

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: February 29, 2016

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane, Auburn, New York 13021			
Email: tome8689@yahoo.com			
Telephone number: 315-730-7980			
Date of facility visit: February 1-3, 2016			
Facility Information			
Facility name: Wayne Scott Unit			
Facility physical address: 6999 Retrieve Angelton Texas 77515			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 979-849-9306			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Larry Doyle, Senior Warden			
Number of staff assigned to the facility in the last 12 months: 271			
Designed facility capacity: 1130			
Current population of facility: 1054			
Facility security levels/inmate custody levels: Medium - Minimum (G1 - G4)			
Age range of the population: 23-80			
Name of PREA Compliance Manager: Kandice Woodard		Title: Unit Safe Prisons PREA Manager	
Email address: Kandice.Woodard@tdcj.texas.gov		Telephone number: 979-849-9306	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North, Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville Texas, 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Brad Livingston		Title: Executive Director	
Email address: Brad.Livingston@TDCJ.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: William Stephens		Title: Director, Correctional Institutions Division	
Email address: William.Stephens@TDCJ.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The auditor received PREA documents from the Wayne Scott Unit and the Texas Department of Criminal Justice approximately 30 days prior to the audit. The entrance briefing for the PREA audit was held on February 1, 2016 and once that was completed the tour of the main facility and trusty Camp began. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, , and inmates identifying LGBTI were interviewed. This number totaled 19 inmates.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Human Recourses, Mid-Level Supervisor, Intake Staff , Risk of Victimization Assessment , Mental Health, Segregation Supervisor, Retaliation Monitor, Incident Review Team Member, Unit Safe Prisons/PREA Manager, Facility Investigator, OIG Investigator and the Warden. The Agency Director, The Agency PREA Manager and the Agency Contract Manager were all interviewed by another PREA Certified Auditor prior to this audit.

Training records for all required staff training were verified as were additional trainings verified for the Investigator, Medical and Mental Health full and part time staff, and the 2 facility victim support staff.

The auditor spent a significant amount of time with the Facility Investigator (Major) reviewing his files and the discussing handling of each case. He is very thorough and precise. The auditor reviewed all eleven (11) investigative case files, filed within the lat 12 months, with the facility investigator. Of these cases eleven (11) all involved sexual abuse allegations and no sexual assault allegations were made .Of the 11 abuse allegations nine (9) involved staff . Eight (8) were unsubstantiated and one (1) unfounded. Three of the unsubstantiated cases were found at the facility level to be unsubstantiated but the OIG has not made a final criminal determination pending lab results. Two (2) sexual abuse allegations were made against another inmate. Both were found administratively unsubstantiated but those are also waiting OIG investigation results.

The audit notification and contact information was posted throughout the facility alerting inmates and staff of the audit dates and times. The auditor heard no concerns about any cases from the inmates during the site visit, during his tour of the facility or during random interviews of inmates. The auditor did not receive any letters, confidential or otherwise from any inmate prior to or during the site visit.

At the conclusion of the site visit at the Wayne Scott Unit the auditor met with Warden Doyle and his Executive Staff. The auditor let those in attendance know that he could not give them a specific outcome at this point but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to ensure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Scott Unit is located at 6999 Retrieve, Angleton (Brazoria County), Texas. Angleton is 13 miles north of Lake Jackson, 45 miles south of Houston, and 45 miles west of Galveston. It is one of the 108 facilities comprising the Texas Department of Criminal Justice.

The Scott Unit sits on 5,789 acres of land of which 5,181 acres is used for farming and livestock production. The agricultural operations consist of cow/calf operation, egg laying operation, farm shop, security horses/dogs, swine finishing operation, grain storage, edible and field crops. The unit utilizes 50 acres inside the secure perimeter. Inside the secure perimeter are brick and metal structures which contain space for food service, education, medical and dental clinics, central control center, boiler room, visitation area, commissary, educational, inmate housing (dormitory and cell block), recreation yard, gymnasium, and laundry. Located outside the secure perimeter along with the agricultural operations are the armory, maintenance, and trusty camp. The trusty camp provides workers for the field operations and maintenance and has its own kitchen and laundry.

The primary mission of the Scott Unit is to provide for the offender population and environment of confinement that adheres to all constitutional and legislative requirements. By maintaining a facility that is free of hazards and which stresses operational security, the administration is able to encourage offenders to avail themselves of educational and faith-based opportunities that the institution has to offer. It is the firm belief of this administration that an offender best prepares himself to become a productive member of society by actively participating in work, education, substance abuse, and religious programs. The unit staff will maintain the highest standards of professionalism in order to accomplish our mission

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 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 is the Texas Department of Criminal Justice (TDCJ) specific policy that the Wayne Scott Unit follows with respect to complying with PREA. This policy mandates zero tolerance toward all forms of sexual abuse and sexual harassment and mandates each facility in the agency to have policies detailing how to prevent, detect, and respond to any such conduct. The policy goes into detail explaining to staff, volunteers, contractors and offenders specific prohibitive conduct, training requirements, reporting requirements, investigative process and consequences for violations to these policies. During informal and formal interviews staff and offenders were well aware of the policy.

William Stephens, Director Correctional Institutions Division is the PREA Coordinator for the agency. He has direct access to the agency Executive Director and meets regularly to discuss PREA matters with him. His interview also indicated he has an understanding of the PREA standards and the audit process. He acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns in the field are addressed appropriately.

Kandice Woodard has the position of Safe Prisons PREA Compliance Manager at the Wayne Scott Unit. Her knowledge of the standards and the process was extremely beneficial to the facility and to the auditor. During her interview she confirmed that he has direct access to the Warden with anything PREA related. She also indicated she has sufficient time to perform her PREA duties.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency does contract with other entities for the confinement of offenders and has a contract monitor. PREA auditor Jeffrey Noble interviewed the Agency Contract Manager. The contracts were discussed and reviewed to ensure the private facilities adopted and complied with PREA standards, and provided for monitoring compliance with PREA standards.

Standard 115.13 Supervision and monitoring

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

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

TDCJ requires each of its institutions to establish and maintain a staffing plan. This was confirmed during the interview with Warden Larry Doyle. He indicated he receives a daily summary of the facility activities and it includes a report of staffing and any deviation. Warden Doyle stated their staffing plan takes into account generally accepted detention practices, physical plant, offender population and prevalence of substantiated and unsubstantiated sexual abuse allegations. The Warden, PREA Manager and Security staff reviews this plan annually.

Agency Policy Safe Prisons PREA Plan requires intermediate-level and higher-level supervisors to conduct and document unannounced rounds on each shift. It prohibits 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. Intermediate and high level interviews indicated that they make rounds at random times visiting all areas in a random sequence

Standard 115.14 Youthful inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wayne Scott Unit confines no youthful offenders. It is an adult facility. This Standard does not apply.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wayne Scott Unit provides all offenders the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Female staff announces their presence each time they enter the offender living areas. Interviews with offenders confirmed these female staff announcements and the auditor observed female staff announcing their presence upon entering the housing units during the site visit.

Cross gender strip searches are not allowed per Agency policy. If a body cavity search must be done it has to be conducted by medically trained staff except in exigent circumstances. Should an exigent circumstance exist, a log book is available listing the date, time, staff conducting the search, supervisor approving it and name of the offender. The reason for the search is documented and kept on file in the Wardens Office. The Agency Policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status and interviews conducted with staff confirmed their knowledge of this prohibited practice. All staff has received this mandatory training on conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Scott Unit ensures that offenders with disabilities and offenders, who are limited English proficient, 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. The auditor did speak with an inmate with limited English and he indicated he received information in a language he could understand so that he can participate in all aspects of the agency efforts to prevent and detect and respond to sexual abuse.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor spent a considerable amount of time interviewing the Human Resource staff person. The Safe Prisons PREA Plan prohibits hiring or promoting anyone who may have contact with offenders. It also prohibits enlisting the services of any contractor who may have contact with offenders that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Background checks are done on all employees, contractors and volunteers prior to entering the Scott Unit.

The agency conducts criminal background record checks for current employees and contractors who may have contact with offenders twice a year by the Central Office Human Resources Office in Huntsville. They are conducted on the employee birthdate and subsequent 6 month. The Wayne Scott unit is currently up to date with their recheck.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wayne Scott Unit has made no modifications or expansions to the existing physical plant since August 20, 2012. As previously noted there are currently 8 cameras throughout the facility none creating any privacy concerns. The Warden indicated that the Agency is currently upgrading cameras throughout the system submitted a request for camera upgrades in this budget year, which has been approved. These cameras will be placed in the areas the facility identified having blind spots. The Unit Safe Prisons PREA Manager will be part of the camera placement locations committee.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wayne Scott Unit has an investigation conducted on allegations of sexual abuse and sexual harassment. The Office of the Inspector General (OIG) conducts the criminal investigations while the facility investigators (Lieutenants, Captains and Major) handle administrative investigations. The facility investigators and OIG follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The training utilizes evidence protocols adapted from DOJ's Office Sexual Assault Medical Forensic Examinations publication adopted after 2011. Both the OIG and facility investigative staffs go to great lengths to ensure no case is jeopardized because correct protocols are not followed.

Ben Taub Hospital is the local hospital that the Wayne Scott Unit utilizes for their forensic exams. These exams, when performed, are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If SAFEs or SANEs staff is not available, a qualified medical practitioner performs the examination. There is no cost to the offender for any part of this exam or any follow up if necessary. There have been 2 forensic exams conducted in the last 12 months.

The facility has tried unsuccessfully to secure an advocacy group from the community. The Wayne Scott Unit has two Offender Victim Representatives (OVR) who have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general. If requested by the victim, this staff advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The auditor spoke with one of the OVR staff members at length, who confirmed the responsibilities for the position. The auditor also verified the training.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency policy, Safe Prisons PREA Plan, requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. TDCJ policy AD-16.20 requires all crimes be reported and investigated by the Office of the Inspector General, which is the agency with the legal authority to conduct criminal investigations. TDCJ publishes its investigative policy such policy on its website. The auditor interviewed the OIG Investigator and the facility Investigator and they each indicated they follow the Agency policy and initiate an investigation immediately upon being notified of an allegation of sexual abuse or sexual harassment.

Standard 115.31 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Wayne Scott Unit takes training of its' staff about the agency zero tolerance policy very serious. The Unit Safe Prisons PREA Manager made this very clear during her interview. The training curriculum follows all criteria outlined in the standard. Each staff member carries a credit card sized laminated card, with response to rape allegation procedures, summarizing some of this training. All staff interviewed was clear on their responsibilities in dealing with sexual abuse and sexual harassment. Each staff member acknowledges by signature that they understand the training. Interviews of the random staff and general questions asked during the tour clearly indicated each staff member understands all policy aspects of responding to allegations of sexual abuse and sexual harassment. The training record indicated all staff at the Unit has received the mandatory PREA training. The facility requires all staff receive annual refresher training instead of every two years as required by the standard.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All contractors and volunteers at the Wayne Scott Unit receive PREA training prior to assuming their responsibilities. The auditor reviewed training records in which they signed acknowledging understanding the training. An interview conducted with a contractor detailed the training they received including the consequences for any violation of the policy.

Standard 115.33 Inmate education

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon arrival the Wayne Scott Unit each offender receives a pamphlet with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. This paperwork received and signed for by the offender also indicated should the offender have any questions about anything PREA to contacts the Unit Safe Prisons/PREA Manager. Every offender at the Unit has seen the Agency PREA video detailing the Agency policy on zero tolerance, and how and whom to report any allegation without fear of retaliation. Interviews conducted with the intake staff and interviews conducted with offenders confirmed that information is provided both verbally and in writing.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Trained investigators conduct administrative investigations. According to the Safe Prison/PREA Plan policy, administrative cases can be handled by Sergeants or above, and overseen by the Major. Each of these supervisors has received the specialized training in addition to the general training provided to all employees. This training was provided by TDCJ certified Instructors with the lesson plan following the content of the National Institute of Correction (NIC) Training for Investigators Conducting Sexual Abuse investigations in confined space. The training included techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. The training was verified through the staff interviews and a review of the training documentation.

The Office of the Inspector General (OIG) conducts all criminal investigations within the Texas Department of Criminal Justice. This is a separate Department within TDCJ. The auditor verified during his interview that she has received Sexual Abuse investigation training that included 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 a prosecution referral

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All the Medical and Mental Health staff currently working at the Scott Unit has received specialized training over and above the mandatory training required of all staff. This specialized training was presented by a TDCJ SANE nurse and covered: how to detect and access signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to victims and how and to whom to report incidents of sexual abuse. Interviews with medical and mental health staff confirmed that this specialized training was received. Training records also reflect all full and part time medical and mental health staff has received this specialized training.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All offenders arriving at the Wayne Scott Unit are assessed for risk of victimization and risk of sexually abusive toward other offenders. This assessment is usually done on the day of arrival but no longer than 72 hours. The auditor observed the following process while at the Unit. Upon admission to the facility, the Safe Prisons PREA Manager immediately assesses the offender. She utilizes attachment E, of the SafePrisons/PREA Plan asking the prisoner: if he has a mental, physical, or developmental disability; his age; documents his physical build; asks if he has previously been incarcerated; asks if his criminal history is exclusively nonviolent; asks if he has any prior convictions for sex offenses against an adult or child; asks him if he identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; and asks if he has ever experienced sexual victimization; and whether he feels vulnerable to victimization. The Safe Prisons PREA Manager also inquires if the prisoner has ever received any Safe Prisons PREA Training to ensure he is aware of the agency policy and process for reporting allegations. Once the PREA manager obtains this information she immediately walks it to the Classification Committee.

The Classification Committee is comprised of the Chief of Classification, the Major and the Deputy Warden. Prior to meeting with the prisoner the committee has reviewed the offenders entire record for any vulnerability that may have been documented in his pre sentence report or while under confinement. They also review his record for any acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing prisoners for risk of being sexually abusive. The prisoner is brought before them and they discuss his record and his completed attachment E. The Committee then assigns the prisoner his security classification and determines if he needs to be monitored because of his risk for victimization or abusiveness.

Sometime within 30 days from the prisoner's arrival at the Wayne Scott Unit facility, the facility reassesses the offender's risk of

PREA Audit Report

victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. This review was confirmed during the random offender interviews and the Safe Prisons PREA Manager, who conducts these reviews during her interview. The auditor would recommend that the Agency Policy be updated to clarify this practice found at the Scott Unit.

Standard 115.42 Use of screening information

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As previously indicated, the Classification Committee meets as a group and reviews every new arrival at the Wayne Scott Unit. The committee uses information from the risk screening to make housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

Central Office and this committee do the placement of transgendered and/or intersex offenders in housing, work or program assignments only after a careful review of the case.

Standard 115.43 Protective custody

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency policy, Safe Prisons PREA Plan, prohibits the placing of offenders 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. There has been no case where segregation was used to place offenders at high risk of victimization in the last 12 months. This was confirmed with both the Warden and Segregation Supervisors. Offenders interviewed, at risk for victimization, indicated they were never placed in segregation.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Scott Unit utilizes the Office of the Inspector General (OIG), and the PREA Ombudsman as the way for their prisoners to report abuse or harassment to a public or private entity or office that is not part of the agency. Both groups immediately notify the facility that a report of sexual abuse had been made. The prisoner may make the alleged abuse report confidentially to the address provided on the posters throughout the facility. Once informed by an offender, family member or friend of an allegation, the facility investigator is immediately notified and a case is initiated.

The agency policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. This mandate was confirmed to the auditor during random staff interviews, Warden interview and with the interview with the facility investigator.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency policy, Safe Prisons PREA Plan, details filing a grievance by a offender involving sexual abuse. The policy states no timeline for filing regardless of when the alleged incident occurred. Once a grievance is filed it is turned over to the facility investigator and handled in accordance with the Safe Prisons PREA Plan. The Scott Unit has had no grievance filed alleging sexual abuse in the last 12 months

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Scott Unit provides offenders with access to Women's Center of Brazoria, a victim's advocate, for emotional support services related to sexual abuse. The facility provides list the mailing address for this group to all offenders making an allegation of sexual abuse while all offenders are notified, in the documents provided during arrival at the facility, that the address for support services is provided through the Safe Prisons PREA Manager. The auditor was informed that all letters mailed out to this agency are treated, as confidential correspondence meaning the envelope is not opened. Most offenders during the random interviews were not aware of support services available in the community.

Standard 115.54 Third-party reporting

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provides multiple ways in which third party reports of sexual abuse can be made on behalf of an offender. The Texas Department of Criminal Justice Ombudsman Office, The PREA Ombudsman Office and the Office of the Inspector General Office make their contact information (phone number, physical address and email address) available to families. The Agency publicly provides this information in their Guide to Families of Offenders and on their web site. As previously indicated the address of the PREA Ombudsman and office of the Inspector General is posted throughout their facility including the visiting room. Offenders interviewed verified that they were aware of this process.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including 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 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 all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. They are also required to report any suspicion or knowledge of retaliation against offenders or staff who reported such an incident as well any action or lack of action by staff that may have contributed to any incident or retaliation. Interviews with all staff confirmed this obligation and their responsibility to keep the information they may have received confidential except for investigative disclosure.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 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 policy requires that anytime the agency or facility learn that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. The response from all staff interviewed by the auditor indicated that they would follow the same protocols as if an offender actually reported he was sexually assaulted. The offender is immediately secured, supervisor notified, and Unit Safe Prison PREA Manager notified. The process was also reaffirmed during the interview with Warden Larry Doyle. He indicated that there were no reported offenders at substantial risk during the last 12 months.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including 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 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, upon receiving an allegation of an offender being sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. There were no allegations made at the Scott involving sexual abuse allegations at another facility nor was the facility notified that an offender arriving at their facility alleged sexual abuse while at the Scott Unit.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including 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 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 all staff upon learning of an allegation that an offender was sexually abused separate the alleged victim and abuser; preserve and protect any crime scene; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence. All staff are trained as first responders and as previously noted each carries a card with duties and responsibilities when responding. During interviews with line staff, supervisors and Executive staff they all were aware of their responsibilities and duties when responding to allegation of sexual assault.

Standard 115.65 Coordinated response

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

Auditor discussion, including 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 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 covers the coordinated efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with medical staff, mental health staff, investigator and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response. This plan has Attachment G, which is a checklist, filled out on every allegation of sexual abuse, ensuring each of these disciplines has provided their part in the investigative process

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Texas is a right to work state and does not have collective bargaining. The Agency also has not entered into any agreement with any of its workforce that limits their ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including 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 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 all offenders and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations be free from retaliation by other offenders or staff. The Safe Prisons PREA Manager (monitors offenders) and the Major (monitors staff) are the staff members charged with monitoring retaliation at the Wayne Scott Unit. This monitoring is periodic and continues for at least 90 days and longer if needed. The monitoring by the PREA Manager requires looking at the offender work assignments, disciplinary reports and evaluations and talking and meeting with the offender. The Major, during his interview, indicated he would monitor staff retaliation much in the same way (job assignments and evaluations). There has been no retaliation complaints at the Scott Unit made during the last 12 months

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including 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 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 prohibits the facility from placing offenders in segregation for protection that alleged to have suffered sexual abuse unless no alternative is available. Interviews conducted with the Warden, a Special Housing Unit Supervisor and a segregation line staff member confirmed that segregation has never been used to house Offenders for protection after an alleged sexual assault.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including 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 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 an investigation be conducted on every allegation of sexual abuse and sexual harassment. The facility investigator is required to conduct all administrative investigations and the OIG investigator is responsible for conducting all criminal investigations. When an offender files an allegation the following process takes place.

The institution makes a phone call to the Emergency Action Center (Central Office) to report the allegation and receives a case number. Calls are immediately made to Executive Staff, Safe Prisons PREA Manager, OIG Investigator, and Facility Investigator. Each case is simultaneously examined as a criminal case and an administrative case. By policy the administrative case is handled by a trained

Supervisor who has 72 hours to investigate an offender against offender allegation and 10 days to investigate staff against offender allegations. The OIG, criminal investigation has no specific time frame to finish their investigation. The facility can come to a conclusion within its' time frame and later be changed once the OIG analyzes its' evidence.

During the interview of one of the facility 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

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 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 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. When questioned, both the Investigator and the Warden confirmed this standard of evidence.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including 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 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 any offender who makes an allegation of sexual abuse in any agency facility be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility investigators provide a written finding to the offender.

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 on his unit, no longer employed in the facility or if the employee was indicted or charged.

As previously discussed an offender may be told by the facility investigator that their administrative investigation may yield one result and when lab results are received by the OIG the results of that investigation may be different. The offender is informed if both result if the allegation is determined to be criminal.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including 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 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 mandates that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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. There have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment within the last 12 months.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As previously noted in the training of contractors and volunteers, those interviewed confirmed they were informed of the consequences of violation of the Safe Prisons/PREA Plan. These policies require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There have been no allegations of sexual abuse or sexual harassment made against any contractor or volunteer.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

offenders. Offenders found engaging in a sexual relationship receive a rules infraction. Anyone found guilty of this behavior at a disciplinary hearing receives an appropriate sanction. Sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden Doyle during his interview.

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

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

Auditor discussion, including 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 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 when an offender indicates during intake that he experienced prior sexual victimization, whether it occurred in an institutional setting or in the community; or if he indicates he perpetrated abuse in a facility or in the community, the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of his intake screening. This was confirmed during the interviews with the Mental Health Practitioner. An interview with an offender alleging prior victimization also confirmed he were offered treatment services within the first two weeks of arrival. The Mental Health Practitioner and Medical Health Care Practitioner both indicated that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All prisoner victims of sexual abuse at the Scott Unit receive timely, unimpeded access to emergency medical treatment and crisis intervention services at Ben Taub Hospital and through the facility medical/mental health department. Offenders receive immediate access to sexually transmitted infection prophylaxis and to emergency contraception. There is no cost to the prisoner. There have been two cases to date requiring forensic exams at this Hospital.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including 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 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 any prisoner who has been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility be offered medical and mental health evaluation and treatment. This treatment and services are consistent with the community level of care based on interviews with medical staff and mental health staff.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including 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 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 the Scott Unit conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, except where the case finding was unfounded. This review takes place within 30 days of the conclusion of the investigation. The review team looks to determine: if there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or if motivated or caused by other group dynamics at the facility; look at the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; review the adequacy of staffing levels in that area: assess whether monitoring technology should be deployed or augmented to supplement supervision. The committee prepares a report of its findings, based on the assessment above and forwards the report with recommendations to the Warden and Safe Prisons PREA Manager. This entire process was verified in interviews conducted with the Warden, Major (Member of the Review Committee) and the Safe Prisons PREA Manager.

Standard 115.87 Data collection

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The TDCJ collects accurate and uniform data on every facility in the Agency including the private facilities and aggregates the incident-based sexual abuse data at annually. The Wayne Scott Unit provides information to the Regional Office monthly about sexual abuse to aid the Agency in understanding trends etc. within the aggregate total. The Survey on Sexual Victimization (SSV2) form is submitted to the Department of Justice no later than the June deadline.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including 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 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 Management Office compiles a monthly report using information collected from facility reports, investigations, reviews, and statistics to analyze and evaluate trends related to sexual abuse, sexual harassment, and extortion in accordance with the Safe Prisons/PREA Operations Manual. TDCJ completes an annual internal report that targets confirmed offender on offender and staff on offender sexual abuse incidents. This report provides a comparison of incidents from year to year and is utilized to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. The annual reports are published on the Agency web site.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including 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 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 aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, be readily available to the public at least annually, through a website. Personal identifiers and sensitive information must be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. These report were reviewed on the web page. All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection.

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.

Thomas Eisenschmidt

Auditor Signature

February 29, 2016

Date