

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

Interim Final

Date of Report February 26, 2018

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: Click or tap here to enter text.	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-3980	Date of Facility Visit: February 7-9, 2018

Agency Information

Name of Agency: Texas Department of Criminal Justice		Governing Authority or Parent Agency (If Applicable): State	
Physical Address: 861-B I-45 North,		City, State, Zip: Huntsville, Texas, 77320	
Mailing Address: P.O. Box 99		City, State, Zip: Huntsville, Texas, 77342	
Telephone: 936-295-6371		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private 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 public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.

Agency Website with PREA Information: <https://www.tdcj.texas.gov/publications/index.html#PREA>

Agency Chief Executive Officer

Name: Bryan Collier	Title: Executive Director
Email: Bryan.Collier@tdcj.texas.gov	Telephone: 936-437-2101

Agency-Wide PREA Coordinator

Name: Lorie Davis	Title: Director, Correctional Institutions Division
Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170
PREA Coordinator Reports to: Executive Director	Number of Compliance Managers who report to the PREA Coordinator 91

Facility Information

Name of Facility: Walker Sayle Unit- Substance Abuse Felony Punishment Facility

Physical Address Address 4176 FM 1800 Breckenridge, TX 76424

Telephone Number: (254) 559-1581

The Facility Is:

<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

Facility Type: Jail Prison

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

Facility Website with PREA Information <https://www.tdcj.texas.gov/publications/index.html#PREA>

Warden/Superintendent

Name: Evelyn Castro **Title:** Senior Warden

Email Evelyn.Castro @tdcj.texas.gov **Telephone:** (254) 559-1581 ext. 6100

Facility PREA Compliance Manager

Name: Linda Hanlon **Title:** Unit Safe Prisons PREA Manager

Email Linda.Hanlon @tdcj.texas.gov **Telephone:** (254) 559-1581 ext. 6321

Facility Health Service Administrator

Name: Tammy Berkley **Title:** Senior Health Care Administrator

Email: TammyBerkley@utmb.edu **Telephone:** 903/928-2211 ext.1134

Facility Characteristics
914

Designated Facility Capacity: 632 **Current Population of Facility:** 549

Number of inmates admitted to facility during the past 12 months 1236

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 1132

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 1234

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:** 18-69

Are youthful inmates housed separately from the adult population? Yes No NA

Number of youthful inmates housed at this facility during the past 12 months:	0.
Average length of stay or time under supervision:	6 months
Facility security level/inmate custody levels:	FT
Number of staff currently employed by the facility who may have contact with inmates:	135
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Physical Plant	
Number of Buildings: 14	Number of Single Cell Housing Units: 1
Number of Multiple Occupancy Cell Housing Units:	1
Number of Open Bay/Dorm Housing Units:	3
Number of Segregation Cells (Administrative and Disciplinary):	8
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.):	
Medical	
Type of Medical Facility:	Ambulatory medical and dental services. Telemedicine Services available. All services on a single level.
Forensic sexual assault medical exams are conducted at:	
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Contractors-41 Volunteers - 54
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	138- OIG and 15 Administrative

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.

Thomas Eisenschmidt, United States Department of Justice Certified PREA Auditor for adult facilities, conducted the Prison Rape Elimination Act on-site audit at the Walker Sayle Substance Abuse Felony Punishment Facility, Breckenridge Texas February 7-9, 2018. This was the second PREA audit for the Sayle Unit. The facility had a successful PREA audit conducted in February 2015. The auditor wishes to extend his deepest appreciation to Warden Evelyn Castro and the staff at the Sayle Unit for their professionalism, hospitality, and kindness. The auditor also wants to compliment Linda Hanlon, Safe Prisons PREA Manager at the Unit for her commitment to PREA and the hard work provided to the auditor prior, during and after the on-site audit. This assisted the audit and the auditor to move forward very efficiently.

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 on site audit of the Sayle Unit began with an entrance meeting conducted on Wednesday, February 7, 2018 at 11:00 a.m. in the Facility Visiting Room. The following staff attended the entrance meeting: Warden Evelyn Castro, Major Raleigh Breeden, Captain Deborah Plunk, Tammy Berkley, RN, Linda Hanlon, SPPM, Sergeant Leslie Buscemi, Regional SPPM. The auditor briefed those in attendance about PREA and discussed the audit process that would occur over the three days.

Because this audit was part of an ACA audit the auditor toured the facility February 5-7, 2018 as a member of that audit team. While touring the Unit auditor observed the notices announcing the dates of this PREA audit posted in

all the buildings including each of the housing units. Also observed were posters that called attention to the agency's Zero Tolerance Policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, offender program areas, work areas, and all other areas were toured. While touring offenders and staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities. Those interviewed during the tour acknowledged receiving training/information for reporting sexual abuse, sexual harassment, and/or retaliation for reporting either on their arrival at the facility.

The auditor conducted interviews over the two days. Prior to the on-site visit the facility supplied a list of offender names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to the auditor. From these lists the chair selected at random sampling of offenders and staff to be interviewed. It was from these lists the chair also selected the targeted and random individuals to be interviewed. These random staff and offender interviews were conducted in a private setting.

A total of 42 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 13 randomly selected correctional security staff members covering all shifts, 2 volunteers, 3 contract employees, 3 intermediate or higher level supervisors, 21 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at the Sayle Unit is trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations. Non-security staff questioned knew that once the offender was secured their next responsibility was to immediately contact a security staff member.

There were 40 offender interviews conducted during the on-site visit by the auditor. Twenty eight (28) offenders were randomly selected and twelve (12) were targeted. The targeted group consisted of ten (10) acknowledging prior victimization and two (2) from the LGBTI community. Each of the offenders interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during intake. During interviews with the offenders that had self-reported as being gay and transgender stated that staff treated them equitably before and after self-reporting and had never placed them in any housing specifically designated for any group. The transgender offenders also indicated that prior to assigning them bed, work or education assignments they were asked if they had any concerns needing addressing prior. They are also allowed to shower separately.

The auditor carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files that are maintained at the institution. The Sayle personnel files were very well organized. The main personnel files for each employee are kept in Huntsville, Texas. New hires and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor viewed the signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received.

During this visit the auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed.

Both investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy.

There were two (2) PREA cases initiated at the Sayle Unit during the last twelve months. Both of these allegations alleged sexual abuse. There were no sexual harassment allegations. The two sexual abuse allegations include one (1) against staff and one (1) against another offender. Both allegations were substantiated. Neither of the cases were determined to be criminal by the Office of the Inspector General and was handled by the facility.

All administrative investigation must be completed within 72 hours and may be extended one time for another 72 hours longer. Findings at the facility during administrative investigations can differ from the OIG investigations if they (OIG) are waiting on forensic lab results.

The Sayle Unit had no allegations alleged to have occurred at the Sayle Unit investigated by other facilities. The Sayle Unit also conducted no allegation made to them alleged to have occurred at another facility. Had either situation existed both facilities would have, by policy, notified the Warden within 24 hours of becoming aware of it.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.texas.gov/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. The following people were in attendance: Warden Evelyn Castro, Major Raleigh Breeden, Captain Deborah Plunk, Tammy Berkley, RN, Linda Hanlon, SPPM, Sergeant Leslie Buscemi, Regional SPPM. 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 Facility of their requirement 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 Walker Sayle Substance Abuse Felony Punishment Facility (SAFPF) opened in August in 1994 and is located on 4176 FM 1800 in Breckenridge, Stephens County, Texas. The 402 acre unit is located approximately 50 miles east of Abilene. This facility houses up to 632 Substance Abuse Probationers from various counties in Texas. Offenders are brought into the facility directly from County Jails and through the Byrd Unit.

The Sayle Facility is a Therapeutic Community Treatment setting intended to rehabilitate substance abusers and return them to become an integral and successful part of society. Upon completion of the treatment program, the offenders are released to a Transitional Treatment Center for a ninety-day period.

There are nine buildings located within a single fenced compound topped with razor wire. The site plan consists of a central walk surrounded by unit buildings. A mobile patrol officer, who provides 24 hour armed supervision, maintains perimeter security. There are two perimeter sally ports, one being located in the Administration Building on the East side of the compound (the main entrance) and the other being at the Back Gate on the North side of the compound (transports and deliveries). High mast vapor lights light the facility. The living areas for offenders include three dormitory housing buildings each containing three dormitories, two eight-bed holding dorms and two eight-bed Faith-Based Dorms. The Sayle Unit also has an 8-cell separation unit for a total maximum capacity for the unit is 632.

Facility Demographics

Rated Capacity: 632
Actual Population: 611
Average Daily Population for the last 12 months: 476
Average Length of Stay: 6 months
Security/Custody Level: Minimum
Age Range of Offenders: 18-69
Gender: Male
Full-Time Staff: 192
31 Administrative & Support, 35 Program, 31 Security, 10 Other

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: 4

Number of Standards Met: 39

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

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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.

The Sayle Unit follows the Agency comprehensive zero tolerance policy. This document outlines the approach to preventing, detecting, and responding to sexual abuse and sexual harassment that must be followed by both this facility and all Department staff. This policy, (Safe Prison PREA Plan), defines for staff and offenders' all specific prohibited acts, staff reporting responsibilities and obligations, investigative responsibilities, risk assessment process and procedures, support responsibilities and the punishment for any violations of the plan.

Barbara King, certified PREA auditor, interviewed Lorie Davis as the Agency Head designee. She is also the agency wide Safe Prisons PREA Coordinator for TDCJ. During her interview she described how the Director has committed the Agency to provide a safe environment for staff and offenders by insuring the PREA standards remain a top priority. She informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

Ms. Davis 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-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of the state facilities. The interview conducted with the PREA Coordinator confirmed she had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA Standards. Her position is found on the Agency organizational chart, reporting directly to the Director.

Linda Hanlon is the Sayle Unit Safe Prison PREA Manager. She has been performing the duties of this position for approximately two years. She informed this auditor during her interview that she had more than enough time to adequately perform her PREA related work at the institution. She reports directly to Senior Warden Castro as well as the Regional PREA Manager Sergeant Leslie Buscemi should she have any issues, questions or suggestions relating to PREA. During the staff and offender interviews they were aware of who Ms. Hanlon was and that as the Safe Prisons person she is the point of contact for any questions, concerns, reporting or information relating to PREA at the Unit.

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.) X 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".) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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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Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for TDCJ and the individual who supervises the employee contract monitor at each contract facility and oversee the eleven private prisons within the Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified PREA auditor.

The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that each of the Agency contracted facilities is PREA compliant and following TDCJ Policies and Procedures. The agency has included in all contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided to the vendor. The contract monitor would continue to monitor the concerns until compliance is met. All 11 private facilities under contract with TDCJ have completed their initial PREA Compliance Audit and are being scheduled for audits during the new cycle.

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? X 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? X 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? X 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? X 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? X 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? X 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? X 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? X 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.)
X 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? X 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? X 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? X 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? X Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? X 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? X 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 Sayle Unit, as well as every facility within the Texas Department of Criminal Justice (TDCJ), is mandated to develop and maintain an institutional specific staffing plan. The Security Operations Program Manual (SOPM 8.06) requires that the institutional staffing plan provide for adequate levels of staff and video monitoring (when available), to protect all offenders against any form of abuse.

Senior Warden Castro indicated that she is required to follow her staffing plan and must fill all positions at the Sayle Unit. All deviations from her approved facility staffing plan must be immediately reported to her so that she can notify her Regional Director informing the reason for the post being closed and obtaining approval to close the post. The two major causes for deviations from this approved plan are constant direct supervision and hospital duty. The auditor was provided documentation of the closed post notifications to the Regional Director.

The staff plan is reviewed annually typically in the Spring/Summer of each year. The reviews are completed by the Senior Warden, the Safe Prison PREA Manager and the Regional Directors Office taking into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices and all components of the facility's physical plant including "blind-spots" or areas where staff or inmates may be isolated. The reviews conducted in 2015, 2016 and 2017 were looked over by the auditor prior to the site visit and discussed with the Senior Warden and Safe Prisons PREA Manager during their interviews.

All upper level management staff and supervisors at the Sayle Unit are required to make unannounced rounds by policy. The shift supervisor rounds must be documented on the daily shift reports (rosters) and in each of the housing unit logbooks. Interviews conducted with officers, offenders and mid-level supervisors confirmed that unannounced rounds are completed at random times and random locations on each shift. They also informed the auditor that TDCJ has a policy that prohibits staff from notifying other staff about supervisor rounds and they are reminded at turn out that violations to this directive could lead to disciplinary sanctions.

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 Sayle Unit complies with the standard to the extent that there are no youthful offenders ever housed at the the facility. This an an adut male facility.

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?
X 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 X 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 NA

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

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 Sayle Unit is an adult male Drug Treatment Facility, which is required to follow Administrative Directive (AD) 03.22, (Offender Searches). The policy details when, how and by whom searches may be performed on offenders by staff. It clearly restricts cross gender strip searches or cavity searches of male offenders by female staff except in exigent circumstances. The search must be approved and documented if performed. There were no cross gender strip searches conducted by female staff upon any male offender during the last 36 months.

Security staffs that were questioned during on site interviews indicated their awareness of this policy restriction on strip-searching and indicated it is part of the training information they receive. They further indicated that their training also includes information on the prohibition of strip-searching a transgender and/or intersex offender for the sole purpose of determining genitalia.

Training records are maintained in the Personnel Office at the institution and the auditor reviewed them for years 2015, 2016 and 2017. The documentation and curriculum included information on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. The security staff that participated in the random interviews during the site visit also confirmed this training.

The auditor toured the Sayle Unit spending a significant amount of time in all the living areas. The auditor witnessed females announcing their presence upon entering the male offender living areas. Offenders also confirmed this during random and targeted interviews conducted during the site visit.

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? X 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? X 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? X 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? X 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? X 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)? X Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X 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? X 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? X 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? X 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? X 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? X Yes No

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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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Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services) requires the Walker Sayle to take appropriate steps to ensure offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

There were no offenders who were blind, deaf, limited English or learning-disabled for the auditor to interview at

the time of the site visit. Unit staff did point out that for offenders with any hearing impairment, are provided the PREA video presentation in writing if necessary. The Unit also maintains a list of staff (local and statewide) that can provide interpretive service, including sign language, to the institution offenders if needed.

Every offender arriving at the Sayle Unit receives a facility orientation booklet, available in Spanish and English. It provides every offender an overview of the agency/facility rules and provides general information that includes an overview of the agency zero tolerance policy. It also alerts the offender on how and whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting it.

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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All hiring and approval to allow staff, contractors and volunteer's entrance into the Sayle Unit is accomplished through the Central Office (Human Resources Headquarters) in Huntsville, Texas. Human Resources employees both at Huntsville and the Sayle follow guidelines mandated in policies 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 whenever announcing, hiring and promoting anyone. 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.

There were six (6) new employees hired at the Sayle Unit during the last twelve months. Criminal background checks were performed on each of them prior to the facility receiving permission allowing them entrance regardless if he/she has contact with any offender or not.

A State Identification Number (SID) is created for every employee and contractor working at this Unit. Each Sayle unit employee and contractor are also fingerprinted. A system checks daily to ensure all SIDs are entered in the system and it provides warrant checks every six months on each employee. These checks are performed on every State employee in Huntsville, Texas. The check is generated in the month of their birth and then again six months after. The system also provides an automatic electronic notification to the agency when any criminal charge(s) is brought against an employee or contractor. Employee background checks are currently up to date at the Sayle Unit.

In addition, the Safe Prisons PREA Plan and Standards of Employee Conduct requires that every employee 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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There has been no substantial expansion at the Sayle Unit during the last three years. There are no video

cameras located anywhere at the unit either.

If a decision would be made to add cameras the facility would be required to follow the Security Operations Program Manual (SOPM), 7.02 (Security Surveillance Systems). This policy directs the process each facility must follow when adding or upgrading video cameras at any TDCJ facility. At a minimum the facility must include the Safe Prison PREA Manager when determining camera placements. The facility must also take into consideration a review of any prior incident locations when assessing new locations.

Warden Castro confirmed during her interview with the auditor that the Safe Prison PREA Manager would have a prominent role in the placement process for any video equipment at the Sayle Unit.

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.)
x 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.) x Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

- 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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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.

Investigations (criminal and/or administrative) conducted at the Sayle Unit must comply with the Safe Prisons PREA Plan and OIG policy 4.05 (Offender Sexual Assault Investigations). The investigative requirements of these policies stipulate that each and every investigation must adhere to the investigative and evidence protocols 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.

The auditor interviewed two investigators while on site (1-Criminal and 1- Administrative). Each of them detailed the training they received and informed the auditor that they must follow uniform evidence protocols that maximizes the potential for obtaining usable physical evidence for criminal prosecutions as required by policy.

The auditor reviewed Investigative training each received and found the curriculum based on the National Institute of Corrections (NIC), " PREA: Investigating Sexual Abuse in Confinement Settings" curriculum. This mandated Investigator training was verified for each of the 15 Administrative Investigators in each of their training records reviewed in the Human Resources office during the records review portion of the audit.

The Office of the Inspector General (OIG) is required by law to conduct criminal investigations within the prisons of the Texas Department of Criminal Justice. Texas Government Code 493 is the State Statute that authorizes this. Investigator Angela Greer, from the OIG, detailed to the auditor the training she received including interviewing offenders in confined spaces.

Hendricks Memorial Hospital in Abilene, Texas is the primary local community hospital utilized by the Sayle Unit for forensic examinations if needed by any offender. Section 323.004 of Senate Bill 1191 requires these forensic exams be conducted by a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) whenever possible. If a SAFE or SANE nurse is not available, a qualified medical practitioner must perform the examination. There were no offenders sent out for a forensic exam within the last 12 months.

Most TDCJ facilities' are located small rural towns with very limited public support services. The Walker Sayle Unit is no exception. The facility has tried unsuccessfully to solicit a community rape crisis center in order to provide victim advocacy service to their offenders. The facility provided documentation of their efforts to the auditor. They continue to try, at a minimum of every year, to secure the services of a rape crisis center. The Unit does have trained Offender Victim Staff Representatives who provide support to victims of sexual abuse when needed. The auditor interviewed both of these staff advocates and verified the training each staff advocates receives. The auditor was informed that this one time training included among other things the forensic exam process. The auditor was informed that this staff advocate could and would accompany and support the victim

through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary as outlined in the Safe Prisons PREA Plan.

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

- 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 Safe Prisons PREA Plan and the Office of the Inspector General policy 4.05 requires all institutions within TDCJ, including the Walker Sayle Unit, to conduct an investigation (administrative and or criminal) on every allegation of sexual abuse or sexual harassment alleged to have occurred in one of their institutions. As noted earlier in standard #115.21 the Office of the Inspector General, a separate agency from TDCJ, is given the legal authority to conduct criminal investigations within every Texas prison by Texas Government Code 493.

The auditor conducted interviews with the OIG Investigator and one of the facilities Administrative Investigators. Both of these individuals confirmed that an investigation is initiated and completed on all allegations of sexual abuse or sexual harassment, regardless of how the allegation was made or received (written, verbal, anonymous or third party). An administrative investigation is conducted on every allegation made even if the office of Inspector General conducts a criminal investigation or not.

There were two (2) PREA cases initiated at the Sayle Unit during the last twelve months. Both of these allegations alleged sexual abuse. There were no sexual harassment allegations. The two sexual abuse allegations include

one (1) against staff and one (1) against another offender. Both allegations were substantiated. Neither of the cases was determined to be criminal by the Office of the Inspector General and was handled by the facility.

All administrative investigation must be completed within 72 hours and may be extended one time for another 72 hours longer. Findings at the facility during administrative investigations can differ from the OIG investigations if they (OIG) are waiting on forensic lab results.

The Sayle Unit had no allegations alleged to have occurred at the Sayle Unit investigated by other facilities. The Sayle Unit also conducted no allegation made to them alleged to have occurred at another facility. Had either situation existed both facilities would have, by policy, notified the Warden within 24 hours of becoming aware of it.

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

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?
x 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? x 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? x 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? x Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? x 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? x 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?
x Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? x 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? x Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
x Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The auditor reviewed Walker Sayle staff training records for 2015, 2016 and 2017. Except for anyone out on long-term absence or on military leave everyone working during those years were provided the mandated PREA training. In-service and pre-service curriculum was also reviewed and it included: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free

from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The random staff interviews that were conducted with uniform and non-uniform staff at the Sayle Unit confirmed that training included the topics described in the paragraph above and each staff member described the procedures they would follow if an offender approached them with an allegation of sexual assault. All reported that the first response would be separating the alleged victim, and then secure the area, contact their supervisor and preserve evidence from destruction. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person.

According to Senior Warden Castro she detailed the importance that training plays in providing a safe environment for offenders and staff inside the Sayle Unit. She stressed everyone (staff, volunteers and contractors) entering the Unit is well informed at pre-service, about the zero tolerance policy TDCJ has toward all forms of sexual abuse and sexual harassment.

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

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The PREA training requirement for all contractors and volunteers is found in the Safe Prisons PREA Plan. It requires all contractors and volunteers, regardless if they have contact with offenders or not, receive the zero tolerance training prior to being allowed entrance into the Unit. Each of the contractors and volunteers, by signature, acknowledge that they received this training and understood it. Any volunteers or contractors who at the facility prior to 2013 were required to attend PREA training during the 2013 training year. Interviews conducted on site with four (4) contractors/volunteers confirmed each had received the zero tolerance policy training and signed documents indicating their understanding of the policy.

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? x Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? x 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? x 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? x 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? x Yes No

115.33 (c)

- Have all inmates received such education? x 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?
X Yes No

115.33 (d)

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

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

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? x 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? x 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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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Offenders entering the intake area at the Sayle Unit are provided information about the Unit and Agency zero tolerance policy prohibiting all forms of sexual abuse and sexual harassment. Each of them is immediately issued and signs for an Offender Orientation Booklet. This booklet provides every offender information and instructions on how and to whom to report incidents or suspicions of sexual abuse and/or sexual harassment. They are informed they can make these allegations verbally, anonymously or in writing. This information found in this booklet is also provided in the PREA video each of them is mandated to see while in this area.

Offenders who are limited English proficient, deaf, visually impaired, as well as those offenders who have limited reading skills must be provided PREA information in a format that makes them aware of their rights to be free from sexual abuse and sexual harassment, their rights not to be punished for reporting it and their rights to be free from retaliation for reporting it. In every area of the Sayle Unit, that offenders have access to, are informational PREA posters in English and Spanish providing this same information.

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).) x 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).] x 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).] x 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).] x 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).] x 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).] x 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

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The Safe Prison/PREA Plan states "**Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations.**" This is also the requirement of OIG policy 4.05.

The Criminal Investigator from OIG and one of the Administrative Investigators interviewed from the Sayle Unit detailed the investigative training they received. The subject matter of part of this training included topics on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor reviewed the training records of a sampling of its administrative Investigators at the Unit and found their records reflected this training requirement.

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

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All full and part-time medical and mental health care practitioners are required to receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This requirement is found in the Safe Prison PREA Plan and Executive Directive PD-29.

The Texas Department of Criminal Justice contracts all of its' Medical and Mental Health Services through Texas Tech University Health Sciences Center. They are responsible for the delivery of all Medical and Mental Health services to offenders at the Sayle Unit and required to adhere to the training requirements as outlined in the Safe Prisons PREA Plan.

The auditor conducted interviews with medical and mental health practitioners during the Sayle Unit visit. These medical practitioners indicated that they are required to take this additional training and all of the current medical/mental staff at the facility had received it. This one time training is documented at the facility. The auditor was provided this documentation that they had received it.

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? x 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? x Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
x Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
x Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? x 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?
x 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? x 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? x 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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All offenders arriving at the Sayle Unit enter through the institution intake area. Once he has been properly identified he is issued and signs for a facility orientation pamphlet containing information on the agency zero tolerance policy on sexual abuse and sexual harassment. From this point the offender is then taken to a private office where he receives a risk assessment by the trained Safe Prison PREA Manager Linda Hanlon.

Offenders arrive at the facility typically during the week. However, by policy, should an offender arrive on a weekend or after normal business hours he waits no longer than 72 hours from the date of his arrival for this assessment. The auditor had the opportunity to observe the intake process and risk assessment during the site visit at the Unit. As noted earlier in this report each offender receives an orientation booklet and a PREA pamphlet, explaining how and to whom they can reports of sexual abuse and sexual harassment to.

The Safe Prisons PREA Manager reviews all information the facility has access to about the offender prior to assessing them. Because a majority of these offenders are received directly from the courts she and the Major looked for whatever information that may be available looking for any abusiveness or prior victimization prior to performing each assessment. While the Safe Prison PREA Manager has the offender in her office she questions him about his knowledge regarding PREA. She lets each offender know that if they should require victim support

services from outside the facility to immediately contact her. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The Safe Prisons PREA Manager also assesses if the offender is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the offender.

The Unit Classification Committee had previously performed the second risk assessment within the offenders first thirty (30) days of arrival. The agency policy was recently changed (December 2017) now requiring that the Safe Prisons PREA Manager conduct the reassessment after the offender has been at the facility for at least 15 days but prior to his 30th day.

The auditor conducted interviews with the screening staff and the staff member performing the function of the Unit Classification Committee. Each of them confirmed the Safe Prisons PREA policy is followed at the Sayle Unit ensuring that an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDCJ policies prohibit offenders being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

The auditor interviewed 40 random offenders during the site visit. All of them confirmed that they had received an initial risk assessment and a second assessment within the 30-day standard requirement. None of those offenders interviewed stated they were disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during their assessment.

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? x 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?
x 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? x Yes No

115.42 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

X 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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Administrative Directive 04.17 (Offender Housing Criteria Procedures and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions) outline the responsibilities and functions of the Sayle Unit Classification Committee when making all bed, program and work assignments. The Committee primary responsibility is keeping those offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive.

Major Breeden functions as the Chief of Unit Classification at the Unit. He indicated, during his interview, that he receives and reviews the risk assessment screening form from the Safe Prisons PREA Manager along with all pertinent documents or records of the offender prior to the offender appearance before the committee. Major Breeden stated the committee's primary goal was keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. He also stated that if a transgender or intersex offender appears at the committee they take into consideration any safety concerns voiced by them prior to making any assignments.

Housing Unit assignments are not determined by sexual identity at the Sayle Unit. Interviews with offenders identifying as gay or transgender (3 in total) indicated they were never placed on any housing unit except those designated for general population offenders.

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

Auditor Overall Compliance Determination

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

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There are no segregation, protection or administrative cells at the Sayle Unit. The facility does have eight (8) single man cells in the Treatment-Separation area of the facility to temporarily isolate offenders either before removal from the Program or re-entry back into it.

The Agency Safe Prison PREA Plan, that the Sayle Unit follows, prohibits utilizing protective custody for any offender who may be at high risk for sexual victimization unless of all available alternatives have been explored and there is no other available means to protect the offender. The plan further details that the Sayle Unit may hold an offender in involuntary segregated housing for no longer than 24 hours.

The auditor discussed this policy with Warden Castro and the eight cells in this Treatment-Separation area. Warden Castro that indicated for the previous 12 months these cells have never been utilized for the placement of any offender who was at risk of victimization. She did indicate that they could be used for that purpose if it became necessary but the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population. She further indicated that placement under those circumstances (protection) generally would result in the immediate transfer to a traditional facility.

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

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In every area of the Sayle Unit, in which offenders have access, are informational posters informing offenders of how and to whom to report sexual abuse and sexual harassment allegations for themselves or someone else. The posters provide offenders with specific individual titles and contact address information for the Unit Major, the Office of Inspector General (OIG), and the PREA Ombudsman.

The offender receives his orientation booklet and PREA pamphlet on arrival. He also views the PREA informational video upon arrival. Both sources of informational inform every offender that allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends. There is a General Information Guide for Families of Offenders booklet, available at the entrance of the Unit (where offender visitors are processed) informing family and/or friends how they can report sexual abuse/sexual harassment on behalf of the offender if necessary.

The PREA Ombudsman is an independent office, separate from the Texas Department of Criminal Justice, reporting directly to the chairman of the Texas Board of Criminal Justice. This is the private/public office offenders at the Unit may report sexual abuse and sexual harassment privately. The PREA Ombudsman office receives and immediately forwards any offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries".

Offenders interviewed at the Unit were well aware of this private way for them or their families to report sexual abuse or sexual harassment.

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

115.52 (d)

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

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) x 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.)
x 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.) x 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.)
x 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.) x 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.) x 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.) x 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.) x 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.

Offenders at the Sayle Unit are allowed to file grievance alleging sexual abuse and sexual harassment. These specific type grievances are handled as "emergency grievances" as outlined in Policy 3.77 (Offender Grievances). All such grievances impose no time limits on when the offender or family member may submit this type grievance. This policy further states that offenders may submit a grievance without submitting it to the staff member who is the subject of the complaint and without the grievance being referred to any staff member who is the subject of the complaint.

The auditor interviewed the Unit Grievance Investigator. She informed the auditor that when she receives this specific type grievance she is required to immediately notify the Warden, the Safe Prisons PREA Manager and the OIG. The grievance investigation must be completed within 5 days. At the same time the grievance office is investigating this grievance, a criminal and/or administrative PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the Grievance Coordinator, Facility Investigator, and the Investigator from the OIG.

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? X 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

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The Sayle Unit is located in a small rural area and has made unsuccessful attempts at finding a Community Victim Advocate group to provide support service to their offenders. The Unit provided the auditor with solicitation letters demonstrating they have tried to solicit services from the local outside victim advocates to provide emotional support services related to sexual abuse for their offenders.

As noted in Standard 115.41 offenders are informed upon intake that the Safe Prison PREA Manager will provide anyone needing support services the names and addresses or contact information for any Statewide and/or National Victim Advocates Groups upon request. This information about how to acquire this information is available in the PREA Pamphlet each offender is given, posted in all offender access areas as well as being published in the offender newspaper "Echo." Offenders are informed that communication with these groups will be monitored unless the correspondence is sent directly through the PREA Ombudsman as privileged correspondence.

The 40 offender interviews indicated most were aware of this outside support services and information. They were also aware that there were postings with support information on it but were sketchy about the information in the postings. Some of the random offenders also indicated to the auditor they were not aware of these support services because it did not interest them. The Sayle Unit does not hold any offender 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

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The "General Information Guides for Families of Offenders" is available, at the entrance of the Unit, to family members and friends visiting offenders. The same informational posters available in the offender access area are posted in the Visiting Room. Both of these informs families and friends of phone numbers, mailing addresses and emails addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any offender. The TDCJ agency web page also has a PREA section on the site allowing anyone to make a sexual abuse allegation on behalf of any offender through that link as well.

The 40 random offenders interviewed disclosed that they were aware that family or friends could make a sexual abuse/harassment reports on their behalf if it became necessary.

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 persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No NA

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? x Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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 Agency Safe Prisons PREA Plan mandates every staff member, volunteers and contractors to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at the Unit or alleged to have occurred on another unit.

It further requires staff to report any retaliation they become aware of against offenders or staff who reported an incident and any staff neglect or violation of duties that may have contributed to any incident or retaliation. This policy emphasis is provided in the pre-service and in-service training each of them receives. Uniform staff also receives this policy reinforcement obligation training during their daily turnout training.

The auditor interviewed random uniformed staff, non-uniformed staff, contractors and medical/mental health practitioners. All of them acknowledged their reporting requirements so an investigation can be initiated. They also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

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.

During the random staff interviews and the interview conducted with Warden Castro the auditor specifically asked each of them what action each would they take if they became aware of an offender who was at substantial risk of sexual abused. The staff all responded in the same manner. All indicated the safety of the offender at risk would be their priority concern. Their first course of action would be to seek out the offender, isolate him and notify their supervisor.

Senior Warden Castro indicated she has several tools available to her depending on the degree of vulnerability of the offender. She indicated she could move the offender, which would be her, least favorite solution. She stated she could move the individual to a different Housing Unit or she could move the source of her vulnerability.

Placement in the Treatment-Isolation area would typically never be used.

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.

The Warden at the Sayle Unit is required to notify the facility Warden about any allegation that an offender was sexually abused while confined at their facility within 72 hours of (facility) becoming aware of the allegation. This requirement is specified in the Safe Prisons PREA Plan. The Sayle Unit received no sexual abuse allegations from offenders arriving at the Unit alleged to have occurred at another TDCJ facility during the last 12 months. Also there were no reports received from other facilities, alleging sexual abuse or sexual harassment by offenders transferring from the Sayle Unit.

Linda Hanlon, Safe Prison PREA Manager and Senior Warden Castro were aware of this policy notification requirement.

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?
x 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? x 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? x 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? x 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? x 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.

If you are an employee, contractor or volunteer at the Sayle Unit you have been trained to respond to allegations of sexual abuse and sexual harassment. Depending on your function at the institution your duties are different when responding. The auditor interviewed and questioned uniform staff and non-uniform staff about the actions each would take when responding to allegations of sexual abuse or sexual harassment.

The uniform staff first responder training is more in depth and details their specific responsibilities. The interviewed uniformed staff indicated they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser. Staff even carries a small credit card sized documents outlining their responding responsibilities should it become necessary.

The non-custody staff, interviewed by the auditor, indicated that if an offender alleging sexual abuse approached them they would first secure/separate the alleged victim from the abuser. Their next step would be to contact a security person to take charge of the situation.

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

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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.

Attachment G, of the Safe Prisons PREA Plan, is a checklist ensuring and coordinating the facility efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to the allegations of sexual abuse. This is the document used by the Sayle Unit.

During the specialized staff interviews conducted with medical staff, mental health staff, investigators and multiple supervisors each confirmed their knowledge of Attachment G and their responsibilities during a response to any allegation of sexual abuse and/or sexual harassment. The auditor also verified this attachment was utilized at the time of the two (2) PREA allegations that were made during the past 12 months.

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? x 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

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Texas is a right to work state and does not have collective bargaining agreements. The agency has entered into no bargaining agreement that limits their ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation.

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? x 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? x 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? x 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? x 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? x 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? x 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? x 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? x 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

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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 Safe Prisons PREA Plan requires retaliation monitoring for all offenders and any staff member who have reported sexual abuse and/or cooperated with sexual abuse or sexual harassment investigations. The Plan further require the monitoring be documented, periodic, and continue for a minimum of 90 days. Monitoring responsibilities for both offenders and employees falls under the Unit Safe Prisons PREA Manager Linda Hanlon.

During her interview she told the auditor that all retaliation monitoring for staff and offenders is periodic and continues for at least 90 days and longer if necessary. She also indicated that while monitoring offenders she reviews offender work assignments, disciplinary reports and evaluations, bed changes and also meets with them to discuss any concerns they might have. When monitoring staff she stated she looks at the employee's work assignments, time off approvals, transfers, and evaluations.

The auditors did review the 2 cases at the Unit that were completed within the last 12 months that required monitoring and found retaliation monitoring performed in accordance with their policy. Due to the fact one offender went home and one offender transferred the monitoring was only completed for the period the offenders were at Sayle. They were however tracked while at the Unit.

There were no reported incidents of retaliation over the last 12 months.

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

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As noted in Standard 115.43 the Safe Prison PREA Plan prohibits any facility from utilizing restricted housing for the protection of any offender who has alleged to have suffered sexual abuse unless no alternative is available.

The auditor discussed this policy with Warden Castro and the eight cells in this Treatment-Separation area. Warden Castro that indicated for the previous 12 months these cells have never been utilized for the placement of any offender who was at risk of victimization. If an offender has to be placed in administrative segregation for the time it takes to conduct the Offender Protection Investigation (OPI) and no other options are available then the requirements of 115.43 would be followed. She further indicated that placement under those circumstances (protection) generally would result in an immediate transfer to a traditional facility.

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).] x 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).] x 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? x 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? x Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? x Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? x 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? x 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? x 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? X Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? x 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? x 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? x Yes No

115.71 (h)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- 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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A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. This is the requirement found in the Safe Prisons PREA Plan and the OIG policy 4.05 (Offender Sexual Assault Investigations). These two policies detail the process for the completion of sexual abuse and sexual harassment investigations conducted in every TDCJ facility.

Regardless of the circumstances of how the Sayle Unit became aware of it, every allegation of sexual abuse must be immediately reported to the Office of the Inspector General. At that point a trained Investigator from this office will make a determination if elements of a crime exist in the case. If they believe criminal elements are present their office will conduct a criminal investigation. Regardless of whether a criminal investigation is conducted or

not, a trained facility investigator will conduct an administrative investigation as well. Both agencies require the Investigator be trained.

As was noted in Standard 115.34 specialized investigative training was received and verified for the OIG and Administrative Investigators that conduct sexual abuse investigations at the Sayle Unit. During interviews conducted with one of the facility Investigators and with one of the OIG Investigators the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility Investigators also indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

Both investigators detailed the investigative process. They indicated it involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the Unit does not provide a basis for terminating any investigation according to them and policy. The auditor reviewed case files for the last twelve months and found each file contained direct and circumstantial evidence.

There were two (2) PREA cases initiated at the Sayle Unit during the last twelve months. Both of these allegations alleged sexual abuse. There were no sexual harassment allegations. The two sexual abuse allegations include one (1) against staff and one (1) against another offender. Both allegations were substantiated. Neither of the cases was determined to be criminal by the Office of the Inspector General and was handled by the facility.

All administrative investigation must be completed within 72 hours and may be extended one time for another 72 hours longer. Findings at the facility during administrative investigations can differ from the OIG investigations if they (OIG) are waiting on forensic lab results.

The Sayle Unit had no allegations alleged to have occurred at the Sayle Unit investigated by other facilities. The Sayle Unit also conducted no allegation made to them alleged to have occurred at another facility. Had either situation existed both facilities would have, by policy, notified the Warden within 24 hours of becoming aware of it.

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.

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

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.

During the interview with the facility investigator he indicated that by policy (Safe Prisons PREA Plan) and his training, the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

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? x 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.) x 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? x 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? x 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? x 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? x 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?
x 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?
X Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? x 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

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 Safe Prisons PREA Plan and Safe Prison Plan and the Operations Manual 5.05 require all offenders who make an allegation of sexual harassment or sexual abuse must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

This determination of the investigative outcome, if it involved another offender, is provided in writing to the offender at a classification hearing (UCC) and made part of his institutional record. If the allegation involved an employee the decision is issued from the Warden through the Safe Prisons PREA Manager. The inmate is provided a written decision of this decision as well.

These policies further specify that following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility subsequently informs the offender (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility and if the employee was indicted or charged. There were no cases involving this type of conduct requiring this notification within the last 12 months.

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? x 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)? x 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? x Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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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Executive Directive PD-22 (General Rules of Conduct and Disciplinary Action Guidelines for Employees) and Executive Directive PD-29 (Sexual Misconduct with Offenders) requires that any sexual misconduct involving any offender by a staff member, any harassment and/or any retaliation against any offender or staff member for participating in an official investigation by staff, will lead to their dismissal. Termination is the presumptive disciplinary sanction for this type conduct. Only the Executive Director, Deputy Executive Director, or the

appropriate Division Director is authorized to impose less severe disciplinary action.

There was one case where an employee resigned prior to being terminated. A sexual abuse allegation was filed but the OIG did not believe that elements of a crime were present in the case. An administrative investigation was completed and substantiated. The incident involved a statement in which the staff member made a statement to an offender requesting a sexual act of him. This was the only employee related incident in the last twelve (12) months.

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.

Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse is to be removed from the facility, reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

During her interview Warden Castro stated that she would remove any contractor or volunteer from the Sayle Unit for any violation of the agency zero tolerance policy. She also stated that if the OIG determined behavior to be criminal the information would be turned over to the Police and then reported to any licensing body as appropriate.

A total of two (2) volunteers and three (3) contractors were interviewed by the auditor during the site visit at the Sayle Unit. All 5 of these individuals stated that they had received PREA training about the agency zero tolerance policy involving sexual abuse and sexual harassment. They also indicated they were informed of the consequences for any violation during their orientation training. The auditor randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

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

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Although the Sayle Unit is a Treatment Facility the offenders programing there are still under the Disciplinary Rules and Procedures for Offenders Manual Disciplinary. All offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.

The sanctions are commensurate with the nature and circumstances of the abuse committed; the offender's disciplinary history; 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.

As previously noted there were two substantiated cases of sexual abuse in the last twelve months one by an offender resulting in discipline.

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? Yes No

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? x Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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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When the facility becomes aware either through disclosure by the offender or it is noted anywhere in his record that he has experienced sexual victimization (institutional setting or in the community) he is to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the facility becoming aware of it. This requirement is specific in the Safe Prison PREA Plan.

The auditor interviewed a total of ten (10) offenders who disclosed prior victimization upon arrival at the Sayle Unit. All of them indicated they were offered services for medical or mental health intervention. Some indicated that they took advantage of the services and others did not.

During the interview with Linda Hanlon, Safe Prisons PREA Manager she informed the auditor that while conducting her risk assessment if during the assessment or she becomes aware through other information that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, she offers that offender a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all 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 allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Unit Safe Prison PREA Manager and the Medical Practitioner interviews indicated that all information is shared only on a need to know basis

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?
x 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? x Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? x 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? x 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?
x 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 contracts Medical and Mental Health Services for the Sayle Unit through Texas Tech University Health Sciences Center. Sexual Assault and Sexual Abuse victims must receive timely, unimpeded access to emergency medical treatment and crisis intervention services as required in the Safe Prisons PREA Plan. It further requires the nature and scope of the services provided be based according to their professional judgment.

Interviews conducted with the medical and mental health practitioners at the Unit confirmed every offender victim of sexual abuse is offered timely information and timely access to sexually transmitted infections prophylaxis. Both the Mental Health Practitioner and Medical Practitioner both stated that the nature and scope of the services provided are based according to their professional judgment. If it is required, the outside hospital typically starts the medication and it is then continued at the Unit. All treatment services are 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

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

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The Safe Prisons PREA Plan requires that a medical and mental health evaluation conducted and any treatment must be offered and provided to all offenders without cost who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The auditor spent considerable time with Medical and Mental Health staff during the visit. Both indicated that the evaluation and treatment of anyone victimized includes, 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. They both also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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? x 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? x Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? x Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? x 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?
x Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? x 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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The Safe Prison PREA Plan requires an administrative review (incident review) on every allegation of sexual abuse alleged to have occurred at the Sayle Unit, unless it has been determined unfounded. This review must take place within 30 days of the completion of the investigation.

The general makeup of this administrative review team at the Sayle Unit is the Senior Warden, the Major, the Captain, the Unit Safe Prisons/PREA Manager, and as needed line supervisors, investigators, medical, and mental health practitioners. The review is conducted at the completion of the administrative cases as the OIG cases can last years if forensic evidence is involved,

This review by policy and practice includes: (1) a review of the circumstances of the incident; (2) name(s) of the person(s) involved; (3) events leading up to and following the incident; (4) consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) consideration whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; (7) examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) assessment of the adequacy of staffing levels in that area during different shifts; (9) assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) recommendations to the facility Warden and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

If the administrative review makes any recommendations the facility is required to implement them or document the reasons for not doing so. Sexual abuse incident reviews were completed on the two (2) cases substantiated at the Unit. The administrative review team reports on both incidents were completed within 10 days of the investigation being concluded.

Senior Warden Castro, Safe Prisons PREA Manager Linda Hanlon and Major Breeden, all Incident Review Team members, indicated during their interviews that the administrative case review considers staffing, offender movement, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision are warranted.

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

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Each facility with the TDCJ collects data for every incident of sexual abuse alleged to have occurred in the facility using the standardized DOJ instrument, Survey of Sexual Violence (SSV) 2012. This Safe Prisons PREA Plan and the Safe Prisons PREA Operations Manual requirement is performed by the Linda Hanlon, Safe Prison PREA Manager.

The facility Safe Prison PREA Manager forwards this information to the Regional Office so that the incident-based sexual abuse data can be aggregated annually including information required by the Department of Justice in the standardized form Survey of Sexual Violence (SSV) 2012.

The Agency and the PREA Ombudsman annually aggregate this incident based sexual abuse data received annually from each facility with TDCJ.. The 2016 Safe Prisons /PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

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.

The Safe Prisons PREA Plan requires that TDCJ review data collected from each of its facilities in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, procedures, and training. It also requires that the Agency identify problematic areas, taking corrective action and prepare an annual report of its findings and corrective actions for each facility. The responsibility to collect, aggregate and analyze this data is the responsibility of the PREA Ombudsman and the Safe Prisons PREA Management Office.

Each of these Departments are responsible to: collect statistics regarding allegations of sexual assault, sexual contact, staff sexual misconduct from each TDCJ facility; prepare monthly and semiannual activity reports for distribution to the Texas Board of Criminal (TBCJ) Justice Chairman, TBCJ members, and TBCJ Executive Management; ensuring the TBCJ Chairman and TDCJ Executive Management are informed of any problematic and/or systemic trends.

The 2016 annual report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Senior Warden and a review of the facility's monthly reports to the Region demonstrated the data collection process and corrective actions reviews are performed by the Sayle Unit.

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?
x 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? x Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? x 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? x Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **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 Safe Prisons/PREA Plan requires TDCJ 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 with for the confinement of its offenders.

This aggregate data is available to the public on the agency's website and included in the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Prior to publishing the annual report, all personal identifiers are removed.

The State of Texas Record Retention Schedule indicates records involving offender investigation case files and criminal investigations are permanently maintained electronically.

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?
x Yes No

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
x 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? x 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 because of how the Agency fiscal year is planned. The Agency has followed the Safe Prisons Plan since the early 2000.

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.) x 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, It has provided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor. https://www.tdcj.state.tx.us/divisions/arm/rev_stan_prea.html

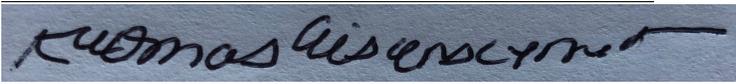
AUDITOR CERTIFICATION

I certify that:

The contents of this report are accurate to the best of my knowledge.

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.



February 26, 2018

Auditor Signature

Date