

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** April 30, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> March 22 – 24, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Skyview / Hodge Unit			
<b>Facility physical address:</b> 379 FM 2972 Rusk, Texas 75785			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 903-683-5781			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Robert Stevens, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 317 Skyview /328 Hodge			
<b>Designed facility capacity:</b> 562 Skyview / 989 Hodge			
<b>Current population of facility:</b> 1,407 (504 Skyview / 903 Hodge)			
<b>Facility security levels/inmate custody levels:</b> Mental Health (Skyview) / G1, G2, Developmentally Disabled (Hodge)			
<b>Age range of the population:</b> 19-75 Skyview / 18-75 Hodge			
<b>Name of PREA Compliance Manager:</b> Barbara Delaney		<b>Title:</b> Unit Safe Prisons PREA Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
<b>Physical address:</b> 861-B I-45 North Huntsville, Texas 77320			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 99 Huntsville, Texas 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bryan Collier		<b>Title:</b> Executive Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lori Davis		<b>Title:</b> Director, Correctional Institutions Division	
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## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Skyview-Hodge Unit was conducted on March 22-24, 2017 by Auditor Barbara King. A month prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The auditor communicated with the agency and facility requesting further documentation for clarification and review. The auditor reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative schedule was set with the Warden for the audit timeframe.

Before the audit, the auditor met with the Warden, Assistant Wardens, Regional Safe Prisons Sergeant, Majors, and the facility's Safe Prisons/PREA Manager. A detailed schedule for the audit was discussed. The facility provided the requested information to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, list of offenders by housing buildings, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports.

Key facility staff during the audit included the Warden, Assistant Wardens, Majors, Safe Prisons/PREA Manager, and the Regional Safe Prisons Sergeant.

The audit began with an entrance meeting on March 22, 2017 with the Warden, Assistant Wardens; Safe Prisons/PREA Manager, Majors, and the Regional Safe Prisons Sergeant. The PREA audit began at the completion of the American Correctional Association Reaccreditation Audit. The PREA audit began with a facility tour in the afternoon with key staff focusing mainly on the housing units. The intake, program, vocational, food service, and medical areas were toured by the auditor on a separate day. During the tours, the auditor made visual observations of the program areas and housing units including bathrooms, officers post sight lines, and camera locations. The auditor spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books was conducted to verify immediate/higher level staff rounds.

During the tour, the auditor identified sight line concerns within the facility. In the Hodge Kitchen, the cook area had an identified blind spot. The Hodge kitchen dishwasher room had two identified blind spots in the corners. In the Hodge laundry area, a blind spot was identified beyond the washers. The maintenance area chemical and storage room had identified blind spot behind the shelves due to no visibility through the shelves. The outside recreation yard at Hodge needs the barriers walls to be raised and an additional barrier at the entry of the strip search area. By the design of the recreation yard sitting lower in the yard and the main sidewalk on a higher grade, staff are able to view into the strip search area. In Skyview 5 Building, showers are located off the hallway and are visible to staff walking the hallway. The facility took immediate action and had mirrors installed in the kitchen cook and laundry areas and removal of items from the maintenance storage shelves to eliminate the blind spots. A written directive by the Warden was issued to support the current practice of female staff not routinely walking the shower rows during the times offender showers are being conducted in Skyview Building Five. The facility provided documentation within a week of the site visit demonstrating compliance with the remaining concerns. Photos were provided that showed the installation of two (2) mirrors in the kitchen dishwasher room. The recreation area strip search area had the barriers raised and a swing door at the entrance to eliminate the sight lines into the strip search area. All sight line concerns were corrected.

All required facility staff and inmate interviews were conducted on-site during the three day audit. Forty-eight (48) formal offender interviews were conducted and one hundred forty-seven (147) offenders were informally interviewed during the facility tours, (13.9% of the 1,407 inmate population). The random interviewees were selected by the auditor from the housing rosters and designated lists of inmates provided by the facility. Random offender interviews from different housing units (30), disabled and limited English offenders (4), LGBTI (4), offenders who reported a sexual abuse (4) and offenders who disclosed sexual victimization (6) were interviewed. Offenders were selected randomly from each housing unit and from the lists provided for the specialized interviews.

The Skyview-Hodge Complex operates under the same table of organization. Administrative and supervisory staff are shared between the two facilities. The line staff are assigned to one unit. The number of staff interviews reflects all staff interviews and specific facility line staff that was interviewed for the operations of the complex. A total of sixty-three (63) staff were formally interviewed and additional ninety-six (96) informal staff interviews were also conducted during the facility tours (24.7% of 645 staff). Staff were randomly selected from each of the three shift rosters and different departments within the facility (23). Additionally, specialized staff were interviewed including the Warden (1), PREA Manager (1), Intermediate-

Higher Level Staff (6), Medical and Mental Health (6), Human Resources (1), Volunteers/Contractors (9), Investigator (1), Staff Who Perform Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor Retaliation (2), First Responders (3), Intake staff (2), PREA Coordinator (1), Contract Administrator (1), and Agency Head Designee (1).

There were nineteen (19) allegations in the past twelve months at the Skyview Unit and twelve (12) at the Hodge Unit for a total of thirty-one (31) for the complex. There were twenty-nine (29) allegations reported at the facility and two (2) allegations reported by another facility. Of the seventeen (17) staff on offender allegations; there were fifteen (15) alleged staff on offender sexual abuse and two (2) alleged sexual misconduct/harassment. The administrative findings of the alleged staff on offender sexual abuse allegations were ten (10) unfounded, three (3) unsubstantiated, and two (2) substantiated. Of the two (2) staff on offender alleged sexual misconduct/harassment; both were determined unfounded. Of the fourteen (14) offender on offender allegations all were alleged offender on offender sexual abuse. The administrative findings of the alleged offender on offender sexual abuse allegations were thirteen (13) unsubstantiated and one (1) unfounded. Of the staff on offender allegations, OIG opened nine (9) cases; two (2) are still active and seven (7) were closed with no charges. Of the offender on offender allegations, OIG opened nine (9) cases; all were closed with no charges. A review of twelve (12) administrative investigations was conducted. The actual OIG investigations files were not available for review.

An exit meeting was conducted by the auditor at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on one standard. Standard 115.13, the visual blind spot identified in the kitchen dishwashing area and the outside recreation area is a facility compliance matter. The auditor shared with the Warden and the facility's administration the positive feedback received from the offender population regarding the facility's operations; the positive interviews with staff, and the professionalism demonstrated by staff during the audit. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and agency. There were also positive comments on the availability and responsiveness of the Safe Prisons Office staff. The auditor thanked Texas Department of Criminal Justice, Warden Stevens, the Skyview-Hodge Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

The agency was responsive in providing information after the site visit. The facility provided documentation within a week of the site visit demonstrating compliance with the remaining concerns. Photos were provided that showed the installation of two (2) mirrors in the kitchen dishwasher room. The recreation area strip search area had the barriers raised and a swing door at the entrance to eliminate the sight lines into the strip search area. The photo documentation provided the final compliance needed to complete the audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The mission of the Texas Department of Criminal Justice (TDCJ) is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime." The mission statement of the Skyview-Hodge complex is to "promote public safety through custody and control of offenders and to promote positive change in offender behavior. We will provide a high level of professional care for the mentally ill, intellectually impaired and general population offenders. This includes treatment programs, therapeutic and educational programs, medical care, and psychiatric health care."

The Skyview-Hodge Complex is a Texas Department of Criminal Justice (TDCJ) prison complex that is comprised of two facilities which are the Skyview Unit and the Hodge Unit. The Skyview Unit was established in 1988 and the Hodge Unit in 1995. The complex's rated capacity is 1,551. The Skyview Unit's is 562; which houses mental health male and female offenders. The Hodge Unit's is 989; which houses custody levels of G1, G2, and developmentally disabled. The offender population was 1,407 (504/903) on the first day of the audit. The average daily population for the audit period was 1,418 (509/909).

Skyview is an inpatient facility that provides crisis management and mental health treatment to male and female offenders. The Unit was originally part of the Rusk State Hospital. The Rusk State hospital was under the jurisdiction of the Texas Department of Mental Health and Mental Retardation. The Skyview Unit was designed to suit the need for maximum custody housing for the mentally ill citizens who were being treated at the Rusk State Hospital. The unit was named Skyview due to the fact that it was built upon the steep hill overlooking the Rusk State Hospital. The Skyview Unit was comprised of Skyview buildings One through Four for offender housing and the Castner Patient Services Building. In 1988, the Texas Department of Corrections assumed control of the Skyview Unit due to the growing offender population requiring psychiatric treatment. The Skyview Unit provided mental health treatment for convicted felons in the states custody. In 1989, the need to expand the facility resulted in the construction of the Skyview Five Building, which added an additional 200 beds for inpatient psychiatric

treatment. Five Building was designed to accommodate 150 male and 50 female offenders making the unit a co-gender unit. In 2007, an additional 34 beds to house female offenders were installed on C-Pod of the Skyview Five Building. The additional beds brought the female capacity to 84 and the Skyview capacity to 562.

Offenders are transferred to Skyview from their unit of assignment or from a diagnostic intake facility for observation and evaluation. The offenders are observed for up to 72 hours. Some offenders are then sent back to their units of assignment. The other offenders are admitted to one of the inpatient treatment tracks that were developed with the goal of stabilizing the offender's psychiatric disorders so that they could be returned to their unit of assignment to receive mental health services in a less intensive treatment setting. Offenders are placed in one of three treatment tracks to begin their treatment. These tracks are Mood Disorder Treatment Track, Impulse Disorder Treatment Track, and the Psychotic Disorder Treatment Track. The Mood Disorder Treatment Track is a thirty (30) day treatment of mood disorders so that the offender may be returned to his or her unit of assignment where psychiatric and mental health services are provided in an outpatient setting. The Impulse Disorder Treatment Track is a thirty (30) day treatment track designed to teach offenders alternative coping strategies. The Psychotic Disorders Treatment Track provides three sequential levels of care: Acute, Partial Remission, and Chronic Care. The Acute Psychotic Disorders Treatment Track is designed for offenders who require close observation and stabilization. Upon a treatment team assessment that the offender has become stabilized, the offender will be transferred to the Partial Remission Psychotic Disorder Treatment Track. This track is a thirty (30) day program of group therapy designed to improve the offenders understanding of their illness, the benefits of compliance with their treatment plan, and improving their coping and social skills. Upon completion of the Partial remission Track, the offender will be evaluated to determine if the offender should be discharged to their unit of assignment or placed in the Chronic Psychotic Disorders Treatment Track for additional treatment.

Buildings One through Four each consist of three dorms of twenty-four (24) and one (1) section of ten (10) single cells for a total housing capacity per building of 82 beds. Building One houses chronic/mood mental health classified offenders. Building Two houses partial remission mental health classified offenders. Building Three and Four houses chronic mental health classified offenders. Building Five is divided into four Pods. A-Pod consists of fifty (50) single cells for the mood/impulse mental health offenders. B-Pod consists of fifty (50) single cells for the acute need mental health offenders. C-Pod is the female pod that consists of sixteen (16) single cells and thirty-four (34) double cells. D-Pod consists of fifty (50) single cells for mental health offenders in crisis management.

In 1995, the Jerry H. Hodge Unit was opened as a co-located facility with Skyview. The Hodge Unit was established to serve the needs of developmental disabled offenders. The Hodge Unit has a maximum capacity of 646 Intellectually Impaired (II) custody offenders and 344 general population (G1, G2) offenders. Both custodies house and work on the complex, however they are housed separately. The Developmental Disabilities Program (DDP) is designed to assist and treat developmentally disabled male offenders. Offenders are referred to the DDP Program through the agency's diagnostic intake facilities where the offender's intelligence and/or adaptive behavior skills are assessed and determined to be below average. The offender will then be processed in a thirty (30) day evaluation period where a determination of suitability for the program will be made. If an offender is determined to be appropriate for the program, a staff psychotherapist and a mental health liaison will be assigned to assist the offender in crisis management and individual/group counseling. The mission of the DDP Program is to provide opportunities to developmentally disabled offenders to acquire those skills necessary to enable them to function more successfully within the least restrictive environment.

The Hodge Unit has four (4) housing buildings with six (6) sections per building. Building J1 and J2 houses the Intellectually Impaired (II) offenders in 128 double cells and 2 single cells for a total of 258 beds for each building. Building J3 houses general population offenders in 128 double cells and 2 single cells for a total of 258 beds for the building. Building J4 houses general population in sections J1, J2, K1, and K2 comprised of 85 double cells and 2 single cells. Sections L1 and L2 of Building J4 has 45 single cells that houses the structured programming and housing for the Intellectually Impaired (II) offenders.

The complex has 21 buildings (Skyview 9 / Hodge 12) within the secure compound that provides spaces for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, central control, and chapel. When inmate movement is required through the compound, it is accommodated through open-air corridors, and is monitored by roving correctional officers and by officers located at the entrance to the various buildings. The Unit has an educational program sponsored by Windham School System District who affords academic and vocational opportunities to eligible offenders. Other program and services provided at the unit include: work duties, Peer Education, reentry planning, chaplaincy services, and religious/faith based studies.

There currently are eleven (11) cameras (4 interior and 7 exterior) in place which are monitored through the Picket 2 post and the Warden's Office. Recordings can be retained for thirty (30) days on the servers. A comprehensive video surveillance

system upgrade has been requested but is low on the agency's priority based on security level of the complex.

The Unit Complex is managed by a Senior Warden and two Assistant Wardens.

### **SUMMARY OF AUDIT FINDINGS**

On March 22-24, 2017 a site visit was completed at the Skyview - Hodge Unit. The final report was provided on April 30, 2017. The results of the Skyview - Hodge Unit PREA audit are listed below:

Number of standards exceeded: **6**

Number of standards met: **34**

Number of standards not met: **0**

Number of standards not applicable: **3**

### **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)

The Texas Department of Criminal Justice (TDCJ) has a written policy Executive Directive 03.03 Safe Prisons/PREA Program and the Safe Prisons/PREA Plan, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency also established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty page document that outlines the agency's zero tolerance and the implementation of the safe prisons plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The Safe Prisons/PREA Program policy and Safe Prisons/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, educational handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the agency and the Skyview – Hodge complex is committed to zero tolerance of sexual abuse and sexual harassment. Each staff member also carries an informational card that outlines the first responder requirements.

Ms. Lori Davis is the Director of Correctional Institutions Division (CID) and is the agency's PREA Coordinator. She has direct access to the Executive Director and has the authority to manage the agency's Safe Prisons/PREA Program. The Safe Prisons/PREA Program is managed through six (6) regional Safe Prisons/PREA managers and ninety-one (91) institution Safe Prisons/PREA managers. Monthly meeting, memos, and policy reviews are provided for direction through the office. Further training and guidance is provided as needed. Agency updates and changes are forwarded from this office to the units. The Regional Safe Prisons Manager was present during the audit and knowledgeable of the PREA standards and the agency's compliance measures. As the agency's Regional PREA Compliance Manager, he works with the PREA Compliance Manager at the facility.

Each facility within the agency is to identify a PREA Compliance Manager that will ensure that effective practices and procedures are in place at the facility to ensure compliant with standards. This position reports directly to the Warden. The facility has designated a correctional officer as the PREA Compliance Manager and this position also oversees the Safe Prisons Office for the facility. The Safe Prisons Office responsibilities include PREA policy compliance, investigations, and the audit process. The offenders interviewed that reported sexual abuse and the LGBTI offenders were familiar with the Safe Prisons Office staff. They indicated they were able to report concerns to the Safe Prisons Office and were confident that the office would follow-up on issues. The Safe Prisons staff starts the offender education upon arrival at the facility. They provide PREA educational information and explain the Safe Prisons Office responsibilities and availability to the offenders. The Safe Prisons staff makes rounds in the housing areas to ensure the office services are available to the offender population; this was documented through housing unit log reviews. Offenders were able to identify the Safe Prisons staff by name during the interview process which demonstrates the active role and accessibility the Safe Prisons staff has created at the Skyview - Hodge Units. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons Office staff. The Safe Prisons /PREA Manager stated during the interview process that she and the Safe Prisons Office staff had enough time to perform the PREA duties for the facility. She was knowledgeable of the agency's PREA policies and procedures, the responsibilities for intake screening and education, and the general responsibilities as the PREA Compliance Manager.

### **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)

Texas Department of Criminal Justice (TDCJ) has renewed fifteen (15) contracts for the confinement of offenders. The contract language states, "The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy." PREA audits have been completed on all the facilities under contract for the confinement of offenders. All have completed final reports. The contract facilities are required by contract to provide a copy of the final report to the agency.

The final reports have been posted to the agency's website, <http://www.tdcj.texas.gov/divisions/arm/armrevstanprea.html>.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure the contractor is compliant with the PREA standards for Adult Prisons and Jails. The contract monitor is on-site at the facility. The monitor oversees all the operational practices, contract practices including PREA compliance, and the day to day operations of the facility. Any concern that would be determined imminent risk would have immediate actions taken for correction. All other concerns would be identified for correction and monitoring would occur until corrected. The PREA Compliance is accomplished and documented through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided previously by the Safe Prisons/PREA Program Manager and Manager II of Review and 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)

The Skyview-Hodge Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in Administrative Directive 11.52 Security Staffing, the Safe Prisons/PREA Plan, and Security Operations Procedure Manual 07.02. Based on the review of the staffing plan and interview with the Warden, the staffing plan was developed by the leadership of the Skyview-Hodge Unit with input from the PREA Manager and unit staff, regional staff, TDCJ Correctional Institutions Division (CID) Security Operations Office, and in coordination with the PREA Coordinator. The Warden indicated in his interview that the staffing plan is reviewed at least once a year. Copies of the staffing plan are maintained by human resources, regional office, agency headquarters, Warden's Office, Majors, and Assistant Wardens. Also the captains have access to the staffing plan.

The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated is documented on the staff turnout shift roster with the employee's name, post reassignment, and the reason for the deviation. Administrative Directive Security Staffing 11.52 outlines the requirement of the daily review of the facility's turnout reports. The Warden indicated that the lieutenants create the rosters, the captains review the rosters, and a copy is also provided to the human resources office for review. The Assistant Wardens also review the rosters. The Warden is notified of any deviation. The Warden indicated during his interview that he reviews the deviation reports daily and the assistant wardens review for the priority one and priority two staffing plan compliance. They are also reviewed daily by the shift supervisors and the Human Resources Office to ensure compliance with the staff priority one plan. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Operations Office for review and action. The most common reasons for deviations listed for Skyview in the pre-audit questionnaire were transports, hospital security and staff shortage. The Hodge Unit listed no deviations. The Warden and human resources indicated that Hodge Unit has not had deviations since Skyview staff are utilized to cover posts.

The Security Operations Procedure Manual Section Annual Security Staffing Review 8.06 and Administrative Directive Security Staffing 11.52 outlines that the CID Security Operations Office conducts an annual staffing review. The 2016 staffing plan review occurred on March 4, 2016. As a result of the meeting and review of the security staff allocations along with statistics

presented by the PREA Coordinator, it was determined that no changes were necessary to the staffing plan or shift turnout rosters; additional or enhanced video surveillance equipment was not required; and the unit is utilizing all resources available (e.g. overtime, recruiting efforts) to ensure the adequate security staff is available to meet the requirements of the staffing plan. The annual review had not occurred at the time of the audit. The Warden stated it is scheduled for May 2017.

Intermediate and higher level staff conduct unannounced rounds. The rounds are documented on the back of the daily shift turnout reports and in the housing unit logbooks. Through reviews of housing area logs and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility. The staff indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, conducting rounds in different areas on different days, using different routes and not utilizing a routine pattern, and entering the areas through back entries and not always using the front entry for the housing unit. The agency's policy Safe Prisons/PREA Plan and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring. This is also addressed during turnout as a refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, training of policies would occur with the staff member, supervision counseling may occur, and discipline action could be started on the employee.

### **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)
- Non-Applicable Standard

The Skyview-Hodge Unit does not house youthful offenders. Youthful offenders are housed at Clemens Unit (males) and Hilltop Unit (females). The Safe Prisons/PREA Plan covers the standard of separating youthful offenders from adult offenders and ensuring youthful offenders have access to programs and work opportunities.

### **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)

Through the review of Administrative Directive 3.22 Offender Searches and the Safe Prisons/PREA Plan, governing offender searches and cross gender searches, it confirms the policies and procedures address the standard. Interviews with staff and offenders plus observation of actual searches conducted during the audit, the Skyview-Hodge Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in extraordinary circumstances and when approved by the Warden. When a cross gender strip search occurs, it will be documented on the Cross-Gender Search Log, SPPOM 02.05 Attachment D. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Pat down searches of female offenders are conducted only by female staff. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown. The facility has not conducted any cross gender searches or cross gender visual body cavity searches of offenders.

The Safe Prisons/PREA Plan and facility's practice allows all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the offender interviews, inmates felt they received a sense of privacy for these functions. This was reviewed during the facility tour and housing unit visits and observed that the shower partitions provide privacy for the offender. During the complex tour, the auditor identified two areas

that had strip search sight line concerns. The outside recreation yard at Hodge needed barriers walls to be raised and an additional barrier at the entry of the strip search area. By the design of the recreation yard sitting lower in the yard and the main sidewalk on a higher grade, staff are able to view into the strip search area. In Skyview 5 Building, showers are located off the hallway and are visible to staff walking the hallway. A written directive by the Warden was issued to support the current practice of female staff not routinely walking the shower rows during the times offender showers are being conducted. The facility provided documentation within a week of the site visit demonstrating compliance of the recreation wall barriers raised and a swing door at the entrance to eliminate the sight lines into the strip search area. All sight line concerns were corrected.

The Safe Prisons/PREA Plan and officer's post orders require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Female staff "knock and announce," they knock on the door/wall when entering the area and loudly announce female on the run or female on the floor. The facility also has notices posted on the doors entering the housing areas stating, You are now entering a cross gender viewing area. Male staff, when entering the female housing area in Skyview Building 5, announce themselves by announcing male on the floor. This housing area is staffed by female staff only which limits male staff interaction, mostly supervisors enter the housing area. Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing. The auditor observed a staff turnout where the knock and announce was covered as training. Staff indicated that announcements are made upon entering the housing runs. During the random offender interviews, the male offenders stated that female staff announce when entering the housing areas by announcing "female on the run." The female offenders interviewed indicated that male staff also announce upon entering the female housing area.

The policy, AD 3.22 Offender Searches, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search. No searches have occurred in the audit period

All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and during daily turnout briefings. This is supported by policy AD 3.22 Offender Searches. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown. When staff were randomly asked how a transgender pat down search would be completed, they indicated by using the back or blade of their hand.

### **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)

The agency's policies 115.16 Intake Procedures, Administrative Directive 4.25 Language Assistance Services to Offenders Identified as Monolingual Spanish, AD 6.25 Qualified Interpreter Services, G51.1 Offenders with Special Needs, SM 5.50 Qualified Spanish Interpreters Guidelines, PO 7.105 Psychiatric and Developmentally Disabilities Program Post Order, G51.5 Certified American Sign Language Interpreter Services, and the Safe Prisons/PREA Plan has established procedures to provide disabled offenders 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. The policies and directives address interpreter service, American Sign Language services, and offenders with special needs.

The Skyview-Hodge Unit employs qualified interpreters who are designated staff who have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has twenty-two (22) certified qualified interpreters on various shifts and positions within the facility. The complex also has another indentified sixty-seven (67) staff that speak Spanish on various shifts. The agency maintains a list of staff who speak other languages than English and Spanish by region and facility including the name of the staff member and the language spoken. There are fifty-three (53) staff members in Region 2 who speak twenty-eight (28) other languages than English and Spanish. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters

are posted in English and Spanish throughout the facility. During the audit, four (4) interviews were conducted with disabled and limited English offenders. One (1) interview was with a visual impaired offender. He indicated he received his education through hearing the orientation video and assistance by a captain. One (1) interview was with a deaf offender who indicated he received the PREA education through the handbook, pamphlet, and at UCC through an interpreter. Two (2) interviews were with offenders with limited English proficiency with the assistance of a staff interpreter. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The agency policy, 115.16 Administrative Directive 4.25 Language Assistance, prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's certified qualified interpreters are available on various shifts and would assist. During the staff interviews, staff were aware of the policy and indicated that an offender interpreter would not be used, only qualified staff interpreters from the list would be used.

### **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)

Through a review of policies and executive directives, PD71 Selection Systems Procedure, PD73 Selection Criteria for Correctional Officer Applicants, PD75 Applicants with Pending Criminal Charges or Prior Criminal Convictions, PD27 Employment Status Pending Resolution of Criminal Charges or Protective Order, and the Safe Prisons/PREA Plan, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The application forms, Employment Application Supplement and Employment Supplement for Agency Applicants, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. These forms are utilized for new hires and promotions. There were 114 (111 / 3) criminal background checks completed during this audit timeframe for new hires and one (1) for contract of services. All new hired staff and contractors had completed background checks.

The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/ contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one month for viewing and six months for recall. The process of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five years.

Employees and contractors annually complete the Employee Acknowledgement Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. This requirement is also stated and available to employees in the Safe Prisons/PREA Plan.

The policy PD-73 Selection Criteria for CO Applicants states an applicant who provides false or inaccurate information or PREA Audit Report

documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum period of one year from the date of the applicant's PERS 283, State of Texas Application for Employment. A current employee who provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

The agency only provides copies of confidential documents contained in an active or former employee's file when a release of information is provided. The release of information authorization must be signed and dated by the active or former employee within sixty (60) calendar days prior to the request. The request will be handled by the Employee Service Section – Records Human Resources Division. This is outlined in policy PD56 Request and Release of Employment Information or Documents.

Personnel files were reviewed with the Human Resource Manager. The background process is conducted and maintained by the Human Resources Division in Huntsville. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency's policy and PREA requirements were being followed in regards to hiring, promotional decisions, and background checks.

### **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)
- Non-Applicable Standard

The Skyview-Hodge Unit has not made any substantial expansions or modifications of the existing facility or updates of video monitoring surveillance since August 20, 2012. There currently are eleven (11) cameras (4 interior and 7 exterior) in place which are monitored through the Picket 2 post and the Warden's Office. Recordings can be retained for thirty (30) days on the servers. A comprehensive video surveillance system upgrade has been requested but is low on the agency's priority based on security level of the complex.

The Security Operations Procedures Manual 7.02 Deletion, New Installation or relocation of Video Surveillance Equipment and SM 01.14 Operating and Monitoring Video Surveillance Systems directs the Surveillance systems Coordinator to collaborate with the facility's Warden and Safe Prisons/PREA compliance Manager prior to the deleting, installing, or relocating video surveillance equipment.

### **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)

Texas Department of Criminal Justice is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. The policy and procedures, AD 16.03 Evidence Handling, G57.1 Sexual Assault/Sexual Abuse, OIG 04.05 Offender Sexual Assault Investigations, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2<sup>nd</sup> Edition. An interview was conducted with a captain of the Skyview-Hodge Unit, who is responsible for the administrative investigations. Captains complete all the administrative investigation reviews and the investigations for all staff-on-offender allegations. The offender-on-offender allegations are investigated by trained sergeants or above in rank and then reviewed by a captain. The interview

confirmed the practices for PREA investigations and was very knowledgeable of the investigation process, the uniformed evidence protocol, and the use of the Sexual Abuse Checklist. The OIG investigator was not available for interview.

The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit, (available through the medical warehouse.) In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. The interview conducted with investigator confirmed the practices for sexual abuse investigations and was very knowledgeable of the Sexual Abuse Response Plan steps.

All victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were five (5) alleged victims of sexual assault who required a forensic exam. All were from the Skyview Unit. All of the alleged victims were taken to the nearest hospital emergency department for completion of the forensic exams. The exams were conducted at the hospital by qualified medical practitioner.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state that are willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated August 2015 (previous ones dated January 2014). The agency's Safe Prisons/PREA Program Manager is overseeing this process. The facility does provide a list of Rape Advocacy Centers in the Orientation Handbook provided to offenders at intake, in the law library, and available through the Safe Prisons Office. Postings are in each housing area notifying the offenders of the availability of the Rape Advocacy Center Directory in the library. The auditor verified the directory within the law library. The directory is readily accessible to the offender population as well as the Safe Prisons/PREA Plan.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Skyview-Hodge Unit has two (2) designated staff as offender victim representatives (OVR): chaplain and chief of classification. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender, to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

#### **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)

The agency policies, AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD 16.20 Reporting Incidents/Crimes to OIG, SPPOM 5.01 Sexual Abuse Response and Investigation, Board Policy PREA Audit Report

01.07 Inspector General Policy Statement, PD29 Sexual Misconduct with Offenders, SPPOM 5.05 Completing the Offender Protection Investigation, OIG 4.05 Offender Sexual Assault Investigations, and the Safe Prisons/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. Captains complete all the administrative investigation reviews and the investigations for all staff-on-offender allegations. The offender-on-offender allegations are investigated by trained sergeants or above in rank and then reviewed by a captain. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the Warden's and the Safe Prisons Office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. An interview was conducted with a captain responsible for the administrative investigation process. The OIG investigator was not available for interview. The investigator demonstrated the knowledge of facility's investigation responsibilities and the responsibilities of the OIG Investigator. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website, <http://oig.tdcj.texas.gov>.

There were nineteen (19) allegations in the past twelve months at the Skyview Unit and twelve (12) at the Hodge Unit for a total of thirty-one (31) for the complex. There were twenty-nine (29) allegations occurred at the facility and two (2) allegations reported by another facility. Of the seventeen (17) staff on offender allegations; there were fifteen (15) alleged staff on offender sexual abuse and two (2) alleged sexual misconduct/harassment. The administrative findings of the alleged staff on offender sexual abuse allegations were ten (10) unfounded, three (3) unsubstantiated, and two (2) substantiated. Of the two (2) staff on offender alleged sexual misconduct/harassment; both were determined unfounded. Of the fourteen (14) offender on offender allegations all were alleged offender on offender sexual abuse. The administrative findings of the alleged offender on offender sexual abuse allegations were thirteen (13) unsubstantiated and one (1) unfounded. Of the staff on offender allegations, OIG opened nine (9) cases; two (2) are still active and seven (7) were closed with no charges. Of the offender on offender allegations, OIG opened nine (9) cases; all were closed with no charges. A review of twelve (12) administrative investigations was conducted. The actual OIG investigations files were not available for review.

### **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)

TDCJ has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. The agency's policies, PD97 Training and Staff Development, PD29 Sexual Misconduct with Offenders, 6.01 Unit Safe Prisons PREA Program Awareness Training, and the Training Curriculum Safe Prisons/PREA Program address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prisons/PREA staff and agency leadership staff discussing the PREA information and requirements.

The initial training occurs at pre-service through the training curriculum Safe Prisons/PREA Program. The training is also provided annually through the annual in-service training for all staff. Additional training occurs during staff turnout briefing with different topics daily/weekly based on PREA updates and general information refreshers. The Safe Prisons Office staff also provides monthly training with a different topic selected for each month. Staff during interviews acknowledged the numerous methods they received training including pre-service, annual in-service, staff turnouts and security supervisors providing educational information while conducting rounds. The Pre-Audit Questionnaire indicated that all staff had completed training. Each employee is required to attend in-service each fiscal year and generally scheduled for the same month each year. If an employee cannot attend in-service at the scheduled time, they are rescheduled in the first available class upon return to work. Also each staff member is provided in pre-service prior to being assigned to the unit. The training records were checked for a variety of staff in different positions; all had completed the pre-service training and annual in-service.

TDCJ policy, AD 12.20 Implementation Operation of the TDCJ In-Service Program requires staff to complete the training annually as a refresher instead of the every two years as required by the standard; this exceeds the requirement. New employees receive the training as part of the pre-service training within sixty (60) days of employment. Training is documented through the signature of the employee on the Employee Acknowledgement Form. Gender specific information is provided through the lesson plan Gender Specific Training- Safe Prisons Initiative. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another. All training is maintained in the Department's Training Database for each employee. Documentation of training is directed through department policies ED12.10 TDCJ Training Database and PD97 Training and Staff Development.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detecting, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of Safe Prisons/PREA policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

### **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)

All contractors and volunteers who have contact with offenders in the TDCJ and the Skyview-Hodge Unit receive PREA training prior to assuming their responsibilities. The agency has 24,514 volunteers and 130 contractors agency-wide. The volunteers and contractors must complete the required training prior to being approved for services. Approved volunteers and contractors are not limited to specific facilities; they are approved to serve at all TDCJ facilities to include secured facilities and parole. The agency's policies, AD 2.46 Employees of Private Business, Government, and Entities Contracting with the TDCJ, AD 7.35 Administration of Volunteer Services, PD-29 Sexual Misconduct with Offenders, Volunteer Service Plan, Volunteer Services Training Video, Handbook for Volunteer, Letter of Orientation for Special Volunteers, and the Safe Prisons/PREA Plan covers the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video and Volunteer Services Training Video to help educate volunteers on PREA information. Volunteers are provided a handbook which is also available on the public website that covers PREA. The medical and mental health staff contractors have monthly and annual training on-line through the University of Texas Medical Branch. Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the Acknowledgement of Volunteer Training/Orientation Form. The form is filed in the volunteer's central file maintained at the TDCJ Volunteer Services in Huntsville, Texas. The electronic file is the source to which the facility identifies the approval status of a volunteer. The electronic file is updated by the TDCJ volunteer services staff. Volunteers and contractors are required to attend the training every two years prior to maintain their approval process. The alternate year a refresher course is provided on-line and updates are provided timely when changes are made. The agency exceeds the standard with the requirement of training every two years and providing updated information as needed to the volunteers and contractors. Volunteers and contractors are also provided the pocket informational card which is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

Interviews were conducted with three (3) volunteers and six (6) contractors. They all indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, and the agency's zero tolerance policy. They indicated they would report immediately to the area supervisor and the highest rank security officer.

### 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)

The Texas Department of Criminal Justice and the Skyview-Hodge Unit provide a comprehensive offender PREA education to the offender population beginning at reception into the agency. The agency policies, UCPM 5.00 Orientation Procedures, Unit Orientation, and SPPOM 6.02 Offender Sexual Abuse Awareness Training, address the PREA education for offenders at intake. Offenders are provided PREA education through handouts and video upon intake into the agency at the diagnostic intake units. At intake into the facility, the Safe Prisons Office staff provide offenders information through a PREA pamphlet, offender handbook (both available in English and Spanish), and verbally by staff that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During this audit period, the 2,684 (2,201/483) offenders that were received at the facility were given educational information. This information is again provided to them verbally by the Unit Classification Committee (UCC) which the offender usually sees the same day of intake. The auditor observed the intake process with two (2) offenders. Staff covered the zero tolerance policy, the role of Safe Prisons, the names of the Safe Prisons staff, the PREA information within the offender orientation package and handbook, how to report, and referral to the PREA posting providing information in the housing units. The auditor also observed the education during the classification process with the Unit Classification Committee. The UCC members again cover all the educational topics with the offenders and ask questions of the offender to determine if the offender comprehends the information. This can be a challenging effort for the facility with the offenders that are mentally ill and developmentally disabled. The staff show great care and patience when covering the topics with the offenders to ensure the offender understands. If an offender is received as a crisis intake, the Safe Prisons staff conduct the intake and inmate education with the offender as soon as the offender is determined stabilized by the mental health staff. Through the random interviews with offenders, they acknowledged receiving education on the same day as intake into the facility. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video titled Offender Safe Prisons Orientation Video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender on Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training.

The Pre-Audit Questionnaire indicated that only 141 of the 1,484 (9.5%) of the Skyview and 47 of the 341 (13.8%) of the Hodge Unit offenders received through intake were provided comprehensive education within thirty (30) days of intake. These numbers reflect the offenders that had not received comprehensive education at their unit of assignment. If an offender is received by the facility and has not had the comprehensive education, they are scheduled for the education. All offenders do see the PREA video upon arrival to the unit.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four day, four hour training taught by offenders. The training provides open discussion and interactive activities. Inmates interviewed regarding the class indicated the class is well received and educational. They indicated the interaction, role playing skits, and receiving information from their peers is a positive method of sharing and reinforcing PREA information. The instructors receive updated training as needed. The Safe Prisons Office works with them on updated and any issues.

The facility provides inmate education in formats accessible to all inmates. This is accomplished through written handbooks, pamphlets, and posters; verbally through video; and staff interaction. Information is provided in English and Spanish, American Sign Language, and other languages are available through the Qualified Interpreter Services. Policies AD 6.25 Qualified Interpreter Services - American Sign Language, G51.1 Offenders with Special Needs, G51.5 and Certified American Sign Language (ASL) Interpreter Services outlines this process and accessibility of services. During the audit, four (4) interviews were conducted with disabled and limited English offenders. One (1) interview was with a visual impaired offender. He indicated he received his education through hearing the orientation video and assistance by a captain. One (1) interview was with a deaf offender who indicated he received the PREA education through the handbook, pamphlet, and at UCC through an interpreter. Two (2) interviews were with offenders with limited English proficiency with the assistance of a staff interpreter. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The facility conducted PREA education in 2014 with all current inmates by housing unit within the twelve month period and documented it on the Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training. The facility's practice is to play the video annually in the housing units. The random inmates interviewed indicated the video was played in the units again and they were required to sign a form acknowledging their participation. The Safe Prisons/PREA Manager confirmed this training was completed in the housing units annually.

With the population of mental health and developmental disabled offenders, the Safe Prisons staff have a challenge in providing education that is understandable to the offender population. However, all offenders interviewed were very knowledgeable in how to report, who to report to, and where PREA information is posted. Through random offender interviews and discussions with offenders on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, and through information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero tolerance policy.

### **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)

The agency's policies, Board Policy 01.07 Inspector General Policy Statement, OIG 2.15 Training Procedures, AD 16.03 Evidence Handling, OIG 4.05 Offender Sexual Assault Investigations reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training curriculums Safe Prisons/PREA Investigations Conducting a Thorough Investigation, OIG Sexual Assault Investigation Topics, and OIG Interview and Interrogation includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency's 134 OIG and 40 Skyview-Hodge Unit's investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator's interview and review of the training records.

### **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)

The 130 medical and mental health staff of Skyview-Hodge Unit are contractors through the University of Texas Medical Branch (UTMB). The Correctional Managed Health Care policies G57.1 Sexual Abuse/Sexual Assault, C19.1 Continuing Education/Staff Development, and the Medical and Mental Health PREA Training direct specialized PREA training and continuing education for all medical and mental health staff. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The medical and mental health staff received training through an electronic on-line course and training with the Safe Prisons staff. The medical and mental health staff contractors have monthly and annual training on-line through the University of Texas Medical Branch. The Pre-Audit Questionnaire indicated 100% of the medical and mental health staff had completed the required training. The staff completed all required training prior to the on-site audit. Training records were submitted and reviewed to verify compliance. The training reports demonstrated the staff received training and documented they understood the training through a signature on the UTMB Correctional Managed Care PREA Training Form. Interviews with six (6) healthcare staff confirmed they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and

professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. All indicated they would report to the highest ranking security supervisor and the Safe Prisons Manager immediately.

The agency's policy CMHCPM G-57.1 Sexual Assault/Sexual Abuse states: "If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault forensic Examiner) exactly according to instructions provided in the standard rape kit. (Available through the medical warehouse.) In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

All victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were five (5) alleged victims of sexual assault from the Skyview Unit who required a forensic exam. All of the alleged victims were taken to the nearest hospital emergency department for completion of the forensic exams. The exams were conducted at the hospital by qualified medical practitioner.

The facility noted on the Pre-Audit Questionnaire 115.35(c)-1 that they were non-applicable for maintaining documentation showing that medical and mental health practitioners have completed the required training. The facility is in compliance with the requirement. The health care department maintains training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. These records are also maintained by the University of Texas Medical Branch (UTMB) electronically. All training conducted by the unit is maintained by the unit and the health care department; including annual in-service and any training conducted by the Safe Prisons Office. This practice was verified through the training records maintained by the health care department.

#### **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)

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM) 3.01 Offender Assessment Screening, Correctional Managed Health Care Policy Manual (CMHCPM) E35.1 Mental Health Appraisal for Incoming Offenders, SPPOM 5.06 Intake Procedures, and the Safe Prisons/PREA Plan. The policies, manuals, and Offender Assessment Screening Form were reviewed. An assessment is conducted of all inmates during receiving at the facility. This risk assessment assists with determining an inmate's vulnerability or tendencies of acting out with sexually aggressive behavior. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored.

The auditor had the Safe Prisons Office staff that complete the intake and screening to explain the assessment process from the receiving of the offender at the facility to the completion of the risk screening process. At the arrival to the facility, the intake staff completes the Offender Assessment Screening Form. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are usually completed on the day of arrival at the facility. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival. The process conforms to the PREA standards. The staff show great care and patience when covering the topics with the mental health and developmentally disabled offenders to ensure the offender understands the questions and answers provided. If an offender is received as a crisis intake, the Safe Prisons staff conduct the risk screening and inmate education

with the offender as soon as the offender is determined stabilized by the mental health staff. The facility indicated that all offenders were screened within 72 hours of their intake. The facility has three (3) staff members trained who can perform the risk assessments. The three staff all work for the Safe Prisons Office. During the offender interviews, most offenders indicated they remember being asked these questions on the day of their arrival and others indicated by the next day.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's Safe Prisons/PREA Plan policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. In the audit period, only forty-nine (49) offenders (38 of 2,201 at Skyview 1.7% / 11 of 483 at Hodge 2.3%) were reassessed for risk of victimization or abusiveness. This reassessment was completed within 30 days of the offender's intake into the facility. The auditor observed a reassessment conducted by the Unit Classification Committee which was requested by an offender. The offender had disclosed in his initial risk assessment that he was transgender. The mental health offender wanted his classification changed since he no longer identified as transgender and his justification was the education regarding gender identification received through his counseling. The committee granted his request. However, the Safe Prisons staff was going to continue monitoring the offender to ensure his understanding and safety.

Through policy review of SPPOM 3.01 Offender Assessment Screening and the Safe Prisons/PREA Plan and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the Record Office. Other than the record staff, the only other staff with access is the Warden, Assistant Wardens, Intake staff, Safe Prisons Office staff, Majors, and the Unit Classification Committee (UCC). The Majors are the chair of the UCC. Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. The protection of information is outlined in policies SPPOM 3.01 Offender Screening Assessment, Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual (CMHCPM) A09.01 Privacy of Care, and CMHCPM H61.1 Confidentiality and Release of Protected Health Information.

#### **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)

The agency's policies IPM 4.01 Intake Procedures, SPPOM 3.01 Offender Assessment Screening, AD 4.17 Offender Housing Assignment Criteria and Procedures, AD 4.18 Offender Job Assignments, and the Safe Prisons/PREA Plan address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the Unit Classification Committee and a shift supervisor to determine housing assignment. During the site visit, the auditor observed the classification committee reviewing the risk assessment completed at intake and making appropriate housing and work assignments with six (6) offenders. The committee reviewed the risk screening tool with the offender and discussed the housing, work assignment, and programs. The offender was able to provide input and ask questions regarding the assignments. The UCC members showed patience while communicating with the mental health and developmentally disabled offenders. At times, it took additional time and explanation for the offenders to understand the process and decisions made by the committee. The committee went beyond all expectations when determining the housing, work, and program assignments for the mental health and developmentally disabled offenders and then communicating that information in a manner that the offender understood. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security, safety, and special needs of the individual offender.

The agency's policy CMHCPM G51.1 Treatment of Offenders with Intersex Conditions and the Safe Prisons/PREA Plan indicate that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. There were four (4) identified transgender offenders. During interviews with three (3) transgender offenders, they

indicated they had the opportunity to shower separately, were treated with respect, and were not housed in dedicated housing areas. Upon review of the housing assignments, the transgender population is housed in different housing units in the facility.

By policy SPPOM 3.02 Special Population Review and the Safe Prisons/PREA Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The auditor observed a reassessment conducted on an identified transgender by the Unit Classification Committee which was requested by an offender. The offender had disclosed in his initial risk assessment that he was transgender. The mental health offender wanted his classification changed since he no longer identified as transgender and his justification was the education regarding gender identification received through his counseling. The committee granted his request. However, the Safe Prisons staff was going to continue monitoring the offender to ensure his understanding and safety. The transgender population all stated they felt safe and felt comfortable discussing any concerns with the Safe Prisons staff. The Safe Prisons/PREA Manager confirmed during the interview that a special population review is conducted with each transgender offender every six months. The offenders acknowledged that reassessments with classification are conducted every six months. This is conducted as a classification meeting with the classification committee including the Chief of Classification and a Safe Prisons Staff member.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. Through the interviews with the transgender offenders, it was verified they were housed in various housing areas within the facility. The facility has single shower stalls with shower curtains which allow transgender and intersex offenders the opportunity to shower separately from other offenders based on housing location. If the transgender offender is housed in a dorm, the transgender offender showers upon completion of all other showers. This practice is supported through a memo from the Warden that states "Any offender identified as transgender housed on Skyview 1 through Skyview 4 Buildings will be showered in the short dorm upon completion of all regular showers. The shower time for transgender offenders will be 2200 hours until completed."

#### **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)

The agency's Administrative Segregation Plan, Administrative Segregation Initial Placement and Notification Form, Safe Prisons/PREA Plan, Guidelines for Administrative Segregation, and the Offender Protective Investigation Form Report prohibits the placement of offenders at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, education, and work opportunities to the extent possible. The shift supervisor interviewed who supervises offenders in special housing indicated that offenders still access to services including law library, commissary, visitation, telephone calls, school materials, and religious services to the extent possible. If a restriction occurs, it will be reviewed every twenty-four (24) hours. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted every seven days for the first sixty days then at least every thirty days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregations, and the Safe Prisons/PREA Plan.

The Skyview-Hodge Unit has not placed an offender in involuntary segregated housing. Offenders are placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

### **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)

The Texas Department of Criminal Justice established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, handbooks, and on posters throughout the facility. Offenders can report verbally and in writing to staff, write the Safe Prisons Office, report through the grievance system, utilize third party reporting, or send an anonymous note. Inmates may also report allegations in writing to the Office of the Inspector General and PREA Ombudsman as an outside agency, policy ED 02.10 Prison Rape Elimination Act Complaints and Inquires. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. Per policy BP-3.91 Uniform Offender Correspondence Rules, the offender may send correspondence to a special correspondent which includes the PREA Ombudsman, any member of the Texas Board of Criminal Justice, and Executive Director, sealed and uninspected. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility administration for investigation. The offices forward to the facility information regarding the allegation and the victims name unless the victim has requested to stay anonymous. Two (2) of the allegations were reported by outside the facility to a third party. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, and interviews with offenders and staff.

During the formal offender interviews and informal offender interviews during the tour, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to staff. They also were able to identify other options available to them for reporting including telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons Office Staff, or a security supervisor. Upon reviewing the reporting methods of the thirty-one (31) allegations reported within the facility; twenty-three (23) were verbally reported to a staff member, one (1) was reported in writing through an I-60, three (3) through grievances, two (2) reported at another facility, and two (2) reported outside the facility. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, Safe Prisons staff, Majors, or a supervisor.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. Staff acknowledged through interviews that they would report immediately any allegations and document through an inter-office communication form. They were aware they could privately report an incident to the OIG or Ombudsman Offices. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

The agency does not house offenders solely for immigration purposes.

### **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)

The agency's policies AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, Safe Prisons/PREA Plan and OGOM 1.04 PREA Allegations addresses administrative procedure for offender grievances regarding sexual abuse and the

agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The Department does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an inmate to use an informal grievance process or otherwise to attempt to resolve with staff. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process. Grievances are submitted to the Unit Grievance Investigator's Office.

Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Chief of Classification, Unit Safe Prisons/PREA Manager, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within 48 hours of receipt. The agency's policy requires that within five (5) calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. There were two (2) grievances submitted at Skyview; one (1) alleged sexual misconduct by staff and one (1) allegation of sexual abuse by staff. These grievances were handled as emergency grievances; they were forwarded to a management level for immediate corrective action. The initial responses were provided within 48 hours of receipt of the grievance. Through a review of the grievances and discussion with the Warden and Major, it was determined they were handled in a timely and proper manner. This was also documented through the review of the timeframes in the investigation files. The Pre-Audit Questionnaire indicated that there was two (2) grievances alleged substantial risk of imminent sexual abuse. After discussion with the Safe Prisons/PREA Manager and review of the grievances, none were for substantial risk of imminent sexual abuse. All the allegations received through the offender grievance system were post allegations.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons staff, staff member, or a security supervisor.

The Department policies AD 03.82 Management of Offender Grievances, OGOM 9.00 Third Party Grievances, and the Safe Prisons/PREA Plan address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of inmates. A third party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. There was no third party assistance during this audit time frame.

The Safe Prisons/PREA Plan states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Skyview-Hodge Unit had no disciplinary actions against an offender for having filed a grievance in bad faith.

### **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)

The agency's policy SPPOM 02.02 Offender Victim Representative, BP 03.91 Uniform Offender Correspondence, PREA Brochure, and the Safe Prisons/PREA Plan indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by access to victim offender representatives, giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, and the extent to which communications will be monitored. The offenders receive a list of Rape Advocacy Services as part of the Unit Orientation Handbook at intake. The Rape Advocacy Services Directory is also provided in the law library as well as the Safe Prisons Plan. Inmates can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.

The majority of offenders interviewed indicated they were not aware of the outside support services. However, the facility provides this information in multiple ways to the offenders: during the education process, in the PREA brochure, in the Unit Orientation Handbook, and on posters within the facility. This information is also available through the law library and Safe Prisons Office. There are posters throughout the facility that state Rape Crisis Resource Directory is available in the law library. Upon discussion of this concern with the facility staff, the Safe Prisons staff indicated they would further stress this information during the education process with the offenders. While verifying the directory in the law library, the directory as well as the Safe Prisons Plan is available on a shelf readily marked and accessible to the offender. This allows an offender to obtain the information without requesting through other offenders or staff.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. The agency continues to solicit community rape crisis organizations across the state that are willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated August 2015 (previous ones dated January 2014). The agency's Safe Prisons/PREA Program Manager is overseeing this process.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Skyview-Hodge Unit has two (2) designated staff as offender victim representatives; the Chaplain and Chief of Classification. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. They are available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

### **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)

The agency's policies Executive Directive 02.03 Ombudsman Program, ED 02.10 Prison Rape Elimination Act Complaints and Inquires, and SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency establishes guidelines and procedures for responding to complaints or inquires both through the Ombudsman Office and agency staff. The Department's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's Ombudsman Coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency's website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

General public complaints and inquires received by the Ombudsman Office, either in writing or verbally, must be responded to within ten days. However, the sexual assault allegations are forwarded immediately to the PREA Ombudsman, Facility Administrator, and OIG for investigation.

Two (2) of the allegations were by a third party. Through the review of the investigation process, both allegations were investigated with one determined unfounded and the other unsubstantiated. During the formal offender interviews and informal offender interviews during the tour, offenders were able to identify telling another offender, PREA Ombudsman, OIG, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews also. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility.

### **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)

The agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Office of Inspector General, PD29 Sexual Misconduct with Offenders, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy SPPOM 05.01 Sexual Abuse Response and Allegation states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training, pre-service training, and turnout briefings for all staff. The Safe Prisons/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment and document through an inter-office communication form.

Policy CMHC G57.01 Sexual Assault/Sexual Abuse addresses the medical and mental health staff reporting requirements for sexual abuse. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to OIG if the offender provides consent. If under the age of 18, the staff must report the incident to OIG and the offender consent is not required. The Child Protective Services Agency would also be contacted. During the interviews with medical and mental health staff, they indicated their reporting requirements for sexual assault/sexual abuse which mirrored the policy.

All allegations are reported to designated investigators, policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, CMHC G57.1 Sexual Assault/Sexual Abuse and Safe Prisons/PREA Plan. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders including third-party and anonymous reports. Staff acknowledged through interviews that they would report immediately any allegations and document them through an inter-office communication form. They were aware they could privately report an incident to the OIG or the Ombudsman Offices. They identified the OIG and the Safe Prisons Office as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

### **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)

The agency's policies SPPOM 5.01 Sexual Abuse Response and Investigation, AD 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 5.03 Time Frames Associated with Offenders Protection Investigations, and the Safe Prisons/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse; to immediately separate the offender from the area to keep the offender safe and contact the supervisor. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process

taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

In the audit period, the facility reported that forty-three (43: Skyview 30/ Hodge 13) offenders were subject to substantial risk of imminent sexual abuse. These were all allegations reported regardless of where the alleged abuse occurred. Upon review, there were actually twenty-nine (29) allegations reported at the facility and all incidents were reported after the alleged abuse occurred and none were at imminent risk of sexual abuse. The method of reporting primarily was offender approaching a staff member and telling them verbally. The offenders were immediately removed from the area and placed in transient housing to ensure safety of the offender while the investigation was started.

### **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)

The agency's policies SPPOM 4.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 4.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, BP-2.09 PREA Ombudsman Policy Statement, AD-16.02 Reporting Incidents to the Office of Inspector General, and the Safe Prisons/PREA Plan requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred, and start the investigation process. This process is outlined in the Safe Prisons/PREA Operating Manual and Safe Prisons/PREA Plan. The facility must document and report as soon as possible but no later than 72 hours the offender's allegation by submitting a priority email via the Department's mainframe followed by a phone call to alert of the allegation and impending email. The facility will print and retain a copy of the email in the appropriate PREA compliance folder. The reporting facility must also notify the Safe Prisons/PREA Manager. The facility staff is also responsible for notifying the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident. This process was confirmed through the interviews with the Warden, PREA Manager, Investigator, and the Agency Head designee.

In the audit period, there were two (2: Skyview 1/Hodge 1) notifications of alleged sexual abuse the facility received from another facility. The allegations was investigated and one was determined unfounded and the other unsubstantiated. OIG has an active case still open on the allegation that was determined unsubstantiated. Notifications were reviewed and the notifications were made within the acceptable time frame as documented in the investigation files.

### **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)

The agency's policies SPPOM 5.01 Sexual Abuse Response and Investigation, OIG 4.05 Offender Sexual Assault Investigations, AD 16.03 Evidence Handling, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift supervisor. The Shift Supervisor will make further notifications to the Warden, medical, mental health, Safe Prisons Office, and OIG.

The first responder responsibilities to separate the alleged victim and abuser, verbally instruct offenders not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA pre-service training, annual in-service training, and during turnout briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and the reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. Non-security staff interviewed were also knowledgeable in the process to be taken and to notify a security supervisor. The three (3) first responders interviewed outlined the process that was taken to ensure the safety of the offender including separating the alleged victim from the abuser, place the offenders in safe secure area, secure the area as a crime scene, preserve the evidence, notify shift supervisor, notify medical, and document the allegation. In the audit period, there were twenty-nine (29) allegations reported within the facility that an offender was sexually abused in the facility. The facility indicated that a security staff member was the first responder on all of the allegations.

There were four (4) offenders interviewed that reported sexual abuse. The offenders all indicated that staff took the appropriate actions to separate the offenders and place in an area of safety. Two (2) of the allegations were offender on offender sexual misconduct, one (1) was staff on offender sexual misconduct, and one (1) was an actual sexual abuse allegation staff on offender. This offender indicated an I-60 was written to medical and then the offender was called over to see medical staff were the offender reported the allegations of sexual abuse. The actual incident occurred in 2007 and was outside the audit time period. The offender indicated the facility took appropriate actions by providing medical care, investigated, told the offender the outcome of the investigation which was substantiated, and was informed by OIG that the criminal charges were dropped by the court system.

#### **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)

The agency's policy SPPOM 5.01 Sexual Abuse Response and Investigation and the Safe Prisons/PREA Plan outlines the coordinated effort between security staff, Office of the Inspector General, medical and mental health services, and victim advocate/offender victim representative. The procedures provide a systemic notification and response following a reported sexual abuse incident. A checklist, Sexual Abuse Investigation Checklist, is provided to assist with the documentation of the completion of each part of the notification and response process. The Skyview-Hodge Unit has a written institutional plan coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the agency's plan outlined in the Safe Prisons Plan. The checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The Warden indicated the supervisors utilize the checklist for the investigation process to ensure all departments and activities are coordinated and the team works well together. The coordinated response was also documented on the Sexual Abuse Investigation Checklist located in each of the investigation files reviewed.

#### **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)

X Non Applicable

The Texas Department of Criminal Justice reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is an "at will employer" and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

### **Standard 115.67 Agency Protection Against Retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

The Department's policies SPPOM 5.08 90-Day Monitoring for Retaliation, PD-29 Sexual Misconduct with Offenders, PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD-31 Discrimination in the Workplace and the Safe Prisons/PREA Plan outlines protection of all inmates and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or inmates. The policy designates the Warden or the Safe Prisons/PREA Compliance Manager as the staff member to monitor retaliation.

The Safe Prisons Office staff monitors the offenders. The Safe Prisons Office staff complete at a minimum thirty (30) day reviews for retaliation, a number of the reviews occurred more frequently. A notebook is maintained with a documentation form, Offender 90 Day Monitoring Form, for each inmate that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The documentation included detailed information including notes on all changes, including why a housing, job or program change was made. This provided the documentation to ensure the changes were not made for retaliation. The thirty-day reviews with the offender occur in the Safe Prisons office. Further contact is made with the offender while making housing unit rounds. The staff was very knowledgeable of the responsibilities. Inmates being monitored for retaliation indicated during their interviews they were comfortable contacting the Safe Prisons Office with issues and felt they would respond appropriately to their concerns. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. Currently, there were nine (9) offenders being monitored for retaliation. The Safe Prisons/PREA Manager monitored all the offenders that were alleged victims. There were no monitoring cases extended beyond the 90 days for this audit period. There were no incidents of retaliation reported by offenders.

At the Skyview-Hodge Unit, the Major is assigned to monitor the staff sexual abuse retaliation. Reviews are completed at a minimum every thirty (30) days for retaliation. A file is maintained with a documentation form, Staff 90 Day Monitoring Form, for each staff member that is being monitored. As part of the review, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty (30) days and informal reviews with the staff member when making rounds. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden shall promptly remedy the situation and advise the staff member of the availability of emotional support services. Different measures to protect the staff may include different job position, shift assignments, and/or work hours while the investigation of retaliation is in progress. There were no incidents of retaliation reported by staff.

If a staff member or inmate who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. The Warden indicated a review of grievance statistics to determine if there is a pattern, work assignments, and disciplinary records would be some of the ways to review for retaliation. Also he would notify OIG to assist and initiate an investigation if retaliation is suspected. The monitoring would be extended during the investigation process.

Once the monitoring is completed, the Completed Monitoring Form is maintained in the Major's office for staff and in the Safe Prisons Office for offenders. The retaliation monitoring process was confirmed through interviews with the Warden, Major, PREA Audit Report

and Safe Prisons/PREA Manager and through reviews of the monitoring forms. There were no reported incidents of retaliation at the facility.

#### **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)

The agency's policies AD-4.63 Transient Status Offenders, Administrative Segregation Plan, and the Safe Prisons/PREA Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Skyview-Hodge Unit utilizes single cells within the housing buildings for transient housing cells to separate offenders as needed during the investigation process. The transient housing cells are utilized when an offender needs safe housing or when a sexual abuse investigation is initiated. Offenders are placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in a single cell within the housing building and classified as administrative segregation during the investigation.

From the interviews with staff and offenders, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the offender. There were no offenders who suffered sexual abuse held in involuntary segregation housing in the audit period.

#### **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)

The PREA standard is met through the agency's policies AD-16.20 Reporting Incidents/Crimes to the Office of Inspector General, AD-2.15 Operations of Emergency Action Center, OIG 4.05 Offender Assault Investigations, OIG 5.10 Property and Evidence Control, AD-16.03 Evidence Handling, SPPOM 5.05 Completing the Offender Protection Investigation Worksheet, SPPOM 5.11 Completing the Staff on Offender Sexual Abuse Investigative Worksheet, and the Safe Prisons/PREA Plan. These policies address conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports.

The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were initiated immediately and notification to OIG was immediate. OIG starts their investigation immediately upon notification. This was also confirmed through the interviews with the facility investigator and the Warden. If the incident occurs after hours, the shift supervisor will begin the investigation process and notifications will be made to the unit investigator, the Safe Prisons/PREA Manager, and an OIG investigator. Once on site, OIG will take over the investigation and evidence collection and the unit investigator will continue the administrative investigation. Once an offender protective investigation is initiated, notifications are made through email to the Chief of Classification, Warden, Deputy Wardens, count room, Majors, and supervisors as needed.

In the review of the training records, all investigators have received special training in sexual abuse investigations. The specialized training curriculums, Safe Prisons Training: Conducting a Thorough Investigation and OIG Sexual Assault PREA Audit Report

Investigations are utilized for the specialized training of investigators. The agency's 136 OIG and 40 unit investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator's interview and review of the training records. The positive partnership between the facility staff and the OIG investigators were demonstrated through the daily working relationship.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigators, and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. When an allegation is reported, the facility's investigator begins an administrative investigation immediately. It is also referred to the Office of Inspector General immediately to begin a criminal investigation. The investigator and the Warden acknowledged the outstanding cooperation and working relationship between the facility and OIG during the investigation process. The facility administration usually receives monthly updates on cases from OIG or as needed. The Warden shared during the interview the positive communication and information sharing from OIG regarding updates and outcomes of the cases. The Warden also stressed the good working relationship between the unit and OIG including the assistance by OIG with the criminal and administrative investigations.

If OIG determines a crime has been committed, the case is referred for prosecution. It is discussed with the special prosecution unit to determine if additional information or items are needed for support. Of the staff on offender allegations, OIG opened nine (9) cases; two (2) are still active and seven (7) were closed with no charges. Of the offender on offender allegations, OIG opened nine (9) cases; all were closed with no charges. No cases were referred for prosecution. In the audit period, there were two (2) employees who violated the agency sexual abuse and sexual harassment policies. Both employees resigned during the investigation process. The investigation process was completed on each case and each case was determined substantiated. OIG completed investigations on both cases; the cases did not meet the criminal codes for prosecution. The Pre-Audit Questionnaire indicated one (1) case was pending Grand Jury, however, upon further information this case was prior to the audit time period. The case was still pending at the time of the audit.

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. The investigator stated during the interview that all individuals are viewed objectively until proven otherwise through the investigation process. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers, is released, or departs employment with the agency.

The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the Warden's comments. The investigation report is part of the Investigation Folder which also contains the EAC incident report, victim offender travel card, alleged abuser travel card, offenders photographs after allegation, medical and mental health clinical notes including the referrals, completed retaliation monitoring forms, and the Sexual Abuse Investigation Checklist completed. The Investigation Folder is maintained in the Warden's area. Twelve (12) cases were reviewed. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically. This process is supported by Department policies OIG OPM 3.72 Record Retention-PREA and the records retention schedule.

There were nineteen (19) allegations in the past twelve months at the Skyview Unit and twelve (12) at the Hodge Unit for a total of thirty-one (31) for the complex. There were twenty-nine (29) allegations occurred at the facility and two (2) allegations reported by another facility. Of the seventeen (17) staff on offender allegations; there were fifteen (15) alleged staff on offender sexual abuse and two (2) alleged sexual misconduct/harassment. The administrative findings of the alleged staff on offender sexual abuse allegations were ten (10) unfounded, three (3) unsubstantiated, and two (2) substantiated. Of the two (2) staff on offender alleged sexual misconduct/harassment; both were determined unfounded. Of the fourteen (14) offender on offender allegations all were alleged offender on offender sexual abuse. The administrative findings of the alleged offender on offender sexual abuse allegations were thirteen (13) unsubstantiated and one (1) unfounded. Of the staff on offender allegations, OIG opened nine (9) cases; two (2) are still active and seven (7) were closed with no charges. Of the offender on offender allegations, OIG opened nine (9) cases; all were closed with no charges. A review of twelve (12) administrative investigations was conducted. The actual OIG investigations files were not available for review.

The auditor determined the facility exceeds this standard through the partnership OIG and the facility demonstrates in the investigation process and communication. Also the investigation reports were very detailed, well written, and easy to follow the reasoning of the findings. And the Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically, beyond the five year requirement of the standard.

### **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)

The Department's policy SPPOM 5.05 Completing the Offender Protection Investigation and the Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interview with the unit investigator and staff confirm compliance with the policy and standard.

### **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)

The agency's Safe Prisons/PREA Plan and Unit Classification Committee (UCC) Notification of Offender Protective Investigation requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to inmates are documented on the Attachment J: Offender Protection Investigation Form. The process directs the Unit Classification Committee (UCC) and the Safe Prisons PREA Manager to notify the inmate in person the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The process outlines that the offender will be notified verbally and in writing by the UCC Chairperson, and the offender signs acknowledging the notification on the Offender Protection Investigation Form Attachment J, along with the UCC Chairperson's signature for documentation of the process completion. This process was confirmed during interviews with staff and offenders and reviews of the notifications in the case files.

OIG provides monthly updates to the facility on the criminal investigations. The offender is informed of the progress of the investigation, policy SPPOM 5.10 Reporting Sexual Abuse Criminal Case Status to Offenders and the Safe Prisons/PREA Plan. The investigation updates to offenders of prosecution cases are made through written format by the Safe Prisons/PREA Program Manager at the agency level.

If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the Safe Prisons PREA Manager to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The agency's process has the agency's Safe Prisons/PREA Program Manager making the notifications to the offender on the outcome of the OIG investigation including prosecution. The investigation files reviewed all contained the offender notifications documented on the Offender Protection Investigation Form. All the notifications made by the facility were made in a timely basis.

The Pre-Audit Questionnaire indicated that thirty-one (31) outcome notifications were made. All the outcome notifications of PREA Audit Report

administrative investigations were made to the offender by the facility through the Unit Classification Committee. The notifications of outcome were documented in the investigation case files.

#### **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)

The agency's policies PD-29 Sexual Misconduct with Offenders, PD-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, and PD-22 General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action. The policies also provide disciplinary sanctions for violations of the agency's 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. Policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General directs that all incidents or allegations of serious employee misconduct shall be reported to the OIG for determination regarding the OIG action to be taken in response to the reported incident.

In the audit period, there were two (2) employees who violated the agency sexual abuse and sexual harassment policies. Both employees resigned during the investigation process. The investigation process was completed on each case and each case was determined substantiated. OIG completed investigations on both cases; the cases did not meet the criminal codes for prosecution. When a staff member resigns during an investigation, the facility places the discipline process in a pending status. If the staff member returns to employment at any time, the disciplinary process would continue at that time. The staff members are coded not to rehire.

#### **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)

The Department's policies PD-29 Sexual Misconduct with Offenders, the Volunteer Service Plan, Volunteer Training Facilitators Guide, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The contractor/volunteer will also be prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with nine (9) contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Warden stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with inmates.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

### **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)

The agency's policies Disciplinary Rules and Procedures for Offenders and the Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The 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, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. 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, if any; policy Disciplinary Rules and Procedures for Offenders and Safe Prisons/PREA Plan. The Warden indicated that prior to the hearing, mental health staff must be contacted and review the disciplinary infraction to determine if the disability or illness contributed the behavior. The information and outcome of the review is discussed and shared with appropriate staff.

The agency's policy SOTP 01.01, Overview of the Sex Offender Treatment Program, outlines the program to address the needs of sex offenders including providing need specific rehabilitative interventions designed to limit an offender's risk to reoffend. An offender can be referred to programming based on the mental health assessment of the offender abuser. The facility/agency's Safe Prisons/PREA Plan states consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. During the interviews with medical and mental health staff, they indicated that an inmate's participation is not required as a condition of access to programming or other benefits. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes or disciplinary action. The agency's policy prohibits all sexual activity between offenders to include consensual and will process discipline offender on offender sexual activity, but will not consider it sexual abuse.

There were no administrative findings of offender-offender sexual abuse. There was no criminal finding of guilty for offender-on-offender sexual abuse.

### **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)

The agency's policies G57.1 Sexual Assault/Sexual Abuse, Offender Assessment Screening, E35.2 Mental Health Evaluation, and the Safe Prisons/PREA Plan requires medical and mental health follow-up within ten business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the inmate is referred for medical and mental health services. If deemed as an emergency or a serious nature, the inmate is seen immediately by medical and mental health. All other follow-ups from

referrals will be seen by medical and mental health within ten (10) days. All referrals are scanned and forwarded to medical and mental health by the staff completing the risk assessment; they are placed in the offenders' health care files. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. The facility indicated that all offenders that disclosed prior victimization during screening was offered a follow-up meeting with medical and mental health. Out of the six (6) offenders interviewed that disclosed victimization, five (5) acknowledged they were offered medical and mental health services. They also indicated they received follow-up with medical and mental health in most cases the same day of disclosure. One (1) offender did not remember reporting or seeing mental health. The auditor selected six (6) random files to review. The offenders' case notes documented being seen by mental health, however, the notes did not indicate the reason for the referral. A recommendation was made that mental health staff need to document the referral with the reason for the referral and the services provided to the offender.

Information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as required; policies SPPOM 5.05 Completing the Offender Protection Investigation, CMHCPM A-09.1 Privacy of Care, CMHCPM H-61.1 Confidentiality and Release of Protected Health Information, and the Safe Prisons/PREA Plan. Information is shared with appropriate staff including the Warden, Deputy Wardens, Majors, Classification, and the Safe Prisons Office staff as needed to make housing, bed, work, education, and program assignments. The medical and mental health staff obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, policies CMHCPM G-57.1 Sexual Assault/Sexual Abuse, CMHCPM I-70.1 Informed Consent, CPOM 2.05 Requirement to Contact Department of Family Protective Services. This process was confirmed through interviews with medical and mental health staff, the Warden, and the Safe Prisons Office staff.

#### **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)

The Department's policies CMHCPM G-57.1 Sexual Assault/Sexual Abuse, CMHCPM A-01.1 Access to Care, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan indicate that offenders who are victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The policies also indicate victims of sexual abuse shall 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. Emergency medical attention is provided through the facility's medical department. Health care services are provided seven days a week, 24 hours a day.

All victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were five (5) alleged victims of sexual assault from the Skyview Unit who received forensic exams. All of the alleged victims were taken to the nearest hospital emergency department for completion of the forensic exams. The exams were conducted at the hospital by qualified medical practitioner. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the shift supervisor begins the notifications which include medical and mental health services as outlined in the Safe Prisons/PREA Plan and SPPOM 5.01 Sexual Abuse Response and Investigation. This process was verified through incident reviews, the Sexual Abuse Investigation Checklist within the investigation files, and interviews with staff and medical and mental health practitioners.

The offenders also receive timely information and access to emergency contraception and sexually transmitted infections prophylaxis, policy CMHCPM G-57.1 Sexual Assault/Sexual Abuse. These services are offered through the CID nurse immediately. Additional education and follow-up treatment and testing are provided as needed by the CID nurse. One (1) offender who reported sexual abuse indicated she was seen immediately by medical, testing was provided, and follow-up

treatment was provided with no cost. The interviews with medical staff confirmed this process. Treatment services are provided to every victim without any financial costs policy CMHCPM G-57.1 Sexual Assault/Sexual Abuse.

### **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)

The agency's policies CMHCPM G-57.1 Sexual Assault/Sexual Abuse, SPPOM 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no cost to the offenders and are consistent with the community level of care, per policies CMHCPM E-32.1 Receiving, Transferring, and Continuity of Care Screening, CMHCPM G-57.1 Sexual Assault/Sexual Abuse, and CMHCPM E-44.1 Continuity of Care. The healthcare staff during their interviews indicated that the healthcare services are consistent with the community level of care and in most cases better than the community. Pregnancy tests (for female offenders) and prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately. Additional education, follow-up treatment, and testing are provided as needed by the CID nurse. Treatment services associated with sexual assault/sexual abuse or alleged sexual assault/sexual abuse will not result in the application of the health services fee to the victim. One (1) offender who reported sexual abuse indicated she was seen immediately by medical and testing and follow-up treatment was provided with no cost. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process.

The Safe Prisons/PREA Plan and policy CMHCPM G-57.1 Sexual Assault/Sexual Abuse states if an incident occurs within the 96 hours of reporting, the offender will be seen by a mental health professional immediately after medical exams are completed. If reported after 96 hours, the offender will be referred to and will be seen by a mental health professional within ten (10) business days. This applies to the victim and the offender-on-offender abuser. A mental health evaluation of all known offender-on-offender abusers shall be attempted within sixty (60) days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. The mental health practitioners interviewed explained the process that occurs once a referral is made. They indicated, in most cases, the offender is seen for an evaluation the day of the referral. Treatment will be offered based on the outcome of the mental health evaluation. There was no confirmed offender on offender abuser in the twelve month period.

### **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)

The agency's policies AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 8.01 Monthly Safe Prisons/PREA Plan, and the Safe Prisons/PREA Plan directs that the Warden and the Incident Review Team complete an administrative review for all allegedly sexual abuse and staff sexual harassment incidents. The Administrative Incident Review must be forwarded to the Regional Director no later than 10 working days following the notification to Emergency Action Center (EAC). The facility's Warden obtains input from security supervisors, investigators, and medical and/or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team includes the Deputy Wardens, Major, Safe Prisons staff, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change

policy or practice to better detect, or respond to sexual abuse; 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 was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The facility will implement recommendations that result from the review, or document the reasons for not doing so. The Regional Director reviews the Administrative Incident Review Report and documents any comments in the final portion of the Administrative Review Section and forwards to EAC no later than twenty (20) working days following the initial notification to EAC. All Administrative Incident Reviews containing recommendations or corrective action require a written 90-day follow-up report prepared by the Regional or department head. The follow-up report shall be completed and submitted to the Deputy Director for Prison and Jail Operations or designee within ninety (90) days of the notification to EAC.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and the implement recommendations or improvements. The Sexual Abuse Incident Review Team meets monthly and is documented through meeting minutes. The review team includes the Deputy Wardens, Major, Safe Prisons Office staff, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The Warden indicated during the interview that the incident and situation will determine what additional staff will be included in the incident review process.

Sexual abuse incident reviews were completed on all of the administrative investigations determined substantiated and unsubstantiated. The unfounded allegations were not formally reviewed. A review of the monthly meeting minutes and the administrative incident review team reports included in the investigation files was reviewed. The review of the files and interviews with the Warden, Incident Review team members, and Safe Prisons Office staff demonstrates compliance with the standard.

### **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)

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. The PREA Ombudsman oversees the reporting of sexual abuse and sexual harassment information for the Texas Department of Criminal Justice. One of the responsibilities of the PREA Ombudsman is to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards. Daily a list of all alleged sexual abuse incidents that occurred the previous day is reported to the PREA Ombudsman and Safe Prisons/PREA personnel. The information is collected using a uniform data standardized instrument, Survey of Sexual Violence 2012. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency and the PREA Ombudsman aggregates this incident based sexual abuse data at least annually. The 2015 Safe Prisons/PREA Annual Report is available for review on the agency's website. The agency provided the Department of Justice with data from the previous calendar year. This information also was incorporated into the 2015 Safe Prisons/PREA Annual Report. The annual report was reviewed as part of the audit process.

Department policies that outline the data collection process include: AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; BP 2.09 PREA Ombudsman Statement; OIG 4.05 Offender Sexual Assault Investigations; and SPPOM 01.01 Safe Prisons/PREA Management Office.

### **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)

The Department's policy BP 2.09 PREA Ombudsman Statement outlines the PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice (TBCJ) chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. The Ombudsman office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. Before publishing the annual report, all personal identifiers are removed. The annual report is approved by the Executive Director of the Texas Department of Criminal Justice then the report is published on the Texas Board of Criminal Justice PREA Ombudsman website. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. The report was reviewed as part of the audit process. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Warden and review of the facility's monthly reports it documents the data collection process and correction actions taken by the facility.

### **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)

The Department's policy BP 2.09 PREA Ombudsman Policy Statement, Record Retention Schedule, ED 2.29 Records Management, and the Safe Prisons/PREA Plan direct how the incident based information and aggregate data is collected, properly stored, and securely retained. The PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility including contracted facilities; preparing monthly and semiannual activity reports for distribution. Access to the data is controlled. The agency's aggregate data is available to the public through the agency's website and the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All Offender Investigation Packets and criminal investigations and which include sexual abuse cases are permanently maintained electronically.

**AUDITOR CERTIFICATION:**

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X 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.

Barbara King

April 30, 2017

Auditor Signature

Date