inmates are reassessed within 30 days of their arrival. He stated that they typically wait at least fifteen days before they complete the reassessment. A review of a sample of eighteen inmate files indicated that sixteen were reassessed within the 30-day timeframe. One inmate was reassessed on the 31st day and the other inmate was transferred from the facility prior to the 30 days. Interviews with 31 inmates received in the previous twelve months indicated that twelve were reassessed. A review of documentation as well as the interview with the risk screening staff confirm that all inmates are reassessed, however they are not asked the risk screening questions a second time. The reassessment includes a check in with the inmate to determine if anything has changed since the initial assessment.

115.41 (g): SPPOM 03.01, page 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. The interview with the staff responsible for risk screening indicated that inmates are reassessed within 30 days and any other time necessary. Interviews with 31 inmates received in the previous twelve months indicated that twelve were reassessed. A review of a sample of eighteen inmate files indicated that sixteen were reassessed within the 30-day timeframe. One inmate was reassessed on the 31st day and the other inmate was transferred from the facility prior to the 30 days.

115.41 (h): The Safe Prisons/PREA Plan, pages 19-20, as well as the SPPOM 03.01, page 2, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk
screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate’s own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): The Safe Prisons/PREA Plan, pages 19-20, the SPPOM 03.01, page 2, and the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmates’ detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained during the risk screening moves through the automated classification system. The PC indicated that it is only accessed by those who have a need to know. The interview with the risk screening staff and the CM confirm that risk screening information is only accessible to the Safe Prisons staff, the Chief of Classification, the Major and the Wardens.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, Attachment E and E-1, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to be compliant.

### Standard 115.42: Use of screening information

<table>
<thead>
<tr>
<th>115.42 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>• Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>• Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>• Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>• Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.42 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.42 (c)</th>
</tr>
</thead>
</table>
When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes  ☐ No

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01
4. Safe Prisons/PREA Operations Manual SPPOM 03.02
5. Unit Classification Procedure UCP 4.00
6. Administrative Directive AD-04.17
7. Transgender/Intersex Biannual Reassessments
8. Inmate Housing, Job, Program & Education Assignments/Logs

**Interviews:**
1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

**Site Review Observations:**
1. Location of Inmate Records – Electronic and in an office setting, behind a locked door.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units – Privacy is provided by saloon doors, expanded metal or individually constructed barriers

**Findings (By Provision):**

115.42 (a): The PAQ confirmed that the agency/facility uses information from the risk screening 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. Unit Classification Procedure 4.00, AD-04.17, pages 6-8 and SPPOM 03.01, indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the Compliance Manager and staff responsible for the risk screening indicate that the risk screening information is utilized to house offenders appropriately. They indicated that they utilize it to house like offenders related to height, weight, body size, similar charges, etc. They also stated that they try to house inmates appropriately to avoid any issues with gender identities and sexual preferences. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together, did not work together and did not attend education/programs together to the extent possible.

115.42 (b): The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the risk screening staff indicated that the risk screening information is utilized to house offenders appropriately. The staff member indicated that they utilize it to house like offenders related to height, weight, body size, similar charges, etc. He also stated that they try to house inmates appropriately to avoid any issues with gender identities and sexual preferences.

115.42 (c): The Safe Prisons/PREA Plan, page 19, indicates that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. The PAQ indicated that this practice is taking place and that this occurs at the agency’s intake centers when inmates arrive. At the time of the audit, two transgender inmates were housed at the Roach Unit. The agency as a whole has 1190 inmates that identify as transgender or are intersex. Transgender and intersex inmate housing is completed at the intake center. The TDCJ completes the PEN Packet Document Checklist upon the inmate’s arrival in TDCJ. This checklist asks the inmate whether they identify as male or female. The packet also includes other pertinent information including their arrest information and criminal history. Inmates then go through the risk screening, a Sociology interview and a medical interview. All four of these components are then reviewed by classification at the intake center to determine the inmates housing based on safety and security. The interview with the CM indicated that housing at the facility is determined during the intake process. The answers to the risk screening questions paired with the information received from other avenues is reviewed by classification to
determine housing and job assignment. The CM stated that transgender or intersex inmate housing assignments with regard to male or female are made at the TDCJ intake centers. Interviews with transgender inmates indicated that one was asked about safety while the other was not. Both indicated that they did not feel they were placed in a housing area only for transgender or intersex inmates.

115.42 (d): SPPOM 03.02, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The interviews with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are reassessed every six months. A review of documentation for the two transgender inmates at Roach Unit confirmed that one inmate was reviewed in August 2019, February 2020 and August 2020. The other inmate identified as transgender in August 2020 and had an initial assessment. The auditor reviewed an additional sample of documentation for eight TDCJ inmates who identify as transgender. Seven had biannual assessments completed in 2019 and six had biannual assessments completed in 2020. One inmate had just entered into TDCJ custody in 2020 and as such only had one assessment completed in 2020. The other inmate had the second 2020 assessment due in December.

115.42 (e): SPPOM 03.02, indicates that the inmate’s own views with respect to his or her safety is given serious consideration. The interviews with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety and this information is given serious consideration. The two transgender inmate interviews indicated one was asked about safety while the other was not.

115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour it was confirmed that all inmates are provided privacy while showering from one another via barriers, expanded metal or saloon doors. The interviews with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. Interviews with the two transgender inmates indicated one stated she was able to shower separately while the other indicated she was not able to shower separately.

115.42 (g): The Safe Prisons/PREA Plan, page 19, states that LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting these offenders. The interviews with the PC and CM confirmed that the agency does not have a consent decree, legal settlement or legal judgment. The interviews indicated that LGBTI inmate are not placed in one specific housing unit. A review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various units throughout the facility. Interviews with eight inmates who were identified as LGBTI indicated all eight did not feel they were placed in any specific unit based on their sexual preference and/or gender identity.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, SPPOM 03.02, AD-04-17, Unit Classification Procedure 4.00, a review of inmate housing assignments, job assignments, program assignment and education assignments, a review of transgender and intersex inmate’s assessments and information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, indicates that this standard appears to be compliant

**Standard 115.43: Protective Custody**

115.43 (a)

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

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

<table>
<thead>
<tr>
<th>115.43 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA</td>
</tr>
<tr>
<td>- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA</td>
</tr>
<tr>
<td>- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA</td>
</tr>
</tbody>
</table>

### 115.43 (c)

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

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

### 115.43 (d)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Restrictive Housing Plan
4. I-203 Form
5. I-216 Form
6. Offender Protection Investigation Form (Attachment J)

Interviews:

1. Interview with the Warden

Site Review Observations:

1. Observation of Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicates that the agency has a policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. The Safe Prisons/PREA Plan, page 18-19, and the Restrictive Housing Plan, page 11 indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The PAQ states that there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the previous twelve months for one to 24 hours. A review of housing documents for inmates identified to be at high risk of sexual victimization indicated that none were placed in the restrictive housing unit. The interview with the Warden indicated that inmates at high risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and there are no available alternatives.

115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The I-216 form documents each inmate’s daily activities, including recreation, education, work, etc. The I-203 form documents the placement and any restrictions for inmates in restrictive housing. During the tour the auditor observed that all restrictive housing cells were being utilized for COVID-19 and no inmates at high risk of victimization were placed in the unit. A review of housing documents for inmates identified to be at high risk of sexual victimization indicated that none were placed in restrictive
housing. The interview with staff who supervise inmates in segregated housing indicated that all inmates in restrictive housing have access to the dayroom and to recreation. Additionally, they have access to educational material, religious material and programming materials. He stated that if any access is restricted for any reason that the information would be documented. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

115.43 (c): The PAQ indicates that there have been zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days (within the previous twelve months). The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. A review of housing documents for inmates identified to be at high risk indicated that none were involuntarily segregated and as such no additional documentation was reviewed. The interview with the Warden confirmed that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that the facility has a 72-hour period initially for any investigations and that there is a one-time 72-hour extension if needed. The interview with staff who supervise inmates in segregated housing indicated that inmates would only be involuntarily segregated until alternative means were identified. He stated that he was not sure the average time an inmate would be involuntarily segregated. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

115.43 (d): The Offender Protection Investigation form documents the basis for the concern for the inmates’ safety and why no alternative means of separation could be arranged. A review of the form confirms this information is documented on the form in Section XII. A review of housing documents for inmates identified to be at high risk indicated that none were involuntarily segregated and as such no additional documentation was reviewed.

115.43 (e): The PAQ confirms that if an involuntary segregated housing assignment is made, the facility affords each inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The Restrictive Housing Plan, page 11, indicates that if an inmate was placed in segregation due to risk of victimization they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Additionally, it states that inmates who are referred for protective custody are reviewed within seven days, and then every seven day for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The interview with staff who supervise inmates in segregated housing indicated that the facility would review any inmate in restrictive housing every 30 days to determine whether there is a need to continue involuntary segregation. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan, the I-216 form, the I-203 form, the Offender Protection Investigation Form, observations from the facility tour related to restrictive housing as well as information from the interviews with the Warden and staff that supervise inmates in segregated housing indicates that this standard appears to be compliant

### REPORTING

**Standard 115.51: Inmate reporting**

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☑ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes ☒ No ☐

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes ☒ No ☐

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes ☒ No ☐

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes ☒ No ☐

- Does that private entity or office allow the inmate to remain anonymous upon request? Yes ☒ No ☐

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) Yes ☐ No ☒ NA ☒

115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes ☒ No ☐

115.51 (d)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive ED-02.10
4. Board Policy BP-03.91
5. Offender Orientation Handbook
6. PREA Ombudsman Brochure
7. PREA Posters

**Interviews:**
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

**Site Review Observations:**
1. Observation of PREA Reporting in all Housings Units – PREA Ombudsman posters were in both English and Spanish in each unit

**Findings (By Provision):**

115.51 (a): The PAQ indicates that the agency has established procedures allowing for multiple ways for inmates to report privately to agency officials about sexual abuse, sexual harassment, retaliation for reporting and/or staff neglect or violation of responsibilities that may have contributed to such incidents. The Safe Prisons/PREA Plan, page 20-21, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; on an inmate request (I-60 form), via sick call, via grievance, by calling or writing the PREA Ombudsman or by having any family member or friend report the allegation to the Office of the Inspector General, PREA Ombudsman or any facility staff member. During the tour, it was observed that information pertaining to how to report PREA allegations to the PREA Ombudsman and the OIG was posted in all housing units. Interviews with inmates confirm that they are aware of the methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most inmates indicated that they would report to a ranking staff member, fill out an I-60 or contact the Ombudsman. Interviews with random staff confirm that they take all allegations seriously and that inmates have multiple ways to report sexual abuse and sexual harassment.

115.51 (b): The PAQ states that the agency provides 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. The Safe Prisons/PREA Plan, page 20-21, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage confirm the agency provides information including an address and a phone number for the outside entity. The outside entity is the PREA Ombudsman’s Office. This office is separate from the Texas Department of Criminal Justice. ED-02.10, page 4 and 6, provide direction on how to contact the PREA Ombudsman. It specifically states that an offender may privately and confidentially contact the PREA Ombudsman and may remain anonymous upon request. Additionally, BP-03.91, page 3 illustrates that any correspondence sent to the PREA Ombudsman is considered “special correspondence”. Page 8, states that special correspondence can be sent sealed and uninspected and any incoming “special correspondence” shall be opened in front of the inmate and can only be inspected for contraband. During the tour, it was observed that information pertaining on how to report PREA allegations to the PREA Ombudsman’s Office was posted in all housing units. Inmates can have a third-party call 936-437-5570 or can write to P.O. Box 99, Huntsville, TX 77342. During the on-site portion of the audit, the auditor sent a letter to the PREA Ombudsman to ensure the reporting method was functional. The auditor received communication from the PREA Ombudsman two days after the letter was mailed indicated it was received. Additionally, the auditor made contact with the PREA Ombudsman’s office via the phone number above to ensure the line was also functional. The interview with the CM indicated that offenders can report to the PREA Ombudsman through the mail system or could have a family member report via the phone number. The CM stated that as soon as the
PREA Ombudsman receives the information she forwards it back to the facility via email to initiate an investigation. Interviews with inmates indicate that some were aware of the outside reporting mechanism. They indicated they can report via the information that is posted. It should be noted that while not all inmates were aware of the outside reporting mechanism, it is discussed during the inmate education and is posted throughout the facility.

115.51 (c): The Safe Prisons/PREA Plan, page 20-21, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with inmates confirm that they are aware of at least one method to report sexual abuse and/or sexual harassment. Interviews with staff indicate they accept all allegations of sexual abuse and sexual harassment and they immediately report any allegation to their supervisor.

115.51 (d): The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman’s Office. Interviews with a sample of staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, to the OIG directly or to the PREA Ombudsman’s Office.

Based on a review of the PAQ, Safe Prisons/PREA Plan, ED-02.1, BP-03.91, the offender orientation handbook, the PREA Ombudsman brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and interviews with the CM, random inmates and random staff, this standard appears to be compliant.

**Standard 115.52: Exhaustion of administrative remedies**

115.52 (a)

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

115.52 (b)

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

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

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

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

115.52 (d)

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

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

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

115.52 (e)

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

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

• If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

115.52 (f)

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

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

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

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.82
4. Offender Grievance Operations Manual 9.00
7. Offender Orientation Handbook
8. Grievance Log and Sample Grievances

Interviews:
1. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.52 (a): The Safe Prisons/PREA Plan, AD-03.82 and OGOM 9.00, are the policies related to inmate grievances. The PAQ indicates that the agency is not exempt from this standard.
115.52 (b): The PAQ indicates that the agency has a policy that allows inmates to submit a grievance regarding sexual abuse at any time regardless of when the incident is alleged to have occurred. Additionally, the PAQ confirms that inmates are not required to use the informal grievance process, otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility, including timelines and procedures for PREA grievances.

115.52 (c): That PAQ indicates that the agency has a policy that states inmates are not required to submit the grievance to the staff member who is the subject of the complaint and that the policy states that the grievance not be referred to the staff member who is the subject of the complaint. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and that grievances will not be referred to staff members who are the subject of the complaint. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility, including timelines and procedures. The PAQ indicated that there have been five grievances of sexual abuse filed in the previous twelve months and that all five had a final decision within 90 days. Additionally, the PAQ states that the agency always notifies the inmate in writing when the agency files any extensions. A review of the grievance log indicated that three additional grievances had been received. Two of the original five grievances were not available during the audit as the inmates had transferred to other facilities. The auditor reviewed five grievances on-site. All five were referred for investigation and all five had a final decision documented within the 90-day timeframe. No inmates were identified who reported sexual abuse during the on-site portion of the audit, rather only two inmates who reported sexual harassment.

115.52 (e): The PAQ stated that the agency has a policy that permits third parties to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and are able to file such requests on the inmate’s behalf. AD-03.82, OGOM Appendix U and OGOM 9.00, outline the grievance process for third party allegations of sexual abuse and sexual harassment. Specifically, they state that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, they state that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines, will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that in the previous twelve months, there have been zero grievances where the inmate declined third-party assistance.

115.52 (f): The PAQ indicates that the agency has a policy related to filing an emergency grievance alleging substantial risk of imminent sexual abuse and that policy requires an initial response within 48 hours. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, it requires that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and requires that the grievance be addressed immediately. The policy states that an initial response will be
provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision must document 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. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. It should be noted that all sexual abuse and sexual harassment grievances are upgraded to an emergency grievance per TDCJ policy. None of the original grievances were however filed as emergency grievances.

115.52 (g): The Safe Prisons/PREA Plan, page 22, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. A review of five grievances illustrates that none involved inmate discipline.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, OGOM, OGOM 9.00, OGOM Appendix U, the offender orientation handbook, a review of sexual abuse and sexual harassment grievances and a review of the grievance log, this standard appears to be compliant.

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

115.53 (a)

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

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

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

115.53 (b)

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

115.53 (c)

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Texas Association Against Sexual Assault (TAASA) Service Directory
4. Offender Orientation Handbook
5. Safe Prisons/PREA Program Brochure
6. Solicitation Letters

Interviews:
1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:
1. Observations of Victim Advocacy Information – no MOU available, so no posted information

Findings (By Provision):

115.53 (a): The PAQ states that the facility provides inmates access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing address and phone numbers. Additionally, the PAQ states that the facility enables reasonable communication between inmates and these organizations in a confidential manner as possible. The Safe Prisons/PREA Plan, page 12, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. A review of numerous solicitation letters from 2018 to 2020 confirm the agency’s efforts to secure partnerships with rape crisis centers. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Tralee Crisis Center for Women, Inc for the Roach Unit. While, the agency does not have an agreement, they do provide the inmates with the TAASA directory that includes mailing addresses and phone number of all the rape crisis centers in Texas. Inmates have access to the TAASA number by requesting through staff to call. Additionally, the facility offers emotional support services through the on-site OVRs. The offender orientation handbook (page 29) and Safe Prisons/PREA Program brochure describes the available agency services via the OVRs. Interviews with inmates indicated that the majority did not know about any victim support services or emotional support services. About half did indicate that they were provided mailing addresses and phone numbers in their arrival packet. The OVRs are qualified staff and the facility does not have an agreement with a local rape crisis center. As such, inmates would not be familiar with these outside victim services. There were not inmates available during the on-site portion of the audit who reported sexual abuse. The inmates who reported sexual harassment said they did not remember if they had emotional support services, however their allegations did not involve a forensic medical examination. The interview with the OVR staff indicated that she would provide emotional support during the forensic examination and during any investigatory interviews for any sexual abuse victims who request the support. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicates that the facility informs inmates, prior to giving them access to outside support services, the extent to which communication will be monitored. It also indicates that the facility
provides information to inmates related to mandatory reporting rules governing privacy and confidentiality. The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as well as any mandatory reporting rules and limits to confidentially. A review of the offender orientation handbook indicates that inmates are informed about confidentiality and that all calls on the inmate phones are recorded. A review of numerous solicitation letters from 2018 to 2020 confirm the agency’s efforts in partnering with rape crisis centers. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Tralee Crisis Center for Women, Inc for the Roach Unit. While, the agency does not have an agreement, they do provide the inmates with the TAASA directory that includes mailing addresses and phone number of all the rape crisis centers in Texas. Inmates have access to the TAASA number by requesting through staff to call. Additionally, the facility offers emotional support services through the on-site OVRs. The offender orientation handbook (page 29) and Safe Prisons/PREA Program brochure describes the available agency services via the OVRs. Interviews with inmates indicated that the majority did not know about any victim support services or emotional support services. About half did indicate that they were provided mailing addresses and phone numbers in their arrival packet. The OVRs are qualified staff and the facility does not have an agreement with a local rape crisis center. As such, inmates would not be familiar with these outside victim services. There were no inmates available during the on-site portion of the audit who reported sexual abuse. The inmates who reported sexual harassment said they did not remember if they had emotional support services, however their allegations did not involve a forensic medical examination. The interview with the OVR staff indicated that she would provide emotional support during the forensic examination and during any investigatory interviews for any sexual abuse victims who request the support. She also indicated that the support provided is free and confidential for any offender who utilizes her services.

115.53 (c): The PAQ indicated that the facility has been unable to obtain an MOU or other agreement with community service providers. Additionally, it states that the agency maintains documentation of the attempts to enter into such agreements. The agency has attempted to solicit local advocacy services from 2014 to current. The facility is currently one that the agency has been unable to obtain an MOU for services. A review of the solicitation letters confirmed attempts have been made each year to partner with local rape crisis centers, specifically Tralee Crisis Center for Women, Inc for the Roach Unit. The letters express the requirements under the PREA standards, the services they would like to receive from the organization and the change in the Victims of Crime Act (VOCA) funding requirements that allow them to utilize their current funding to assist inmates. Additionally, the letters indicate the TDCJ is willing to provide support to the organization to allow them to become familiar with the correctional environment.

Based on a review of the PAQ, the Safe Prison/PREA Plan, the TAASA directory, the offender orientation handbook, the Safe Prisons/PREA Program brochure, solicitation letters, and interviews with inmates and the OVR, this standard appears to be compliant.

**Standard 115.54: Third-party reporting**

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes  ☐ No

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

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

Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Offender Orientation Handbook
3. PREA Posters

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the general information guide for families of offenders and PREA posters as well as the agency’s website (www.tdcj.texas.gov/tbci/prea.html or www.tdcj.texas.gov/ks_offender.html) confirms that third parties can report on behalf of an inmate. Third parties can report via the PREA Ombudsman’s office, the OIG or reporting directly to the facility Warden.

Based on a review of the PAQ, the offender orientation handbook, the general information guide for families of offenders, PREA posters and the agency’s website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

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

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

115.61 (b)

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

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

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.20
4. Executive Directive PD-29
5. Safe Prisons/PREA Operations Manual SPPOM 05.01
6. Correctional Managed Health Care Policy Manual CMHCPM G-57.1

Interviews:
1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The Safe Prisons/PREA Plan, page 23, AD-16.20, pages 3-4 and PD-29, pages 4-5, outline the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.
115.61 (b): The Safe Prisons/PREA Plan, page 23 and the SPPOM 05.01, page 4, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with staff confirm that they would immediately report the information to their supervisor. Staff indicated they would only report to their supervisor who would report via the chain of command.

115.61 (c): The Safe Prisons/PREA Plan, page 23, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical staff indicated they are required to inform inmates of their limitations of confidentiality and duty to report.

115.61 (d): CMHCPM G-57.1 indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The PAQ along with interviews with the PREA Coordinator and the Warden indicated that the facility is responsible for notifying the Department of Family Protective Services related to any of these allegations.

115.61 (e): AD-16.20, pages 3-4, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Office of the Inspector General. The PAQ along with the interview with the Warden confirmed that this is the practice. A review of investigative reports indicate two allegations were reported via third party (staff member observed the actions) and these allegations were forwarded to the OIG for investigation. Additionally, all other allegations reviewed were forwarded to the OIG and had an initial facility investigation completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-16.20, PD-29, SPPOM 05.01, CMHCPM G-57.1, investigative reports and interviews with medical staff, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

**Standard 115.62: Agency protection duties**

115.62 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Operations Manual SPPOM 02.04
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Safe Prisons/PREA Operations Manual SPPOM 05.03
Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): SPPOM 02.04, 05.01 and 05.03, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. SPPOM 02.04 specifically illustrates the available actions, to include, verbal intervention, changes in housing assignments, work assignments or work shift hours, placement of aggressive or assaultive offender in restrictive housing, unit transfers, assignment to safekeeping status, assignments to protective safekeeping and interstate corrections compact. The PAQ noted that there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency Head Designee indicated the agency takes immediate action in order to protect the offender. He stated that this can be done by placement into an investigative status and removing the offender from general housing into transient housing. He further stated a committee would review the offenders housing, job changes, unit transfers and placement in safekeeping housing as several of the intervention strategies designed to separate the victim from the predator. The interview with the Warden confirmed that any inmate at imminent risk would be separated from the potential abuser and an investigation would be initiated. Interviews with random staff indicated that they would immediately remove the inmate from the situation, get him to secure location and report it to their supervisor.

Based on a review of the PAQ, SPPOM 02.04, 05.01 and 05.03 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 04.01
4. Safe Prisons/PREA Operations Manual SPPOM 04.02
5. Investigative Reports

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the USPPM will notify the Safe Prisons PREA Management Office who will then notify the appropriate office of the outside agency. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Safe Prisons PREA Management Office will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (c): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Safe Prisons PREA Management Office will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (d): The Safe Prisons/PREA Plan, page 25 and SPPOM 04.02, indicates that if the facility receives information from another agency head that an inmate alleges they were sexually abuse while housed at the facility, the allegation will be reported to the PREA Ombudsman and the Office of the Inspector General. The PAQ indicated that during the previous twelve months, the facility received two reports from other facilities indicating inmates reported that they were abused while confined at Roach Unit. A review of investigative reports confirmed that both allegations were reported to the facility Warden and that they both had a completed investigation. The interview with the Agency Head Designee indicated any allegation that is reported to the agency or another facility within the agency would be referred to the OIG and PREA Ombudsman for an investigation. He indicated that it would be handled the same as if the inmate reported it internally within the agency or at the facility where he/she is currently housed. The interview with the Warden indicated that the facility would communicate with the reporting agency/facility to get all pertinent information and an investigation would be initiated. The Warden stated that there has been two of these reports in the previous twelve months. A review of these reports indicated that both were reported to the OIG and both had an investigation completed.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 04.01 and 04.02, investigative reports and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

**Standard 115.64: Staff first responder duties**

115.64 (a)

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

115.64 (b)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Investigative Reports

**Interviews:**

1. Interview with Security Staff and Non-Security Staff First Responders
2. Interview with Inmates who Reported Sexual Abuse
Findings (By Provision):

115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describes staff first responder duties. Specifically, they require that upon learning that an inmate was sexually abused, the first security staff member separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and ensure that the alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have were twelve allegations of sexual abuse. Of the twelve allegations, one required a security staff member to separate the alleged victim and abuser, one allowed for the collection of physical evidence, and one involved the security staff member to preserve and protect the crime scene and request that the alleged victim and alleged perpetrator not destroy any physical evidence. A review of a sample of six sexual abuse allegations confirmed that one involved physical separation while all six were separated from their alleged abuser through housing changes. One involved the collection of physical evidence where staff collected blankets and clothing and the same one involved staff instructing the inmate not to destroy any evidence. All twelve random staff interviewed were well versed on first responder duties. All staff indicated they would separate the alleged victim and alleged perpetrator and would secure the crime scene. Most indicated they would not allow the inmates to destroy any physical evidence on their body. Security staff first responders indicated they would do the aforementioned steps but would also contact their supervisor and ensure the inmate is seen by medical. The non-security first responder indicated she would instruct the inmates to stop and she would report it to security. There were no inmates who reported sexual abuse at the facility during the on-site portion of the audit, however the inmates who reported sexual harassment indicated staff responded quickly and they asked questions.

115.64 (b): The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01 describe staff first responder duties. Specifically, they require that non-security staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse that involved a non-security staff first responder. A review of a sample of six sexual abuse allegations confirmed that all were separated from their alleged abuser through housing changes. One involved the collection of physical evidence where staff collected blankets and clothing and the same one involved staff instructing the inmate not to destroy any evidence. All staff indicated they would separate the alleged victim and alleged perpetrator and would secure the crime scene. Most indicated they would not allow the inmates to destroy any physical evidence on their body. Security staff first responders indicated they would do the aforementioned steps but would also contact their supervisor and ensure the inmate is seen by medical. The non-security first responder indicated she would instruct the inmates to stop and she would report it to security. All interviews with staff indicated they were very well versed on first responder duties.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM 05.01, investigative reports and information from interviews with random staff and security and non-security first responders indicate that this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Roach Unit Sexual Abuse Coordinated Response Plan

Interviews:
1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response and the interview with the Warden, this standard appears to be compliant.

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

115.66 (a)

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

115.66 (b)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Documents:
1. Pre-Audit Questionnaire

Interviews:
1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head Designee confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency’s behalf.

115.66 (b): The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head Designee confirmed that the agency has no collective bargaining or any entity that would be able to have collective bargaining on the agency’s behalf.

Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

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

115.67 (b)

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

115.67 (c)

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

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

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

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Safe Prisons/PREA Operations Manual SPPOM 05.08
5. Attachment N.S. 90 Day Monitoring Form (Staff)
6. Attachment N.O. 90 Day Monitoring Form (Inmates)

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff responsible for monitoring. The PAQ indicated that the facility has a policy and that the USPPM, Major and Captain are responsible for monitoring for retaliation.

115.67 (b): SPPOM 02.04, outlines the agency’s protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include; housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim, work changes for inmates, placement in safe keeping or protective custody, if necessary, and emotional support services. A review of monitoring forms and investigative reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. The interview with the Agency Head Designee indicated that monitoring for retaliation is driven by policy and procedure. He stated that monitoring is conducted 90 days in 30-day increments. The interviews with the Warden confirmed that staff would be placed in transient status and that they have numerous ways to protect the offender to include unit transfers, safe keeping, job changes, protective custody, etc. The staff responsible for monitoring retaliation stated that he monitors offenders for 90 days, with 30 day in-person status checks. He stated he reviews any changes to job assignments and housing assignments. He also indicated he checks disciplinary reports and that he has the ability to remove staff from certain housing units or posts in order to protect against retaliation. No inmates who reported sexual abuse were at the facility during the on-site portion of the audit.

115.67 (c): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of the twelve sexual abuse allegations indicated that eleven required monitoring under the standard. Of those, nine had monitoring completed. One did not have monitoring because it was reported at another facility and as such the facility was unable to monitor the inmate. The other that did not have monitoring was unable to be completed because the inmate departed TDCJ custody. The nine allegations all had the 90-day monitoring with 30-day status checks and necessary housing, job and disciplinary checks. All included information obtained from the offender related to whether he felt retaliated against or had any issues. Additionally, the two...
Auditor the victims.

115.67: The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. The facility utilizes two forms to monitor for retaliation, Attachment N.O. and Attachment N.S. These forms are utilized to ensure all requirements are met and staff and inmates are safe from retaliation. A review of the twelve sexual abuse allegations indicated that eleven required monitoring under the standard. Of those, nine had monitoring completed. One did not have monitoring because it was reported at another facility and as such the facility was unable to monitor the inmate. The other that did not have monitoring was unable to be completed because the inmate departed TDCJ custody. The nine allegations all had the 90-day monitoring with 30-day increments and necessary housing, job and disciplinary checks. All included information obtained from the offender related to whether he felt retaliated against or had any issues. The interview with staff responsible for monitoring indicated that he would review the inmate for at least 90 days with 30-day status checks.

115.67 (e): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. The interview with the Agency Head Designee indicated that monitoring for retaliation is driven by policy and procedure. He stated that monitoring is conducted 90 days in 30-day increments. The interview with the Warden indicated that they would employ the same protective measures as stated previously such as unit transfers, safe keeping, job changes and protective custody. He stated any retaliation would be reported to the OIG for investigation. A review of documents indicated that the facility exceeds the requirements under this provision. The facility staff monitored each witness related to an allegation. For some cases they monitored over eight other inmates and staff. Documentation showed that all witnesses had 90 days of retaliation monitoring with 30-day status checks. All staff monitoring was completed by the Assistant Warden and all inmate monitoring was completed by the CM.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 02.04, SPPOM 05.08, Attachment N.O., Attachment N.S. and interviews with the Agency Head Designee, Warden and staff charged with monitoring for retaliation, the facility exceeds this standard. The facility not only completes the required 90-day monitoring for sexual abuse victims, but they also complete the monitoring for sexual harassment victims. The documentation reviewed illustrated that monitoring was completed for 90 days on both of the sexual harassment victims. Additionally, the facility goes above and beyond and monitors all staff and inmate witnesses in each allegation. These witnesses had not expressed a fear, but the facility conducted the 90-day monitoring anyway.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Protective Safe Keeping Plan
4. Protective Safe Keeping Plan Attachments A-E
5. Housing Logs

**Interviews:**
1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

**Site Review Observations:**
1. Observations of the Absence of a Segregation Unit

**Findings (By Provision):**

**115.68(a):** The Safe Prisons/PREA Plan, page 18-19, indicates any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of housing assignments for inmates who reported sexual abuse indicated that seven were removed from general population and placed in restrictive housing. Of the seven, one was placed in restrictive housing due to a disciplinary report he received prior to the allegation, one was placed in restrictive housing pending transfer and was less than 24 hours, one was placed on suicide observation status, two requested protection and were placed in safekeeping and two were placed in restrictive housing until further information could be obtained related to the investigation. Of the two, both had documentation of the reason for involuntary placement. Both inmates were subsequently transferred to another facility prior to the 30-day mark. During the tour, it was observed that no inmates who reported sexual abuse were housed in restrictive housing. Restrictive housing was being utilized for COVID-19 isolation. The interview with the Warden indicated that inmates who alleged sexual abuse would only be placed in restrictive housing if no other alternatives were available. He indicated that this would typically not exceed 72 hours. The staff who supervise inmates in segregated housing indicated that inmates would be placed in restrictive housing only if no alternatives were available, that they would be reviewed every 30 days, that all restrictions would be documented and that he was not sure of the timeframe they would remain involuntarily segregated.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Protective Safekeeping Plan, Attachments A-E, housing logs and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.
### Standard 115.71: Criminal and administrative agency investigations

**115.71 (a)**

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

**115.71 (b)**

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

**115.71 (c)**

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

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Operational Procedures Manual OIG-04.05
4. Investigator Training Records
5. Records Retention Schedule
6. Investigative Reports

Interviews:
1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. The Safe Prisons/PREA Plan, page 25, section A4, states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. OIG-04.05 details the sexual abuse investigative process. There were eleven allegations of sexual abuse and three allegations of sexual harassment reported at the facility. A review of the eight investigative reports determined that all were investigated at the facility level and one was investigated by the OIG. All the reports reviewed were through, objective and completed promptly. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations (administrative and criminal) are completed promptly, thoroughly and objectively. The OIG investigator stated that the investigation would initiate immediately upon notification and that all investigations would be handled the same regardless of how they were reported.

115.71 (b): The PAQ indicated that currently there are 162 investigators who complete PREA investigations. A review of training documents confirmed that all investigators have received specialized training. The interviews with the investigative staff confirmed that the OIG investigator received the NIC training and the facility investigator received specialized training through the agency.

115.71 (c): OIG-04.05, describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were eleven allegations of sexual abuse and three allegations of sexual harassment reported at the facility. A review of the eight investigative reports determined that all were investigated at the facility level and one was investigated by the OIG. All included an interview of the victim, an interview of the alleged perpetrator (if applicable) and interviews of available witnesses (if applicable). All of the allegations involved collection of evidence (house assignments, search logs, etc.) as evidence or electronic video evidence, if available. One allegation involved the collection of physical evidence, including inmate clothing and a blanket. The interviews with investigative staff confirmed that they would initially gather as much information as possible, interview all applicable staff and offenders, collect necessary evidence including physical and electronic, process the evidence and document the information in a report. They indicated they would collect and process evidence including video monitoring, statements, clothing, DNA and anything additional from the scene or related to the allegation.

115.71 (d): The Safe Prisons/PREA Plan, page 28, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. A review of investigative reports indicates that one staff on inmate allegation was referred for prosecution. The interview with the OIG investigator indicated that he is not required to consult with prosecutors before conducting interviews.

115.71 (e): The Safe Prisons/PREA Plan, pages 28-29, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s
status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the investigators confirmed that credibility is based off of evidence and that no offender would be required to take a polygraph or truth telling device test. No inmates who reported sexual abuse were available, however the two inmates who reported sexual harassment stated they were not required to take a polygraph or truth telling device.

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. There were eleven allegations of sexual abuse and three allegations of sexual harassment reported at the facility. Of the eleven, all had an administrative investigation completed and one had a criminal investigation completed. A review of eight closed investigations noted that all of the allegations were documented in reports that included required elements under this provision. The investigators gathered evidence to include physical and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment; however the outcome of the investigation was based on the facts and findings that were found in the reports. Interviews with investigative staff confirm that administrative investigations would be documented in written reports and include a summary of the allegation, inmate statements and interviews, a description of the evidence, a summary of the investigative process, fact and finding and ultimately the outcome of the investigation. They also indicated that they would determine if staff actions or failure to act contributed to the allegation and that this was part of the investigative process through a review of any policy or procedure violations.

115.71 (g): There were eleven allegations of sexual abuse and three allegations of sexual harassment reported at the facility. Of the eleven, all had an administrative investigation completed and one had a criminal investigation completed. A review of the one criminal investigation indicated that it was documented in a report that included required elements under this provision. The investigators gathered evidence to include physical and testimonial and a description of the evidence was included in the reports. The report did not include a credibility assessment; however the outcome of the investigation was based on the facts and findings that were found in the reports. The interview with the OIG investigator confirmed that criminal investigations are completed in a written document and include a summary of the allegation, inmate statements and interviews, a description of the evidence, a summary of the investigative process, fact and finding and ultimately the outcome of the investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there were two allegations referred for prosecution since the last PREA audit. A review of investigative reports determined that while two allegations were substantiated at the administrative level, only one had a criminal investigation completed and was referred for prosecution. At the time of the on-site portion of the audit, the perpetrator had been indicted. The interview with the OIG investigator confirmed that if elements are met and there is sufficient evidence that indicates the allegation occurred, he would refer it for prosecution.

115.71 (i): The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The retention schedule is found in a document from 2014. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained. A review of a sample of ten historical investigations confirmed that they were retained per the agency retention schedule.

115.71 (j): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interviews with investigators confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody.
115.71 (k): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations.

115.71 (l): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations. Interviews with the Warden and CM indicated that they stay in touch with the OIG and receive updates through their Central Office. The OIG indicated they are responsible for investigation and no other outside entity would conduct investigations. The interview with the PC confirmed that the OIG provides a monthly report to the PC and other TDCJ staff regarding the progress of all open investigations.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, OIG-04.05, the retention schedule, investigative reports, training records and information from interviews with the Agency Head Designee, Warden, PC, CM and investigative staff, this standard appears to be compliant.

**Standard 115.72: Evidentiary standard for administrative investigations**

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire  
2. Safe Prisons/PREA Plan  
3. PREA Investigations Training

**Interviews:**
1. Interview with Investigative Staff

**Findings (By Provision):**

115.72 (a): The Safe Prisons/PREA Plan, page 28 and the PREA Investigations Training, page 6, describes the administrative investigation process. Specifically, they indicate that the agency imposes no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of eight investigations indicated that two allegations were deemed substantiated. The standard of evidence for the administrative substantiated cases was based on the preponderance of evidence. Additionally, the other six allegations did not meet the evidence level for a substantiated outcome. The interviews with investigative staff confirmed that all administrative investigations require a preponderance of evidence.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, the PREA Investigations Training and information from the interviews with investigative staff it is determined that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)
- Does the agency document all such notifications or attempted notifications? ☑ Yes ☐ No

115.73 (f)
- Auditor is not required to audit this provision.

Audit Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.05
4. Safe Prisons/PREA Operations Manual SPPOM 05.10
5. Attachment M and Attachment F (SPPOM 05.11)
6. Investigative Reports

Interviews:
1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 and SPPOM 05.10 describes the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were twelve criminal and/or administrative investigations completed within the previous twelve months and that all twelve included an inmate notification, either verbally or in writing. A review of the investigative reports showed that there were eleven sexual abuse allegations completed. Of those eleven all were documented with an investigative outcome notification. Additionally, the three sexual harassment allegations were also documented with investigative outcome notifications. The facility provided each inmate victim (sexual abuse and sexual harassment allegations) with a notification of the outcome of their investigations. The interviews with the Warden and the investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. No inmates who reported sexual abuse were available during the on-site portion of the audit, however one of the two who reported sexual harassment indicated he was informed of the outcome of the investigation.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of the investigation to the PREA Coordinator who in turn provides the memo to the
facilities to notify the inmate. The PAQ indicated that there were three investigations completed within the previous twelve months by an outside agency. A review of the completed sexual abuse investigations indicated that the OIG completed their own investigation on four of the reported sexual abuse allegations. One investigation was completed in between the PAQ and the on-site portion of the audit. Of the four investigations, all had an investigative outcome notification to the inmate.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describe the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated inmates are informed of the requirements under this provision and that there have been substantiated or unsubstantiated complaints in the previous twelve months. A review of investigative reports indicates there were two substantiated sexual abuse allegations. Of these, both included a notification that the staff member was no longer employed at the facility and one include a notification that the staff member was indicted on a charge. No inmates who reported sexual abuse were at the facility during the on-site portion of the audit.

115.73 (d): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describes the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation against another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that inmate victims are notified when an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. A review of the investigative tracking log as well as eight investigative reports confirmed that there were no inmate on inmate substantiated sexual abuse allegations. No inmates who reported sexual abuse were at the facility during the on-site portion of the audit.

115.73 (e): The Safe Prisons/PREA Plan, page 28, describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were fourteen notifications made during the audit period. A review of the documentation indicated that eleven sexual abuse investigative outcomes were completed. Additionally, three notifications related to staff were also documented. It should be noted that the facility also notified three inmate victims of sexual harassment about the outcome of their investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05, SPPOM 05.10, investigative reports, inmate notifications and information from interviews with the Warden and investigative staff, it appears the facility exceeds this standard. The facility provided all inmate victims of sexual abuse information on the outcome of their investigation. They also informed the inmate victims about staff no longer being employed at the facility and about a staff indictment. Additionally, the facility goes above the requirements for the standard by providing all inmate victims of sexual harassment notifications related to the outcome of their investigations.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

115.76 (a)
• Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

• Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Investigative Reports
5. Disciplinary Action Documents

Findings (By Provision):

115.76 (a): The PAQ indicated that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. The Safe Prisons/PREA Plan, page 31 and PD-22, pages 42, 49, 52 and 54, describes the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): The Safe Prisons/PREA Plan, page 39, indicates that termination will be the presumptive disciplinary sanction for staff who engage in sexual abuse. The PAQ indicated that there were two staff who violated the sexual abuse and sexual harassment policies in the previous twelve months and both
were terminated or resigned prior to termination. A review of the two investigative reports and disciplinary documents confirm that two staff members resigned prior to discipline. One allegation rose to the criminal level and the investigation was referred for prosecution. At the time of the audit the staff member was indicted on a charge. The second staff member allegation did not rise to the criminal level and her resignation came before any discipline could be enforced.

115.76 (c): The Safe Prisons/PREA Plan, page 39, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violating the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offenses by other staff members with similar histories. The PAQ indicated that there have been no staff that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of the two investigative reports and disciplinary documents confirm that two staff members resigned prior to discipline. One allegation rose to the criminal level and the investigation was referred for prosecution. At the time of the audit the staff member was indicted on a charge. The second staff member allegation did not rise to the criminal level and her resignation came before any discipline could be enforced.

115.76 (d): The Safe Prisons/PREA Plan, page 39, indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there have been two staff members that were terminated for violating the sexual abuse and sexual harassment policies within the previous twelve months. The PAQ indicated that both were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-22, investigative reports and disciplinary action documents, this standard appears to be compliant.

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

115.77 (a)

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

115.77 (b)

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

**Auditor Overall Compliance Determination**

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Windham Board Policy WBP-07.44
5. Volunteer Services Plan

Interviews:
1. Interview with the Warden

Findings (By Provision):

115.77 (a): The Safe Prisons/PREA Plan, pages 39-40, PD-29, page 6, WBP-07.44, page 1 and the Volunteer Services Plan, page 22, describe the process for corrective action for volunteers and contractors. Specifically, they indicate that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates, will be subject to disciplinary action and be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies (Texas Board of Nursing, Texas Department of Aging and Disability Services and Texas Board of Physicians). The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies. A review of the sexual abuse allegations confirmed that none of the allegations involved a contractor or volunteer as an alleged abuser.

115.77 (b): PD-29, page 6 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Additionally, the information would be reported to the OIG and an investigation would ensue.

Based on a review of the PAQ, Safe Prisons/PREA Plan, PD-29, WBP-07.44, the Volunteer Services Plan and information from the interview with the Warden, this standard appears to be compliant.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)
• When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Disciplinary Rules and Procedures for Offenders
4. Correctional Managed Health Care Policy Manual CMHCPM A-08.01
5. Investigative Reports
6. Disciplinary Records

Interviews:
1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):
115.78 (a): The Safe Prisons/PREA Plan, page 31 and the Disciplinary Rules and Procedures for Offenders, describe the disciplinary process for inmates. Specifically, they state that inmates will be 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 finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months.

115.78 (b): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates’ disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. A review of the investigative tracking log indicated that five involved inmate on inmate sexual abuse. Of those, zero were substantiated, and as such no discipline was required. The interview with the Warden indicated that the inmate abuser would be disciplined according to the set standard via policy. He stated that discipline could include; loss of good time, custody downgrades, loss of privileges, restrictive housing and/or criminal charges.

115.78 (c): The Safe Prisons/PREA Plan, page 31 and CMHCPM A-08.01, describe the disciplinary process for inmates. Specifically, they indicate that the disciplinary process will consider whether the inmate’s mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that mental health collaborates with security prior to any discipline being administered and that any mental disabilities or illnesses would be taken into consideration.

115.78 (d): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated that the facility offers therapy, counseling, or other underlying interventions designed to address and correct the underlying reasons or motivations for abuse. It also indicated that the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits. The facility does not have mental health staff. Mental health is provided either via telemed or the inmate is transferred to another facility with mental health services.

115.78 (e): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. A review of investigative reports and disciplinary records confirms that there have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith. The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): The PAQ indicates that the agency does prohibit all sexual activity between inmates and that they only deem the activity sexual abuse if it is determined that the activity was coerced. The Safe
Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, CMHCPM A-08.01, investigative reports, disciplinary records and information from interviews with the Warden and medical staff, this standard appears to be compliant.

### MEDICAL AND MENTAL CARE

#### Standard 115.81: Medical and mental health screenings; history of sexual abuse

**115.81 (a)**

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

**115.81 (b)**

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

**115.81 (c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?
  - ☐ Yes  ☐ No  ☒ NA

**115.81 (d)**

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

**115.81 (e)**

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-35.2
5. I-214 Form
6. Medical/Mental Health Documents

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Interview with Inmates who Disclose Sexual Victimization at Risk Screening

Site Review Observations:
1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, describe medical and mental health screenings related to sexual abuse. Specifically, they state that inmates who indicate during the risk screening that they have experienced prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of inmates who reported prior victimization were offered a follow-up meeting with medical or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. The auditor reviewed six inmates who were identified to have disclosed prior victimization within the previous twelve months. A review of medical and mental health files indicated that five of the inmates were offered mental health services on the same day as their risk screening, however they refused. One inmate who disclosed on 2/28/20 was seen by mental health (via telemed) on 3/5/20. The interview with staff responsible for the risk screening, indicated that after the inmate discloses prior victimization they are seen by mental health within fourteen days. The staff indicated that they ask the inmates who disclose victimization if they would like to speak to mental health and if they agree they take them to medical immediately for a referral. The two inmates interviewed who disclosed prior victimization indicated they were seen by mental health within the required fourteen-day time period. One inmate indicated he was seen the same day of the risk screening and the other inmate indicated he was seen within a week.

115.81 (b): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2 describe medical and mental health screenings related to sexual abuse. Specifically, they state that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported to have previously perpetrated sexual abuse were offered a follow up with medical or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. There were no inmates identified during the audit to have reported prior perpetration of sexual abuse. The interview with the staff responsible for risk screening
indicated that they ask the inmates who disclose perpetration if they would like to speak to mental health and if they agree they take them to medical immediately for a referral.

115.81 (c): This provision does not apply as the facility is not a jail but rather a state prison.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health. However, the information is only shared with other staff to assist with security and management decisions. The Safe Prisons/PREA Plan, pages 19-20, describes medical and mental health screenings related to sexual abuse. Specifically, it states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to medical and mental health staff but rather other staff, as necessary, to make housing, program, safety and security decisions. A review of documentation indicated that the risk screening is completed by the CM and that he forwards the appropriate information to medical and mental health. This information is then only shared with necessary staff. During the tour the auditor confirmed that classification (risk screening) records are now maintained electronically and that only certain individuals have access to this electronic information. Additionally, medical and mental health documents are also maintained electronically with limited access. During the tour, the auditor observed the area where the risk screening is conducted. The screening is conducted in a private office setting by the CM.

15.81 (e): The PAQ indicated that medical and mental health obtain informed consent from inmates prior to reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The Safe Prisons/PREA Plan, pages 19-20 and CMHCPM G-57.1, describe the medical and mental health screenings related to sexual abuse. Specifically, they state that medical and mental health are staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. Interviews with medical staff indicate that they obtain informed consent prior to reporting, that they disclose their duty to report and that they have not had any instances of this in the previous twelve months.

Based on a review of the PAQ, Safe Prisons/PREA Plan, CMHCPM G-57.1, CMHCPM E35.2, medical and mental health documents and information from interviews with staff who perform the risk screening, medical staff and inmates who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

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

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
5. I-214 Form
6. Medical and Mental Health Documentation

Interviews:
1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The Safe Prisons/PREA Plan, page 13, describes inmate access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of services are determined based on staff professional judgment and that medical and mental health maintain secondary materials documenting the timeliness of services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. During the tour, the auditor noted that the medical area consisted of an emergency room type space as well as exam rooms. All rooms had full doors, were private and allowed for adequate confidentiality. Interviews with medical staff confirm that inmates receive timely services, typically immediately. Staff indicated that medical are on-site from 6:00am-6:00pm and that if any issues arise after hours the inmate would be transported to the local hospital. The facility does not have mental health staff on-site, but any mental health services would be completed via telemed or the inmate would be transported to a facility where mental health staff are available to provide services. Interviews with the medical staff confirmed that they...
provide services that are based on their professional judgement. No inmates who reported sexual abuse were available during the on-site portion of the audit, however the inmates who reported sexual harassment stated that they were seen by medical and/or mental health.

115.82 (b): SPPOM 05.01, page 4 indicates that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the inmate would be transported to the nearest Hospital Emergency Department that has medical staff qualified to conduct forensic medical examinations. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. A review of eight sexual abuse and sexual harassment allegations indicated that all eight were seen by medical and mental health (or refused services) in a timely fashion. The interviews with first responders indicated the inmate would be immediately separated and they would ensure that inmates did not destroy any evidence on their body. They stated they would contact their supervisor and get the inmate the required medical attention.

115.82 (c): The PAQ stated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate and that medical and mental health staff maintain secondary documentation of these services. The Safe Prisons/PREA Plan, page 13 and CMHCPM G-57.1, describe inmate’s access to emergency medical and mental health treatment. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. Eleven sexual abuse allegations were reported during the audit period. A review of six of those indicated that four involved penetration. A review of medical and mental health documentation indicated that three had labs drawn related to sexually transmitted infections to determine if prophylaxis was necessary. One inmate refused all medical services and labs. Interviews with medical staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis. No inmates who reported sexual abuse were available during the on-site portion of the audit.

115.82 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The Safe Prisons/PREA Plan, page 13, describes inmate’s access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, Correctional Managed Health Care Policy Manual G-57.1, medical and mental health documentation and information from interviews with medical staff, this standard appears to be compliant.

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

115.83 (a)

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

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1
5. I-214 Form
6. Medical and Mental Health Documents

**Interviews:**
1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with Security Staff and Non-Security Staff First Responders

**Site Review Observations:**
1. Observations of Medical Treatment Areas

**Findings (By Provision):**

**115.83 (a):** The PAQ indicated that the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1 describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. A review of the six sexual abuse allegations indicated that all six were offered medical and mental health services. Additionally, a review of six inmate files who disclosed prior victimization indicated all six were offered a mental health follow up. During the tour, the auditor noted that the medical area consisted of an emergency room type space as well as exam rooms. All rooms had full doors, were private and allowed for adequate confidentiality.

**115.83 (b):** The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1 describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims will include; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency’s custody. A review of the six sexual abuse allegations indicated that all six were offered medical and mental health services. Interviews with medical staff confirmed that follow up services would be offered. They stated that a physical and mental exam would be offered and that they would treat any immediate injuries. The inmate may be transported to the local hospital. The facility does not employ mental health care staff and as such all mental health services are conducted via telemed or the inmate is transferred to a facility with mental health care staff.

**115.83 (c):** The Safe Prisons/PREA Plan, page 14, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. A review of the six sexual abuse allegations indicated that all six were offered medical and mental health services. Interviews with medical staff confirm that the services they provide are consistent with the community level of care.

**115.83 (d):** The Safe Prisons/PREA Plan, page 14, indicates female offenders who have been sexually victimized while incarcerated are offered pregnancy tests. However, this provision does not apply as the facility does not house female offenders.
115.83 (e): The Safe Prisons/PREA Plan, page 14, indicates female offenders who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to pregnancy related medical services. However, this provision does not apply as the facility does not house female offenders.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHCPM G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B. Eleven sexual abuse allegations were reported during the audit period. A review of six of those indicated that four involved penetration. A review of medical and mental health documentation indicated that three had labs drawn related to sexually transmitted infections. One inmate refused all medical services and labs. No inmates who reported sexual abuse were available during the on-site portion of the audit.

115.83 (g): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The Safe Prisons/PREA Plan, page 13, describes inmate’s access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. No inmates who reported sexual abuse were available during the on-site portion of the audit.

115.83 (h): The PAQ stated that the facility attempts to conduct a mental health evaluation on all known inmate on inmate abusers within 60 days of learning of such abuse history. The Safe Prisons/PREA Plan, page 14, indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There have been five inmate on inmate sexual abuse allegations within the audit period, however none were determined to be substantiated. Therefore no mental health follows ups were required under this provision. The facility does not employ mental health care staff and as such no interviews were completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, CMHCPM G-57, CMHCPM E-44.1, medical and mental health documentation and information from interviews medical staff, this standard appears to be compliant.

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

115.86 (b)  
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☑ Yes ☐ No
115.86 (c)

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

115.86 (d)

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

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

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

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

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

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

115.86 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-02.15
4. Administrative Incident Review Form

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that the facility conducts sexual abuse incident reviews and that nine were completed within the previous twelve months. A review of the eleven sexual abuse allegations indicated that eight were substantiated or unsubstantiated and required a review. Of those, all eight had a review completed the facility administrative review.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days and that nine were completed within that time frame during the audit period. A review of the eleven sexual abuse allegations indicated that eight were substantiated or unsubstantiated and required a review. Of those, all eight had a facility administrative review within 30 days.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators, and medical and mental health staff. The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consist of upper management officials, with input from line supervisors, investigators and medical and mental health. A review of the completed administrative reviews confirmed that the review team included upper level managers, line supervisors, investigators and medical staff. The interview with the Warden confirmed that these reviews are being completed and they include the necessary staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews and submits the report to the facility head and CM. The Administrative Incident Review form outlines information required to be completed for each sexual abuse incident review. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The Warden or supervisor submits this report to the Regional Director within ten days and to the Agency Head Designee within 20 days. A review of the administrative reviews confirmed that at the end of the review a section includes the five requirements under this provision. Each review had this information and was approved by the Warden and sent to the Regional Director. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the reviews are utilized to determine if changes need made to staffing, video monitoring technology or physical plant. He also stated that they are utilized to assist in preventing any future occurrences.

115.86 (e): The PAQ stated that the facility implements the recommendations for improvement or documents its reasons for not doing so. The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the Administrative Incident Review form indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, Safe Prisons/PREA Plan, AD-02.15, Administrative Incident Review Form, and information from interviews with the Warden, the CM and a member of the sexual abuse incident review team, this standard appears to be compliant.
### Standard 115.87: Data collection

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

#### 115.87 (b)
- Does the agency aggregate the incident-based sexual abuse data at least annually?  
  - Yes [ ] No [ ]

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

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

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

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

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
Findings (By Provision):

115.87 (a): The PAQ stated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control utilizing a standard instrument that includes at minimum the data necessary to complete the SSV. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (b): The PAQ indicated that the agency aggregates the incident based sexual abuse data annually. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. A review of the SSVs as well as the PREA Program Annual Report confirmed that the agency aggregates sexual abuse data at least annually.

115.87 (c): The PAQ stated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control utilizing a standard instrument that includes at minimum the data necessary to complete the SSV. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (d): The PAQ indicated that the agency maintain, reviews and collects data as needed from all available incident-based documents. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident-based documents. At the facility level data is collected through reports. Agency wide it is collected through data from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. This data is included in the annual report but is not reported in the Survey of Sexual Victimization as outlined by the Department of Justice. A review of data indicated that the data is reported to the agency and that it is included in the agency’s annual aggregated data.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year to the Department of Justice no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last one was submitted in 2018 for 2017 data. This is the last published SSV form on the Bureau of Justice Statistics website.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 08.01, the PREA Program Annual Report, aggregated data and the Survey of Sexual Victimization this standard appears to be compliant.

Standard 115.88: Data review for corrective action

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

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

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

**115.88 (b)**

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

**115.88 (c)**

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

**115.88 (d)**

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

**Auditor Overall Compliance Determination**

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. PREA Program Annual Report

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

**Findings (By Provision):**
115.88 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the current and historical PREA Program Annual Reports indicate that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head Designee, PC and CM confirmed that the report is done annually. The Agency Head Designee indicated that the data is used to determine if changes in policy are needed, as well as to determine any necessary changes to staffing and video monitoring technology. The interview with the PC confirmed that the Warden and the Safe Prisons staff are responsible for generating statistics and that they are reviewed by the Executive Services division. This division then generates recommendations for policy, procedure and/or staffing changes. The interview with the CM confirmed that they use the data to identify trends and to see if there are any modifications that are needed to prevent any future incidents.

115.88 (b): The PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress. A review of the current and historical PREA Program Annual Reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action.

115.88 (c): The PAQ indicated that the agency’s annual report is approved by the Agency Head Designee and made available to the public through its website. The interview with the Agency Head Designee confirmed that after it is approved it is distributed as required by Texas statute and agency policy. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report as well as previous reports are available to the public online. The interview with the Agency Head Designee indicated that he approves the annual report and that it is available on the agency website.

115.88 (d): The PAQ stated that the agency redacts material from an annual report for publication. The redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. A review of the PREA Program Annual Report and the interview with the PC confirmed that the agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the PREA Program Annual Report, the website and interviews with the Agency Head Designee, the PC and the CM, this standard appears to be compliant.

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

115.89 (a)

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

115.89 (b)

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

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

115.89 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. PREA Program Annual Report
3. Records Retention Schedule

Interviews:
1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirm that data is securely retained through the agency’s automated system. She indicated the data is reconciled on a quarterly basis.

115.89 (b): The PAQ stated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts with be made readily available to the public, at least annually, through its website. The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available the agency removes all personal identifiers. The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.88 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted. A review of the agency’s website confirmed that data is available from 2009 to present.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, the records retention schedule, the PREA Program Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

**115.401 (a)**

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

**115.401 (b)**

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

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

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

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

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

**115.401 (n)**

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

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

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

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

Findings (By Provision):

115.401 (a): The facility is part of the Texas Department of Criminal Justice. All TDCJ facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Texas Department of Criminal Justice. The TDCJ has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.403 (a): The facility was previously audited on March 29-31, 2017. The final audit report is publicly available via their website: https://www.tdcj.texas.gov/divisions/arrm/rev_stan_prea.html
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kendra Prisk ___________________________ December 20, 2020

Auditor Signature ______________________  Date ___________________________
It should be noted that the agency has the PREA Ombudsman’s Office that is responsible for independent oversight over the PREA program. The Ombudsman advised that while she is independent of TDCJ, she is over the PREA program. She indicated that TDCJ received guidance from the PRC that allowed for the Ombudsman’s Office to serve as the PC even though it is an independent office that reports to the Texas Board of Criminal Justice. The agency also has staff in the Safe Prison’s Office that oversee the PREA program internally.

It should be noted that unit, facility and institution are used interchangeably within this document.

It should be noted that inmate and offender are used interchangeably throughout this document.