

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

Interim       Final

**Date of Report**    June 3, 2018

### Auditor Information

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|--|---|
| <b>Name:</b> Debra D. Dawson                                 | <b>Email:</b> dddawsonprofessionaudits@gmail.com    |
| <b>Company Name:</b> American Correctional Association (ACA) |   |
| <b>Mailing Address:</b> P.O. Box 5668 Fort Road              | <b>City, State, Zip:</b> Greenwood, FL 32443        |
| <b>Telephone:</b> (850) 209-4878                             | <b>Date of Facility Visit:</b> April. 25 – 27, 2018 |

### Agency Information

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| <b>Name of Agency:</b><br>Texas Department of Criminal Justice |                                   | <b>Governing Authority or Parent Agency (If Applicable):</b><br>State of Texas  |   |
| <b>Physical Address:</b> 861-B I-45 North                      |                                   | <b>City, State, Zip:</b> Huntsville, Texas 77320  |   |
| <b>Mailing Address:</b>  |                                   | <b>City, State, Zip:</b>  |   |
| <b>Telephone:</b> 936-295-6371                                 |                                   | <b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>American Correctional Association (ACA) |   |
| <b>The Agency Is:</b>  | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit   | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal                             | <input type="checkbox"/> County   | <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Federal                |

**Agency mission:**    The mission of the Texas Department of Criminal Justice is to provide safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.

**Agency Website with PREA Information:**    PREA Ombudsman [http://tdcj.state.tx.us/tbcj/tbcj\\_prea.html](http://tdcj.state.tx.us/tbcj/tbcj_prea.html)

### Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

|                          |  |
|--------------------------|--|
| <b>Name:</b> Lorie Davis | <b>Title:</b> Director, Correctional Institutions Division |
|--------------------------|--|

|   |  |
|---|--|
| <b>Email:</b> Lorie.Davis@tdcj.texas.gov                                | <b>Telephone:</b> 936-437-2170   |
| <b>PREA Coordinator Reports to:</b><br>Executive Director Bryan Collier | <b>Number of Compliance Managers who report to the PREA Coordinator</b> 91 |

### Facility Information

|  |   |
|--|---|
| <b>Name of Facility:</b> Jim Rudd Unit   |   |
| <b>Physical Address:</b> 2004 Lamesa Highway Brownfield, TX  |   |
| <b>Mailing Address (if different than above):</b> Click or tap here to enter text.   |   |
| <b>Telephone Number:</b> (806) 637-4470  |   |
| <b>The Facility Is:</b>  | <input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal   | <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal                    |
| <b>Facility Type:</b>  | <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison  |
| <b>Facility Mission:</b> The mission of the Texas Department of Criminal Justice is to provide safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime. |   |
| <b>Facility Website with PREA Information:</b> PREA Ombudsman <a href="http://tdcj.state.tx.us/tbcj/tbcj_prea.html">http://tdcj.state.tx.us/tbcj/tbcj_prea.html</a>  |   |

### Warden/Superintendent

|   |                                  |
|---|----------------------------------|
| <b>Name:</b> Kevin Pinney                 | <b>Title:</b> Senior Warden      |
| <b>Email:</b> kevin.pinney@tdcj.texas.gov | <b>Telephone:</b> (806) 637-4470 |

### Facility PREA Compliance Manager

|   |  |
|---|--|
| <b>Name:</b> Esmael Cantu                 | <b>Title:</b> Unit Safe Prisons/PREA Manager |
| <b>Email:</b> esmael.cantu@tdcj.texas.gov | <b>Telephone:</b> (806) 637-4470             |

### Facility Health Service Administrator

|  |  |
|--|--|
| <b>Name:</b> Ralph Rosiles             | <b>Title:</b> Healthcare Administrator |
| <b>Email:</b> Ralph.rosiles@ttuhsc.edc | <b>Telephone:</b> (806) 637-4470       |

### Facility Characteristics

|   |  |
|---|--|
| <b>Designated Facility Capacity:</b> 612  | <b>Current Population of Facility:</b> 420 |
| <b>Number of inmates admitted to facility during the past 12 months</b>   | 1893                                       |
| <b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b> | 1423                                       |

|  |                              |  |                             |
|--|------------------------------|--|-----------------------------|
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:  |                              | 1806   |                             |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:   |                              | 0  |                             |
| Age Range of Population:   | Youthful Inmates Under 18: 0 | Adults: 18-76  |                             |
| Are youthful inmates housed separately from the adult population?  |                              | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> No |
|  |                              | <input checked="" type="checkbox"/> NA                             |                             |
| Number of youthful inmates housed at this facility during the past 12 months:  |                              | 0  |                             |
| Average length of stay or time under supervision:  |                              | 0 years 2 months   |                             |
| Facility security level/inmate custody levels:   |                              | Minimum  |                             |
| Number of staff currently employed by the facility who may have contact with inmates:  |                              | 116  |                             |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:   |                              | 14   |                             |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:   |                              | 1  |                             |
| <b>Physical Plant</b>  |                              |  |                             |
| Number of Buildings: 10  |                              | Number of Single Cell Housing Units: 1                             |                             |
| Number of Multiple Occupancy Cell Housing Units:   |                              | 0  |                             |
| Number of Open Bay/Dorm Housing Units:   |                              | 9  |                             |
| Number of Segregation Cells (Administrative and Disciplinary):   |                              | 3  |                             |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): |                              |  |                             |
| One camera each at the front outer and inner entrance gates which are monitored by the Central Control Officer.  |                              |  |                             |
| <b>Medical</b>   |                              |  |                             |
| Type of Medical Facility:  |                              | Ambulatory medical and dental with Telemedicine services available |                             |
| Forensic sexual assault medical exams are conducted at:  |                              | University Medical Center / Montford Unit Correctional Facility    |                             |
| <b>Other</b>   |                              |  |                             |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:  |                              | 23,228 Agency Volunteers/157 Unit Volunteers/15 Contractors        |                             |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse:   |                              | OIG 137/ Unit 15   |                             |

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) Recertification Audit for the Jim Rudd Unit, Texas Department of Corrections was conducted on April 25 – 27, 2018. The PREA Recertification Audit was coordinated through the Texas Department of Criminal Justice and the American Correctional Association (ACA) Alexandria, Virginia. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson assigned to conduct the audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA recertification audit site visit began immediately following the conclusion of an ACA reaccreditation audit on April 25, 2018, at approximately 11:45 a.m. The entrance meeting was held with the auditor, Senior Warden Kevin Pinney; Major Edmundo Cueto; Regional Safe Prisons/PREA Manager Federico Cervantes; and Unit Safe Prisons/Manager Esmael Cantu in the facility visiting room.

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders during the three day visit. Areas visited during the tour included all offender housing areas, maintenance, commissary, intake, kitchen, laundry, recreation, control, administration, all program areas, medical and mental health. PREA posters and notification of PREA audit visit was observed posted in in all areas visit in both English and Spanish. The notification of the PREA audit visit was documented as posted on February 5, 2018, well in excess of the six week required notification period.

Once the tour was completed, the auditor began the interview portion of the audit. Staff and offender interviews were conducted in private offices. Sixteen random staff was selected from various departments and from each security shift. The random staff selected for interviews included mail room staff, grievance staff, security staff, supervisors, civilian staff that included food service staff, administrative staff, maintenance workers, Chaplain, Law Library Staff, and education staff. The specialized staff was selected for interview by the auditor based on their assigned specialized PREA responsibilities. There was 22 specialized staff interviews conducted. Those specialized staff interviewed included: (1) Warden; (1) Agency Contract Administrator; (1) Unit Safe Prisons/PREA

Manager; (1) Agency Head Designee; (1) Incident Review Team Member; (2) Contract Medical Staff; (1) Contract Mental Health; (2) Intermediate or higher supervisor;; (1) Staff who perform screening for risk of victimization and abusiveness; (3) Investigative Staff; (1) Staff who supervise inmates in segregated housing; (2) Designated staff member charged with monitoring retaliation; (2) Volunteers; (1) Human Resource Administrator; (1) SANE/SAFE Nurse; (1) Intake Staff. There was no security staff or non-security staffs who have acted as first responder at the Jim Rudd Unit. Staff interviewed both formally and informally was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The Unit Safe Prisons/PREA Manager provided the auditor with housing unit rosters that identified offenders by race. The auditors utilized the roster to randomly select offenders from each race of African American, Hispanic and White from each housing unit. The auditor conducted 19 random offender interviews and nine targeted group offender interviews during the visit. The selection of offenders for interviews was based on the limited amount of offenders and the category they met. The target group offender interviews consisted of: (1) Offender with a physical disability; (1) Offender who is LEP; (3) Offender who identify as gay; and (4) Offender who reported sexual victimization during risk screening. The auditor conducted 15 informal offender interviews. The auditor did not receive an offender correspondence prior or after the site visit. There were no offenders assigned at Jim Rudd Unit under the targeted groups of youthful offenders, offenders in segregated housing for high risk of sexual victimization, offenders who reported sexual abuse, or who were identified as transgender, intersex, or gender non-conforming offenders during the audit site visit. Offenders interviewed both informally and formally were knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment and the procedures for reporting.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings on April 27, 2018. The following individuals were in attendance: Senior Warden Kevin Pinney; Major Edmundo Cueto; Regional Safe Prisons/PREA Manager Federico Cervantes; and Unit Safe Prisons/PREA Manager Esmael Cantu; Chief of Classification Nicole Barraza; David Reed Assistant Regional Director; Manager II Review and Standards Cassandra McGilbra Program Supervisor Review and Standards Chelsea Johnson.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Jim Rudd Unit is located approximately ONE mile south of Brownfield on Highway 137 on 300 acres of land. The facility is located in Terry County of Brownfield, Texas. The facility opened in March of 1995 as a Transfer facility to alleviate overcrowding throughout the Texas Department of Criminal Justice (TDCJ). The unit is named after Jim Rudd, a former Texas State Representative. The Jim Rudd Unit is a minimum-security, adult male correctional facility and is accredited by the American Correctional Association.

The facility has 92,000 square feet of building space within 10 buildings. Within these 10 buildings are administration, offender housing, laundry facilities, kitchen, cafeteria, educational, medical and recreation space. In June 2017, the Jim Rudd Unit began housing parolees and assumed the role as an Intermediate Sanction Facility (ISF). The ISF is used to confine low risk offenders under active supervision with no pending charges who have violated the conditions of release to parole or mandatory supervision.

There are three housing units 1, 2 and 3. Each of these housing units, have three separate pods of A, B, and C (1 Building); D, E, and F (2 Building); G, H, and I (3 Building). The pods hold 68 offenders each for a rated capacity of 612. At the time of the site visit, there were 68 G-1 and G2 Offenders and 352 ISF Offenders. The facility base count was 420.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 0

N/A

**Number of Standards Met:** 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32  
115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62;  
115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78;  
115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

**Number of Standards Not Met:** 0

N/A

### Summary of Corrective Action (if any)

Modesty panels were recommended by the auditor to be installed in all shower areas in the housing units pods. These modesty panels were installed during the site visit.

An additional mirror was recommended by the auditor to be installed in all housing unit pods right rear corner to increase security and enable the Picket Officer's view from his duty station and the Roving Officer at all times. Three mirrors were installed during the site visit while the remaining was placed on order. Confirmation of the installation of the remaining six was provided to the auditor prior to the submission of the report.

## PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of Texas Department of Criminal Justice (TDCJ) Organizational Structure; Unit Safe Prisons/PREA Manager Post Orders; ED-03.03 (rev. 3) Safe Prisons/PREA Program; TDCJ Safe Prisons/PREA; Memorandum submitted by Executive Director; and Interviews with Agency-wide PREA Coordinator; and Unit Safe Prisons/PREA Manager, Jim Rudd Unit meets the mandate of this standard. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors. The policies also include the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. The Agency-wide PREA Coordinator was appointed her position of April 1, 2016, by the TDCJ Executive Director and holds the official title of Correctional Institutions Division Director. The Agency-wide Coordinator has six (6) regionally based Safe Prison/PREA Managers who report directly to her and to each of the regional directors where they are assigned. TDCJ has ninety-one (91) Unit Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. Interviews with the Agency-wide PREA Coordinator and Jim Rudd Unit Safe Prisons/PREA Manager both confirmed they have sufficient time to accomplish the duties assigned to roles of their positions.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of Administrative Directive (AD) -02.46 (rev. 4); Listing of Contract Facilities; Interview conducted with Agency Contract Administrative, the Agency and Jim Rudd Unit meets the mandate of this standard. Documentation of Solicitation, Offer and Awards in addition to Modifications of Contracts for TDCJ facilities was reviewed by the auditor. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies documented that the contracting agency shall comply with PREA Standards for

Adult Prisons and Jails and report any offender's sexual assault or sexual harassment to the TDCJ-PFCMOD and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement.

The Modification of Contract specifically notes that the TDCJ Department designated Contract Monitor will monitor each contract for compliance with PREA standards for Adult Prisons and Jails. During an interview with the Agency Contract Administrator, it was confirmed that a Contract Monitor is located at each of the 11 Contract facilities. An interview with the Agency Contract Administrator confirmed that a TDCJ contract monitor is on site at each contract facility. The assigned contract monitor primary responsibility is overseeing that the contract facility is compliant with the PREA standards. The contract monitor is responsible for taking an immediate action to resolve situations of any immediate risk that has been identified. Continued monitoring of any identified concerns is continuously monitored until a compliance level is met. The Jim Rudd Unit does not have any inmates confined with the contracted facilities.

## Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components

of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  
 Yes  No

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

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of the Jim Rudd Unit staffing plan; AD-11, 52 P: 2-3; Safe Prisons PREA Operations Manual (SPPOM); and interviews with the Unit Safe Prisons/ PREA Manager, PREA Coordinator, Sergeants, Captains, Major, random staff and Senior Warden, it was determined Jim Rudd Unit has policies and procedures in place to meet the mandates of this standard.

Jim Rudd Unit has established a staffing plan which provides for adequate levels of staffing and where applicable, they use direct monitoring to protect inmates against sexual abuse. An interview with the Senior Warden verified the staffing plan was developed considering the generally acceptable correctional practices; any judicial findings, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the inmate population, the number and placement of supervisory staff, institutional programs and the shifts they occur on applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The staffing positions are developed from the staffing plan established by TDCJ. Staffing Plans and Staffing Plans Meeting Minutes for 2015, 2016, and 2017, were made available for the auditor's review. The 2017 Staffing Plan was reviewed and signed on June 29, 2017. The Staffing Plan gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility.

Policy dictates and procedures confirm deviations from the staffing plan are documented and the reasons for the deviation are noted on the back page of the Turn-out Rosters for the past 12 months. The Senior Warden confirmed the rosters are reviewed daily by the Captain, Major and himself. The vacating of any priority post must be approved by Regional Director due to limited overtime and lack of staff.

The auditor recommended the placement of a mirror in the rear right corner of each offender housing unit to enhance security and observation of the area to the Picket Officer from his assigned area. This placement provided constant viewing by staff. Three mirrors currently in stock were installed during the site visit and the remaining six were placed on order. The auditor received photographs of the installed mirrors.

A review of log book entries confirmed Intermediate and higher level staff are conducting unannounced rounds as required within the agency's policy. Supervisory staff and random staff were aware of agency's policy prohibiting staff from notifying other staff that Supervisory rounds are being conducted.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Jim Rudd Unit has been designated as an adult male correctional facility by the Texas Department of Criminal Justice and no youthful inmates are assigned to this unit. The inmate population range from the age of 18-76. Therefore, the Jim Rudd Unit meets the mandate of this standard. However, TDCJ has various policies in place in accordance with this standard to include CPOM 01.02, Separation of Youth; Unit Classification Procedure 16.15 for properly designating youth inmates and ensuring compliance with this PREA standard.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

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

#### 115.15 (b)

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

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

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

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

### **Instructions for Overall Compliance Determination Narrative**

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In accordance with a review of AD 03.22 (rev. 11) Offender Searches; TDCJ Safe Prison/Plan; Post order; Pre-service training documents; Safe Prisons/PREA Operations Manual – Cross-Gender Searches and Logs; Interviews with Warden, supervisory staff, random staff, and random offenders, the Jim Rudd Unit meets the mandate of this standard. Cross-gender strip searches are not conducted at Jim Rudd Unit. Staff shall not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners. The Jim Rudd Unit is a male correctional facility that does not house female offenders. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an offender's housing unit. There are no video cameras in the housing units

Interviews with the selection of random staff, and offenders from each housing unit confirmed offenders are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. The auditor recommended the placement of a modesty panel in the outer areas of showers in each of the nine individual housing pods A- I. These modesty panels were added during the site visit. Therefore, the appropriate modesty panels and/or partial walls are installed to provide privacy to the offenders when performing bodily functions, use of toilets and showers. Appropriate modesty panels are also placed throughout the facility to include all areas where visual search areas may be conducted such as entering and exiting recreation areas, program areas, doing movement, and work assignment areas. The Jim Rudd Unit policy requires female correctional staff announce their presence upon entering housing units. This policy requirement was noted on all of the doors and walls entering the housing areas that states "Knock and Announce". Interviews with staff and offenders confirmed staff of the opposite gender announces their presence when entering an offender housing unit. This practice was observed by the auditor upon female employees entering the housing units. No offenders identified as transgender or intersex has been assigned at the Jim Rudd Unit. Therefore, none was available for interview.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services); TDCJ 1.10 Intake Procedures; Security Memorandum SM05.50 Qualified Spanish Interpreter Guidelines; Health Services Liaison Facility Types; TDCJ Safe Prisons/PREA Plan; Listing of qualified staff who speak languages English and Spanish; TDCJ G51.11 Offenders with Special Needs, the Jim Rudd Unit meets the mandate of this standard. Jim Rudd Unit takes steps and has policies that ensure offenders 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. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles.

Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's allegations. One offender was interviewed with a handicap disability and stated the facility provides methods of PREA education in a manner he fully understands. A staff member certified to serve as a translator assisted the auditor in completing an interview with an offender identified as limited English proficient. The limited English proficient offender confirmed the facility provided him with PREA material that he was able to read and understand in Spanish.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of PD-75 (Applicants with Pending Criminal Charges or Prior Criminal Convictions), PD-73 (Selection Criteria for Correctional Officer Applicants), PD-71 (Selection Systems Procedures), PD-27 (Employment Status Pending Resolution of Criminal Charges or Protective Orders) and the Safe Prison PREA Plan; Employment Application; PD-56 Executive Directive (Request For and Release of Employment Information or Documents) and Interviews with the Human Resource Manager, Jim Rudd Unit meets the mandate of this standard.

All hiring and approved clearances allowing entrance into the Jim Rudd Unit is accomplished through the Central Office (Human Resources Headquarters) in Huntsville, Texas. Criminal background checks are conducted on all employees, contractor workers and volunteers whether or not they have contact with the inmate population. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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. Anyone found with any of these conditions is prohibited entrance into all TDCJ facilities. This was confirmed during an interview with the facility's Human Resource Manager. Jim Rudd Unit makes its best effort to contact all prior institutional employers for information on any substantiated allegations of

sexual abuse or harassment. Fourteen new staff members were hired at the Jim Rudd Unit in the past 12 months of the audit.

A State Identification Number (SID) consisting employees and contractors' fingerprints is created and maintained on all employees and contract staff at each TDCJ facility. All SIDs are entered in the system and it provides warrant checks every six months on each employee. The system provides an automatic electronic notification to the agency when any criminal charge(s) pending against an employee or contractor. A background check is generated during the birthday month and six months after every year. In addition, the Safe Prisons PREA Plan and Standards of Employee Conduct mandates all employees to disclose to the facility/agency, any sexual misconduct allegation made against them or face discipline for failing to do so.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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The Jim Rudd Unit opened in March of 1995. It is made up of 10 buildings. There have been no modifications or additions to the Jim Rudd Unit since August, 2012.

## RESPONSIVE PLANNING

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: AD-16.03 P:13; OIG-04.05; Safe Prisons PREA Operations Manual SPPOM-05.01 Sexual Abuse Checklist G; Corrections Managed Health Care CMHC-G-57.1; PREA Plan; Senate Bill 1191; SPPOM-02.02; CID-OVR Sexual Victim Representation Training; and a Solicitation Letter, it was determined that Jim Rudd Unit and TDCJ meet the mandates of this standard. The Texas Department of Criminal Justice is responsible for all criminal and administrative investigations within the agency.

The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. During interviews with the Safe Prison Compliance Manager, medical staff and investigators, it was confirmed Jim Rudd Unit does not conduct on-site forensic medical examinations. When evidentiary or medically appropriate, a victim of sexual abuse is transported to University Medical Center or Montford Unit Correctional Facility. The offender will be provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence and is appropriate for youth when necessary.

Based on interviews with medical staff at the facility and the SANE/SAFE Nurse at University Medical Center, it was determined there are policies in place to ensure the agency offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. An interview medical staff confirmed offenders would be transported to an appropriate medical facility for completion of a forensic medical examination by a SANE/SAFE forensic medical examiner. Offenders will be escorted to the University Medical Center or the Montford Unit Correctional Facility for forensic medical examinations. An interview with an OIG Investigator confirmed he would offer the victim a victim advocate from a rape crisis center during the forensic examination process. If a rape crisis center is not available to provide victim advocate services, the agency makes available a qualified staff member from a community-based organization, or a qualified agency staff member who serves as a victim advocate. There have been zero instances in where a forensic examination was conducted for sexual abuse of an offender at Jim Rudd Unit in the past 12 months.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Jim Rudd Unit PAQ; OIG-04.05 P: 1; SPPOM-05.05 P: 1, Sexual Abuse Response and Investigation; SPPO 05.05, Offender Protection Investigation; AD 16.20, Reporting Incidents/Crimes to the Office of the Inspector General P: 1, 3-4; AD 02.15, Operations of the Emergency Action Center P: 5, 14; BP-01.07 P: 1-2, 4; and interviews with two facility investigators, one OIG, and the Senior Warden, it was determined Jim Rudd Unit has policies and procedures in place to meet the mandate of this standard.

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All administrative investigations of sexual abuse and sexual harassment are conducted by TDCJ staffs who have received the appropriate training to conduct such investigation. All criminal investigations of sexual abuse and sexual harassment are forwarded by TDCJ to the Office of Inspector General (OIG) for investigation. OIG Investigators are License Peace Officers and are authorized to make arrest in criminal cases. The OIG Investigators often assist facility security staff with in-house investigations as needed.

The agency publishes the policy on its website and makes the policy available to all. The PREA Policy; History of Combating Sexual Abuse; Report Sexual Abuse; is available on the TDCJ website by clicking on the area desired during the search.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 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

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

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In accordance with the review of: AD-12.20 P:1.8; PD-29, Sexual Misconduct of Offenders P: 6; PREA Plan Video; PREA Plan P: 32-33; TDCJ Gender Specific Training; SPPOM-06.01 P: 1-2; CTSD Supervisor pre-service and in-service training PREA Curriculum; Non-Supervisor In-Service Training Safe Prisons PREA Program; Supervisor In-Service Safe Prisons PREA Program; it was determined Jim Rudd Unit meets the mandates of this standard. TDCJ mandates a PREA course training that addresses all PREA requirements including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. This training course is required for all employees annually. A refresher course is required every year during in-service training. Additionally, training is provided to staff during Turn -out (roll call) and staff meetings. A review of staff's training rosters with acknowledgment of staff's signatures served as confirmation of staff receiving such training.

During interviews with random staff they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Each staff member is provided a pocket card identifying the steps to take as a first responder and how to report. Both formal and informal interviews with staff indicate that they are well trained in their duties as first responders. They were also provided with a copy of Staff's PREA Handbook, PREA pamphlets, educational material obtained from the National PREA Resource Center, viewing of a PREA video, PREA brochures detailing first responder duties for easy reference, access to continuous PREA information throughout the facility utilizing flyers, and posters.

Jim Rudd Unit provides training tailored to the gender of the male offenders at the facility and includes training that includes the search of transgender and intersex offenders. There was no staff that transferred to Jim Rudd Unit (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training for such.

## Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of the training curriculum; Handbook for Volunteers; Volunteer Services Training Curriculum; AD-02.46; PD-29, Sexual Misconduct of Offenders; Safe Prisons/PREA Plan; TDCJ Volunteer Services Plan; AD-07.35, Letter of Orientation for Special Volunteers and Acknowledgement of Volunteer Training forms, and interviews with volunteers and contractors, it was determined Jim Rudd Unit meets the mandate of this standard. Jim Rudd Unit provides PREA training to all volunteers and contractors. Volunteers and Contractors are also provided with copies of PREA pamphlets, and educational material obtained from the National PREA Resource Center detailing the

first responder's duties for easy reference. They have continuous access to PREA information throughout the facility utilizing flyers, and posters. TDCJ requires volunteers to attend training at least every two years. Two religious service volunteers, two contract medical and one mental health staff were interviewed. Each acknowledged receiving PREA training and documented by signature their understanding of the training. Each articulated clearly to the auditor their responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment, how to avoid inappropriate relationship with inmates, prevention, detection and the response of sexual harassment or sexual abuse. The training provided included the mandatory standard to report all incidents, knowledge, or suspicions of sexual abuse or sexual harassment. The Jim Rudd Unit has 154 volunteers and 15 contract workers who have contact with inmates. All have received the required PREA training.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: AD-06.02; AD-04.25; PREA Plan; (SPPOM) Safe Prisons PREA Plan Operations Memo; Offender PREA Video; (CMHC) Correctional Managed Health Care Manual; Offender

SAA Video Letter; Offender Orientation Handbook, and SAA Video Script; Interview with Intake Staff, and Interviews with Random Inmates, it was determined that Jim Rudd meets the mandates of this standard. Jim Rudd Unit ensures all incoming offenders receive PREA training on the day of arrival during the intake process in a language they can comprehend. At reception, offenders are provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. The Unit Safe Prisons/PREA Manager serves as the intake staff that provides PREA literature to the newly arriving offenders. When receiving offenders at the facility, the Intake Staff cover the PREA information with the offender. The offender also receives an Offender Orientation Manual that includes PREA information. These materials cover the agency's zero tolerance policy and how to report incidents. Offender education is documented for each offender and maintained in the offenders file. The auditor observed the intake process and delivery of PREA educational material to the newly arriving offenders.

Random offender interviews confirm they have received PREA information during intake. Offenders interviewed confirmed receiving PREA education within hours of their arrival by the Unit Safe Prisons/PREA Manager and additional information by their unit counselor. Offenders reference the PREA posters throughout the facility in all housing, program areas, common areas, and visiting room that is accessible to the inmate population and viewing of a PREA video within a week of their arrival.

Jim Rudd Unit has policies in place that require the facility to provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills. Copies of PREA materials and the PREA video were reviewed and confirm PREA material is made available within in English and Spanish. Interpretation services are provided in accordance with the Department's Language Access Policy. In the event an offender has difficulty understanding the written material due to a disability or limited reading skills, an appropriate staff member is provided to assist the inmate.

The Unit Safe Prisons/PREA Manager and Head of Classification confirmed providing offenders with PREA educational material in a manner they can easily understand.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

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

### 115.34 (b)

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

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: (CTSD) Correctional Training & Staff Development Specialized Investigations; OIG Lesson Plan LP-2029; OIG Lesson Plan P-3201; OIG OPM-04.05 Offender Sexual Assault Investigations; PD-97; AD-16.03 Evidence Handling; CMHC Policy C-25.1 Orientation; Interviews with an OIG Agent and institution investigative staff confirmed policies are in place to ensure that Jim Rudd Unit meets the mandate of this standard. Two facility investigators and one OIG Investigator confirmed their training during the interview process. Facility investigators completed the course "Investigating Sexual Abuse in a Confinement Setting." Facility investigators' training was obtained through the PREA Resource Center. Documentation confirmed the specialized training. An interview with the OIG Agent confirmed he received more in-depth investigative training that consists of as many as 90 courses. Training completed by the investigators includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral.

The Unit Safe Prisons/PREA Manager conducts offender on offender sexual abuse/sexual harassment investigations and the Captain conducts staff on offender sexual abuse/sexual harassment investigations. All allegations of sexual abuse or sexual harassment that could be result in criminal charges are conducted by an OIG Investigator. An OIG Investigator provides assistance with administrative investigations to facility as needed.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### 115.35 (b)

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

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  
 Yes  No

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: CMHC G-57.1; New Employee Check List; SB 1191; TDCJ Letter of Orientation; Statement of Fact; AD 16.03 Evidence Handling, CMHC c-19.1 Continuing Education and Staff Development, CMHC c-25.1 Orientation Training for Health Services Staff, SB 1191, Medical and Mental Health PREA Training, and interviews with medical staff, it was determined that Jim Rudd Unit and TDCJ meet the mandates of this standard. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff articulated their understanding on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and

professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment during the interview process. Forensic medical examinations are not conducted by medical staff at Jim Rudd Unit. Medical staff at the facility only provides first aid care as needed without disturbing any evidence of an alleged sexual assault victim. Forensic examinations are conducted by a SANE/SAFE Nurse at University Medical Center or Montford Unit Correctional Facility. The medical and mental health departments are contracted through Texas Tech. The Jim Rudd Unit has 15 contract workers and documentation support all receiving the specialized PREA training. Medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. One part-time and one full-time contract medical staff, in addition to one contract mental health staff was interviewed. Each articulated their understanding and receipt of PREA training. Interviews with the Senior Warden, Unit Safe Prisons/PREA Manager, and medical staff, each confirmed the facility does not perform forensic medical exams.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

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

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: CMHC E-35.1 Mental Health Appraisal for Incoming Offenders, SPPOM 03.01 Offender Assessment Screening, CIPM-CL-69 Psychological Screening Interview, EIPM-5.06 Intake Procedure Security Referrals, CMHC A-09.01 Privacy of Care, CMHC H-61.1 Confidentiality and release of Protected Health Information, Interviews with Intake Staff, Senior Warden, Head of Classification, Unit Safe Prisons/PREA Manager, and Offender Population, it is determined that Jim Rudd Unit meets the mandate of this standard. All offenders are screened for risk of victimization and abusiveness upon arrival. The screening is completed by the Intake Staff and Unit Safe Prisons/PREA Manager within the first couple hours of arrival. The screening instrument includes whether the inmate has a mental, physical, or developmental disability, the age and physical build of the inmate, previously incarceration history, whether the inmate's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. The offenders receive a second screening within 30 days. Staff reassesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening normally not later than 20 days to ensure any concerns with the inmate's safety is addressed prior to transfer to his designated correctional facility. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only. Apart from reporting to designated supervisors and/or officials, staffs are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions.

The auditor was provided with hundreds of assessments and reassessments for review. Documentation confirmed compliance with this standard. Interviews were conducted with four offenders who disclosed sexual victimization during screening previously and random offenders who confirmed reassessment within 30 days of their arrival. A review of the files noted the inmates as receiving the assessments. The Head of Classification and Unit Safe Prisons/PREA Manager confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information during the screening for risk of victimization and abusiveness

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: AD 04.17 Offender Housing Assignments, AD 04.18 Offender Jobs Assignment, IPM 4.01 Intake Procedures, SPPOM Offender Assessment Screening, CMHC E-35.1 Mental Health Appraisal, CMHC-51.11 Treatment of Offenders with Intersex Conditions, UCPM-04.00 Offender Housing Assignments; AD-04.68, Offender Requirement for Single Cell Housing; PREA Plan and interviews with Targeted Staff, it was determined Jim Rudd Unit meets the mandates of this standard. Jim Rudd Unit uses information from the risk assessment 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. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each inmate.

Transgender and intersex offenders have not been assigned to the Jim Rudd Unit. However, the agency has policy outlining the use of screening information. Transgender or intersex inmate's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems. Those offenders identified as transgender or intersex would be reassessed every six months and additionally if needed. Transgender and intersex offender's own view with respect to his own safety is given consideration. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. The agency does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated unit based solely on identification or status.

## Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.43 (a)

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

### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: Administrative Segregation Plan, SPPOM 05.05 Offender Protection

Investigation, I-169A Administrative Segregation Initial Hearing Record, Guidelines for Administrative Segregation, PREA Plan; I-203 Placement Restriction; and Interviews with Senior Warden, Unit Safe Prisons/PREA Manager and Staff who Supervise Inmates in Segregated Housing, it was determined that Jim Rudd Unit meets the mandate of this standard. Offenders at high risk for sexual victimization are not placed in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing assignments will not exceed a period of thirty (30) days. Offenders placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. The Senior Warden confirmed due to the size of the agency there are options other than placing offenders in segregated housing identified as at a high risk of sexual victimization. Depending on the circumstances, assignment to a different housing unit, both offenders could be transferred, an offender could be placed in safe keeping general population, the offender identified could be transferred until completion of the investigation, etc. He confirmed the agency's policy prohibits placing offenders in involuntary segregated housing in lieu of other housing areas. There were no offenders placed in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months of the audit.

## REPORTING

### Standard 115.51: Inmate reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.51 (a)

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

##### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: BP 03.91 Uniform Offender Correspondence Rules, TDCJ PREA Brochures, ED 02.10 PREA Complaints and Inquiries, Safe Prisons Plan, SPPOM Attachment AS – Zero Tolerance Posters in both Spanish and English, and interviews with inmates who had made allegations of sexual abuse PREA Plan; Immigration Statement of fact, 7/26/2014; TDCJ Offender Grievance Operations Manual; AD-02.15, Report Procedures for Serious Incidents; AD-16.20, Report Incidents/Crimes to OIG; Interview with Mail Room Staff, Random Staff and Offenders and Offender Orientation Handbook it is determined that Jim Rudd Unit meets the mandate of this standard. TDCJ has policies and procedures in place that ensures multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Interviews with random sample staff and inmates confirmed an offender may report an incident of sexual

abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Staff confirmed verbal reports of sexual abuse and/or sexual harassment are promptly documented and submitted to their supervisor. During interviews with random sample offenders, each confirmed awareness of ways to report sexual abuse and methods to do so privately and reference the various PREA posters throughout the facility. Jim Rudd Unit 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, and that is able to receive and immediately forward offenders reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. The offender population may contact the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ). Offenders are allowed to forward these letters sealed and uninspected to the Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director; PREA Ombudsman; or Senior Warden. An interview with mailroom staff confirmed offenders are able to seal their outgoing mail. No offenders are detained at Jim Rudd Unit solely for civil immigration purposes.

Jim Rudd Unit has policies and procedures in place that provides various methods for staff to privately report sexual abuse and sexual harassment of inmates. Interviews with a random sample of staff, employees confirmed they may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting their immediate supervisor, an on duty ranking security supervisor, OIG Investigator, the Senior Warden, PREA Ombudsman, and/or PREA Hotline.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

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

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

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

- 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

- 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

- 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: D 1-5 Offender Grievance Operations Manual, AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, OGOM 1.01 Step 1 Grievance Process AD-03.77, Offender Grievances; PREA Plan; and Safe Prisons PREA Plan; and Interviews with Unit Safe Prisons/PREA Manager, Grievance Staff, Random Staff, and Random Inmates it was determined Jim Rudd Unit meets the mandates of this standard. Jim Rudd Unit has policies and procedures in place

that ensures the facility has an administrative procedure for dealing with inmate grievances regarding sexual abuse to ensure that there is not a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; and nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

Additionally, an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Jim Rudd Unit will 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; and the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made at any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist offender in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders; if a third party files such a request on behalf of an offenders, 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; and if the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

Jim Rudd Unit has policies and procedures are in place to ensure the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse; and after receiving an emergency grievance alleging an offenders is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The agency may discipline an offender for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. Jim Rudd Unit did not have any grievances filed related to sexual abuse or sexual harassment.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of: BP 03.91 Uniform Offender Correspondence Rules, Rape Advocacy Centers, SPPOM 02.02 Offender Victim Representative, RCC MOU, RCC Solicitation Letter, and interviews with random inmates; Safe Prison PREA Plan; and Offender Orientation Handbook; documentation supports that Jim Rudd Unit meets the mandates of this standard. The agency was successful in obtaining a Memoranda of Understanding (MOU) or other agreements with some community service providers to provide inmates with confidential emotional support services related to

sexual abuse for some of their facilities. However, Jim Rudd Unit is not included. A copy of these MOU and attempts for others was provided to the auditor. The facility has ensured staff assigned to serve as a victim advocate receives the required training prior to holding this position. The Head Classification Supervisor serves as victim advocate and articulated her duties in this role during an interview. Documentation of her receipt of victim advocate training was reviewed. A comprehensive list of Rape Crisis Centers that provide access to victim advocates for emotional support services for dealing with sexual abuse outside the facility is available to the offender in the law library. This information was reviewed by the auditor. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. Offenders interviewed were aware of services available while referring to PREA posters, and literature received. However, they further stated they could not provide information regarding the services as they have not utilized them. The offenders expressed with confidence staff would provide assistance upon request in regards to these emotional support services to include providing mailing addresses and telephone numbers. The facility does not house offenders who are being detained solely for civil immigration purposes.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of: ED 02.03 Ombudsman Program, General Information Guide for families of Offenders, SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, and inmate interviews it is determined that Jim Rudd Unit meets the mandates of this standard. Information

flyers are located in the offender's visiting room, on the posters in offender's housing, on website, and in PREA pamphlets. Jim Rudd Unit has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. Interviews with the Senior Warden, and Unit Safe Prisons/PREA Manager, and a review of the Agency's Website confirmed the agency has established a Webpage that gives a link to process a third-party report of sexual abuse and sexual harassment. A review of this Webpage was conducted by the auditor.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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 person's 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: AD-16.20, Report of Incidents and Crimes to OIG; (CMHC) Correctional Managed Health Care; Safe Prisons PREA Plan; PD-29, Sexual Misconduct of Offenders; SPPOM 05.01 Sexual Abuse Response and Investigation, CMHC 35.2 Mental Health Evaluation, Interviews with Random Staff, Investigative Staff, Unit Safe Prisons/PREA Manager, and Senior Warden it is determined Jim Rudd Unit meets the mandate of this standard. Policy require all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. Medical staff is required to report sexual abuse and harassment. Offenders are provided with information on how to report allegations of sexual abuse and/or sexual harassment upon their arrival during the intake process. Random staff was also knowledgeable of their responsibility to report and document all allegations immediately to their supervisor, ranking security supervisor or Senior Warden. Staff interviewed also confirmed methods of reporting the allegations sexual abuse and/or sexual harassment privately and not sharing information reported with those who have no need to know. Medical staff informs the inmates of their duty to report and limits to confidentiality during the initial medical screening process.

Although, Jim Rudd Unit does not house offenders under the age of 18, TDCJ Policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews with three investigative staff, and Senior Warden confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the designated facility investigators and/or the Office of Inspector General.

## Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of AD 02.15 Operation of the OEAC and Reporting Procedures for Serious or Unusual Incidents, SPPOM Sexual Abuse Response and Investigation, SPPOM 05.03 Time Frames; AD-16.20, Report Incidents/Crimes to OIG; and Interviews with Random Staff, Supervisory Staff, Investigative Staff, and Senior Warden, it is determined that Jim Rudd Unit meets the mandates of this standard. Policies and procedures are in place to ensure when the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, staff takes immediate action to protect the offender. Interviews with random staff confirmed upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse, the offender would be immediately remove from the area of potential threat. Each case is evaluated by the facility and investigative staff based upon the nature of the report to ensure the safety of the offenders. Precautionary measures may include increased supervisory rounds as appropriate and/or offender at risk or potential predator may be moved to another housing unit. If no other options are available temporarily protective custody until other steps can be taken may be considered, the offender may be transferred to one of the other many TDCJ facilities. There were no offenders identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at Jim Rudd Unit.

## Standard 115.63: Reporting to other confinement facilities

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 05.01 Sexual Abuse Response and Investigation, SPPOM 05.05 Completing the Offender Protection Investigation, AD-16.20, Report of Incidents/Crimes to OIG; PREA Plan; Investigative files; Interviews with Senior Warden and Investigative Staff it was determined Jim Rudd Unit meets the mandates of this standard. Jim Rudd Unit has policies and procedures in place to ensure where upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification shall occur as soon as possible, but no later than 72 hours upon becoming aware. The facility in which the allegation of sexual abuse and/or sexual harassment occurred is responsible for ensuring the allegation is investigated in accordance with these

standards. Jim Rudd Unit did not receive any notifications to or from other correctional facilities regarding allegations of sexual abuse or sexual harassment during the past 12 months.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of: AD 16.03 Evidence Handling, SPPOM 05.01 Sexual Abuse, Response and Investigation; OIG OPM-04.05 Offender Sexual Assault Investigation; PREA Plan; Interviews with Random Staff, Unit Safe Prisons/PREA Manager, and Specialized Staff; and TDCJ Lesson Plan, First Responder it was determined that Jim Rudd Unit meets the mandate of this standard. Policies and procedures are in place and interviews confirmed that staffs were knowledgeable of the first responder to take upon learning of an allegation that an inmate was sexually abused.

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. A review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard as a priority, and all staff are well knowledgeable of their responsibilities in preparation to serve as a first responder per the requirements of this standard. No staff has served as first responder to an incident of allegations of sexual abuse reported as none has been reported since the last PREA audit in April 2015.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: PREA Plan; SPPOM; SPPOM 05.01 Sexual Abuse response and Investigation; Interviews with Senior Warden, Unit Safe Prisons/PREA Manager, Random Staff, and Specialized Staff it was determined that Jim Rudd Unit meets the mandates of this standard. Policies and procedures ensure the facility has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between Administrative Staff; security staff, the Office of the Inspector General, medical and mental health services and victim advocates or victim offender representatives.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

TDCJ to include Jim Rudd Unit is not responsible for collective bargaining on the agency's behalf. Texas is a "right to work state" and does not have collective bargaining that would interfere with the preservation of the agency's ability to protect inmates from contact with abusers.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: PD-22, General Rules of Conduct; Disciplinary Action Guide for Employees; PD29, Sexual Misconduct of Offenders; PD-31; PD-13; SPPOM 05.08 90 DAY Monitoring for Retaliation, SPPOM 02.04 Intervention Practices, Interviews with Unit Safe Prisons/PREA Manager, and Senior Warden,, it was determined Jim Rudd Unit meets the mandates of this standard. Jim Rudd Unit has policies and procedures in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. Jim Rudd Unit has assigned the Unit Safe Prisons/PREA Manager as the Retaliation Monitor for offenders and the Senior Warden has assigned himself to monitor staff retaliation.

Interviews with the Unit Safe Prisons/PREA Manager and Senior Warden, confirmed offenders and staff are protected from retaliation from sexual abuse or sexual harassment allegations. The retaliation monitors conduct individual meeting with those being monitored at a minimum of 30 days intervals for 90 days and longer if needed. Each confirmed all requirements of are met. There was no staff that reported allegations of sexual abuse and/or sexual harassment. One offender reported an allegation of sexual harassment and was released from TDCJ custody prior to a period of retaliation monitoring.

Any staff found to perform and/or participate in any form of retaliation would be held accountable for such actions to include disciplinary actions.

The facility shall monitor the conduct or treatment of offenders and staff who report sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by other offenders or staff for at least 90 days following a report of sexual abuse. If the initial monitoring indicates a continuing need for retaliation is necessary, it will continue.

Jim Rudd Unit has policy and procedures in place ensuring the agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

## **Standard 115.68: Post-allegation protective custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: AD 03.50 Administrative Segregation, AD 04.63 Transient Status Offenders, Administrative Segregation Plan, Administrative Segregation Committee Review Decisions, PREA Plan; Interview with Senior Warden, it is determined Jim Rudd Unit meets the mandate of this standard. Jim Rudd has policies and procedures in place to ensure any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interviews with the Senior Warden confirmed Jim Rudd Unit does not segregation as a means to protect an offender who has alleged to have suffered sexual abuse. Alternative means of separation is always available due to the amount of facilities available in the TDCJ and having the option to do inter-state transit if needed. It was reported that there has not been any offenders placed in segregation housing for PREA. There were no offenders in segregated housing who is alleged to have suffered sexual abuse or who have been in segregated housing at Jim Rudd Unit to interview.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: AD 16.20 Reporting Incidents Crimes to the Office of the Inspector General, Safe Prisons PREA Plan, CTSD Specialized Investigation Training, OIG LP3201 Sexual Assault Investigations, OIG OPM-02.15 Training Procedures, OIG OPM-04.05 Offender Sexual Assault Investigations, OIG OPM-05.10 Property and Evidence Control, AD 02.15 Operation of the EAC & Reporting Procedures for Serious or Unusual Incidents, PD 29 and Addendum (Sexual Misconduct with Offenders); AD-16.03 Evidence Handling; SPPOM; Interviews with Two Staff Investigators, One OIG Investigator, and Investigative files it was determined Jim Rudd Unit meets the mandate of this standard.

Neither TDCJ, OIG, nor Jim Rudd Unit require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

An interview with an OIG Investigator confirmed criminal investigations are documented. He confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution.

Jim Rudd Unit retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per OIG 04.05 Offender Sexual Assault Investigations, the Records Department must maintain these records for at least ten years. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation of the alleged incident. The TDCJ is responsible for all administrative investigations and criminal investigations are the responsibility of OIG. All investigations follow TDCJ policies and the requirements of this Standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: PREA Plan; SPPOM; CTSD Special Investigator Training; Interviews with Two Facility Staff Investigators and One OIG Investigator, it was determined Jim Rudd Unit meets the mandate of this standard. Policies and procedures are in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The "preponderance of the evidence" means that more than 50% of the evidence supports the allegation which is determined during administrative investigations. An interview with the OIG Investigator confirmed criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt. The OIG Investigator confirmed he also conduct administrative investigations depending on the circumstances of the case.

## **Standard 115.73: Reporting to inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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In accordance with the review of: Safe Prisons Plan, SPPOM 05.05 Attachments J & M, SPPOM 95.11 Attachment F, Staff-on-Offender Sexual Abuse Investigation, SPPOM 05.10 Reporting Sexual Abuse

Criminal Case Status to Offenders; Interviews with Senior Warden, and Investigative Staff it was determined Jim Rudd Unit meets the mandate of this standard. Policies and procedures are in place to ensure that following an investigation into an offender's allegation he suffered sexual abuse in an agency facility; staff informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the agency in which the offender is assigned at the completion of the investigation did not complete the investigation, that agency shall request the relevant information from the agency that conducted the investigation to inform the inmate. The agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Interviews with the Senior Warden, Unit Safe Prisons/PREA Manager, and Investigative staff confirms staffs are aware of the standard requirements. There have been no reports of sexual abuse reported at Jim Rudd Unit since the last PREA audit April 2015.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: PD-22, Disciplinary Action Guide for Employees; PD-29, Sexual Misconduct with Offenders; SPPOM 05.05 Attachment J Offender Protection Investigation; and Interviews with Senior Warden, HR Staff, and Investigative Staff, it was determined Jim Rudd Unit meets the mandate of this standard. Jim Rudd Unit has policies and procedures to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, and resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. According to interviews with the Senior Warden, investigative staff and Human Resource Manager, Jim Rudd Unit has not had an employee terminated or discipline due to an incident of sexual harassment or sexual misconduct.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: Volunteer Service Plan; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Training Facilitators Guide; PD-29, Sexual Misconduct of Offenders; Safe Prisons PREA Plan; and interviews with two religious services volunteers and three contractors, it was determined Jim Rudd Unit meets the mandate of this standard. Jim Rudd Unit has policies and procedures in place to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Those interviewed acknowledged receiving PREA training and was knowledgeable of PREA standards and their results for violation of this standard. Jim Rudd Unit has had no contractors or volunteers alleged to have engaged in sexual abuse or sexual harassment allegation or reported to law enforcement for such actions.

### Standard 115.78: Disciplinary sanctions for inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

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

### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of: GR-106 Disciplinary Rules and Procedures for Offenders, CMCH E35.1 Mental Health Appraisal for Incoming Offenders, Safe Prisons PREA Plan, SOTP 01.01 Overview of the Sex Offender Treatment Program PREA Plan; TDCJ Disciplinary Rules and Procedures for Offenders; Offender Orientation Handbook; PD-29, Sexual Misconduct with Offenders; and Interview with Senior Warden it is determined Jim Rudd Unit meets the mandate of this standard. Jim Rudd Unit has policies and procedures in place to ensure inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.

The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed. Sanctions shall not be imposed on an offender who made a report of sexual abuse 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.

Jim Rudd Unit has not had any administrative or criminal findings of offender-on-offender sexual abuse within the past 12 months.

## MEDICAL AND MENTAL CARE

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

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

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

##### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: CMHC E35.2 Mental Health Evaluation, CMHC G57.1 Sexual Assault/Sexual Abuse, SPPOM 03.01 Attachment E Offender Assessment Screening, CMHC A-09.01 Privacy of Care, CMHC H61.1 Confidentiality and Release of Protected Health Information, CMHC I70.1 Informed Consent, CPOM 02.05 Requirement to Contact Department of Family Protective Services,

PREA Plan; TDCJ Intake Procedures Manual; Interviews with Intake Staff, Staff responsible for risk screening; and Medical and Mental Health Staff, it was determined Jim Rudd Unit meets the mandates of this standard. Staff responsible for risk screening confirmed if a screening indicates that if an inmate previously was a victim, he is referred to medical and mental health and seen within 14 days of the assessment.

TDCJ has policies and procedures in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. 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.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of Corrections Managed Health Care Manual CMHC A 01.01 Access to Care, I-214 Referral to Mental Health Services, CMHC G-57.1 Sexual Assault/Sexual Abuse, Safe Prisons PREA Operations Manual SPPOM; and Interviews with the Senior Warden, PREA Compliance Manager, mental health and medical staff, it was determined Jim Rudd Unit meets the mandates of this standard. Policies and procedures are in place to ensure compliance of allowing inmates access to emergency medical and mental health services. Policy outlines procedures staff are required to implement in providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgment. The inmate will be provided minor first aid by qualified medical staff at the agency in a manner that would not compromise the forensic examination.

All security and non-security staff have received first responder training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners if no medical and mental health practitioner is on duty. Medical staff hours of work are 5:00 a.m. until 5:00 p.m. seven days a week. In the event no medical staff is on duty upon staff being advised of the sexual abuse, the inmate will be immediately transported one of the available hospitals for medical treatment. The inmate victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis within a timely manner in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident.

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.83 (a)

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: Safe Prison/PREA Plan, Corrections Managed Health Care Manual CMHC G 57.1 Sexual Assault/Sexual Abuse, SPPOM 05.01 Sexual Abuse Response and Investigation, CMHC E 32.1 Receiving, Transfer and Continuity of Care Screening, CMHC E 44.1 Continuity of Care; and Interviews with Senior Warden, Unit Safe Prisons/PREA Manager; Mental Health and Medical Staff, it was determined that Jim Rudd Unit meets the mandates of this standard. Jim Rudd Unit and has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. Interviews with the Unit Safe Prisons/PREA Manager, mental health, and medical staff confirmed that the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Medical and mental health services offered by the Jim Rudd Unit are consistent with the care level offered in the local community. Victims who report allegations of sexual abuse will be provided with medical and mental health services consistent with the community level care. The inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at Jim Rudd Unit will be without cost to the victims. TDCJ policies required this includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident. Jim Rudd Unit does not house female inmates.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: the Safe Prisons/PREA Plan, AD 02.15 Operation of the EAC and Reporting Procedures, SPPOM-08.01 Monthly Safe Prisons PREA Report, AD-02.01, Administrative Review/Investigation, and Interview with Senior Warden, it was determined that Jim Rudd Unit has policies and procedures in place to ensure the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has been substantiated, unless the allegation has been determined to be unfounded. There were no sexual abuse allegations that required an incident review team in the last 12 months.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

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

#### **115.87 (d)**

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

#### **115.87 (e)**

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

#### **115.87 (f)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of: AD 02.15 Operation of the EAC and Reporting Procedures, OIG OPM 04.05 Offender Sexual Assault Investigations, Safe Prison PREA Plan, Safe Prisons PREA Operations Manual, SPPOM; and Survey of Sexual Violence (SSV) 2016 the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed documentation of the standardized instrument with the set of definitions utilized.

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

The Department of Justice Report revealed that the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30<sup>th</sup> of each year. Calendar year reports were provided to the auditor for review.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 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*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with the review of: 2016 Safe Prisons Program Annual Report, Safe Prisons PREA Plan, Texas Government Code 501, BP 02.09 PREA Ombudsman Policy Statement, PREA Ombudsman Safe Prisons Program Annual Report, and interviews with the Senior Warden and PREA Compliance Manager it was determined Jim Rudd Unit meets the mandate of this standard. TDCJ has policies and

procedures in place to ensure the agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1) Identifying problem areas; 2) Taking correction action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

An Annual Report is compiled by the joining efforts of the Office of the Inspector, PREA Ombudsman, and Safe Prison/PREA Office. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly, and annually as well. All the data is integrated and reviewed for usefulness. It is reviewed by agency leadership and Safe Prisons/PREA Managers Office.

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

A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website.

The TDCJ PREA Ombudsman Safe Prisons Report is posted on the Agency's website and available for review at <http://www.tdcj.state.tx.us/publications/index>

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of The Safe Prisons/PREA Plan; Interview with Agency-wide PREA Coordinator; Review of TDCJ PREA Annual Report; Executive Directive, ED.02-29 (rev.1) TDCJ Records Retention Schedule; Agency website, Jim Rudd Unit meets the mandate of this standard. The Agency is required to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The auditor reviewed the 2017 Safe Prisons/PREA Annual Report on the Agency's website which is accessible to the public. Prior to publishing the annual report, all personal identifiers are removed.

An interview with the Agency-wide PREA Coordinator confirmed the Safe Prisons/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete information. Mainframe data reported through the Emergency Action Center is stored on a server. Employees must have a user account to access the EAC system. There is a 2nd level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator. The annual report is posted on the agency website. The agency's records retention schedule is followed for all Safe Prisons/ PREA documents. The retention schedule for these documents is Death / Discharge plus ten (10) years. Offender Classification files retention time period is thirty (30) years. Some OIG files are permanent records.

## AUDITING AND CORRECTIVE ACTION

## Standard 115.401: Frequency and scope of audits

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 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*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Texas Department of Criminal Justice did not complete a PREA Audit on all of their institutions within the first cycle as required by the standard. However the Agency currently had an audit conducted on all of their facilities. The initial audits did not start until 2014. However, the TDCJ Agency has followed the Safe Prisons Plan since during the early years of 2000, and is the second cycle of completing PREA audits within the Agency.

## **Standard 115.403: Audit contents and findings**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Agency places completed audit reports on the Agency web site as required by the standard. The Agency has provided these documents since 2014 and continues to post them within 90 days of the PREA report being provided by the auditor. The auditor observed on the agency's website of all Final PREA Audit Reports. The TDCJ website PREA Ombudsman [http://tdcj.state.tx.us/tbcj/tbcj\\_prea.html](http://tdcj.state.tx.us/tbcj/tbcj_prea.html) revealed the agency began posting agency PREA Reports in 2014. There were 47 facilities audited in 2017, 42 facilities audited in 2016, 31 facilities audited in 2015, and 15 facilities audited in 2014. The most recent audit appearing on the website was March 23, 2018, well within the 90-day requirement.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

*Debra D. Dawson*

*June 3, 2018*

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.