

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		Stringfellow Unit	
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Date report submitted:		11/7/15	
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Date of facility visit:		October 28-30, 2015	
Facility mailing address: <i>(if different from above)</i>			
Telephone number:		281-595-3413	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Governing authority or parent agency: <i>(if applicable)</i>		State of Texas	
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Stringfellow Unit, Texas Department of Criminal Justice (TDCJ) – Rosharon, Texas was conducted October 28-30, 2015. Michelle Burrows, Certified PREA Auditor, ACA, assisted with the staff and inmate interviews at the facility. The A.M. “Mac” Stringfellow Unit is operated by the Texas Department of Criminal Justice. It is located in Rosharon, Texas, about 40 miles south of Houston, Texas, and 18 miles north of Angleton, Texas in Brazoria County. The facility has varying agricultural operations to include a cotton gin, cow/calf operations, edible and field crops, grain dryer and storage, security horses and security pack canines. Additional operations include providing offender support for the Southern Region Distribution and Freight Terminal along with various community service projects. The facility supports numerous educational, treatment and chaplaincy programs/services and is the home to the Agency’s only Kosher Kitchen. The facility also operates the Sex Offender Rehabilitation Program (SOTP) which is a nine-month program. Educational programs are provided through a partnership with Windham School District and Alvin Community College. Medical care is provided by the University of Texas Medical Branch (UTMB) via a contractual agreement with oversight provided by the TDCJ’s Health Services Division. Per the contract, inmates at the facility receive medical, dental, and mental health care. The mission of the Texas Department of Criminal Justice is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.

The standards used for this audit became effective August 20, 2012. The National PREA Coordinator and the Director of the Texas Department of Criminal Justice were interviewed on 9/21/15 by ACA Certified PREA Auditor Jeffrey B. Noble. As part of the audit, a review of all PREA Policies, and a tour of the facility was completed. The documents reviewed for this audit included department policy, institution policy, contracts, staff training records, personnel records, volunteer training records, sexual abuse and harassment complaints, and training curriculums. A complete tour of the facility was conducted and the following areas of the operation were visited

and observed for PREA compliance: inmate living areas, chapel, law library, recreation area, intake unit, gym, commissary, laundry, medical unit, segregation isolation, food service, programming areas, property vault, supply room, human resources office, records office, education area, and yard.

Eighteen inmates were interviewed. Two of the inmates interviewed had made a prior allegation of sexual harassment; one identified themselves as transgender, Gay, or Bi-sexual; one was Spanish speaking; and two had disclosed prior sexual victimization during risk screening. Thirteen random correctional officers (from all shifts) were interviewed. Twelve specialized staff, including one volunteer were also interviewed. The specialized staff interviewed included the Warden, PREA Compliance Manager/Investigator, Major, Senior Medical Practice Manager/Contractor, Nursing Supervisor/Contractor, Chief of Classification, the Human Resource Specialist, Mental Health Clinician, OIG Investigator, State PREA Program Manager and State PREAOmbudsman.

When the auditors first arrived at the facility, the auditors observed the Close-Out for the ACA Re-accreditation Audit. An “in-briefing” meeting was held with the Warden, Regional Director, Assistant Regional Director, Region PREA Manager, two University of Texas Medical Branch (UTMB) Nurse Managers, Senior Practice Manager (UTMB), Assistant Warden, Major, Captain, Chief of Classification, the Human Resource Specialist, Mental Health Director, Mental Health Clinician, State PREA Program Manager and State PREA Ombudsman, and 18 other staff to explain the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Stringfellow Unit is sited on 15,000 acres of land which it shares with the Ramsey Unit and the Terrell Unit. The land for these units was originally leased in 1908, purchased in 1913 and construction on the Stringfellow Unit was completed in 1932. The building constructed in 1932, originally named Ramsey II had open bay type dormitories for 450 inmates with a kitchen, mess hall, offices and storage. This building is still in use today but additions in the 1950’s included a gym, chapel, laundry, single cell cellblocks, visiting park, school, medical clinic and administrative offices. Upon entering the building, it appears to be just one building with a long corridor down the middle. At one end of the corridor is the gym, then to the left and right down the corridor is the chapel, cellblocks, warehouse, visiting park, laundry, gang showers, education department, library, kitchen, mess hall clinic, classification offices and finally the open bay type dormitories. Two dormitories are unattached to the main building but are accessed through an enclosed walkway. Next to the main building is a separate building housing CAD and Basic Carpentry vocational classes, the Safety Office and a large outside recreational area with basketball and handball courts. Outside the fenced perimeter is a BOQ, staff housing, a dog yard and horse barn. About three blocks from the main unit parking lot is a “Trusty” camp with consists of five open bay dormitory type housing units, an administration building with visiting park and program space and a kitchen and dining room. The camp has inside and outside recreation facilities.

The facility consists of 28 buildings on the complex. The facility has 16 housing areas with 23 segregation beds. The facility has a design capacity of 1,212 offenders. Offenders range in age from 21 to 76. The average length of stay is nineteen years. Offenders arrive at the facility from reception centers and other facilities from within the Texas Prison System. The Stringfellow Unit

employs 366 staff members to include security, non-security, contract medical, and contract treatment providers. On the first day of the audit the inmate count was 1,114 with 873 inmates in the main unit and 241 inmates at the camp. The adult male facility houses security levels from medium to minimum.

SUMMARY OF AUDIT FINDINGS:

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were very knowledgeable concerning their responsibilities involving PREA. During the interviews, the inmates stated that staff were respectful and that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a “first responder”, if an allegation of sexual abuse/harassment were made. During the course of the on-site visit, staff were found to be courteous, cooperative, and professional. All areas of the facilities toured were observed to be clean and well maintained. Informational posters were posted throughout the facility in English and Spanish. When the on-site audit was completed, an “out-brief” meeting was held with the executive staff. No final rating was given at that time, however, the overall audit process was discussed. The auditor had been provided extensive and lengthy files of documentation prior to the audit, in an effort to support a conclusion of compliance with the PREA. At the conclusion of the audit the auditor thanked the Stringfellow Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

Number of standards exceeded:	6
Number of standards met:	35
Number of standards not met:	0
Not Applicable:	2

§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 agency and the facility meets this standard. The standard is addressed in the noted policies and procedures: Executive Directive Safe Prisons/PREA Program, ED03.03, PREA Plan P, PD29, and TDCJ Organizational Chart. The agency employs an agency wide PREA Coordinator State-wide PREA Program Manager and Regional PREA Program Managers. The agency and the facility exceed the standard with policies and practice.

§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)

The facility is a state of Texas managed facility. The standard is non-applicable.

§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 facility meets this standard. The standard is addressed in Security Staffing AD-11.52, PO-07.002, PO- 07.003, PO-07.004, PO-07.005, SOPM 08.01, SOPM 08.04, SOPM 08.06, PD-22, and Safe Prisons PREA Plan. The staffing rosters were reviewed, along with the annual staffing plan. Unannounced rounds were verified via interviews with staff, inmates, and supervisors on all shifts. Written sign-in sheets of housing units were reviewed and demonstrated unannounced rounds. Compliance with the PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the Warden. The audit included an examination of all video monitoring systems, inmate access to phones, staff interviews, a review of documentation, and a review of all staffing rosters.

§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)

Not Applicable – The facility does not house youthful offenders.

§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)

Policies AD-03.22, PO-07.026, PO-07.132, SPPOM 02.05, Knock and Announce Policy, PO 07.015, PO-07.20, PO-07.023, PO-07.024, PO-07.027, PO-07.133, PO-07.114, CMHC G 51.11, and Safe Prisons PREA Plan addresses cross-gender viewing and searches. The CTSD training curriculum addresses staff training in cross gender searches. There have been no exigent circumstances where cross-gender strip searches or visual body cavity searches have been conducted during this report period. All inmates questioned indicated that they were able to shower, change clothes, and use the toilet without female staff viewing them. A walk-through of the units demonstrated proper privacy accommodations. Training records indicated proper training in this area. All females announced their presence prior to entering the housing units and restroom/shower areas. There were no concerns noted. It was obvious in touring the institution that cross gender viewing barriers in the showers, bathrooms, recreation, and work areas were taken seriously. Barriers were in place and constructed in a manner that allowed security oversight while maintaining modesty concerns. PREA notifications (English and Spanish) are posted in each housing unit of each facility within the complex, the intake units, inmate work areas, and in all inmate program areas.

§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)

Policies AD-04.25, AD-06.25, SM-05.50, AG-51.1, AG51.5, and SPPOM 02.03 address this standard in policy. Several staff were fluent in Spanish and a list was available for all staff. Posters and inmate education material was available in English and Spanish. One Spanish speaking only inmate was interviewed, with bilingual staff assistance and indicated that there were no known incidents of inmate interpreters being used for PREA investigations. He also indicated that there were no issues understanding PREA reporting procedures and Safe Prisons.

§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)

Policies PD-71, PD-29, PD-22, PD-75, PD-56, PERS-282, PERS-283, PERS-598, PERS-632 and PD-27 addresses this standard in policy. Supporting documents were reviewed and supports that background checks are being conducted prior to offering a position. Five year checks were in place. The human resources staff member was interviewed and demonstrated the procedure for processing of new employee application, background check, and hiring. She was very knowledgeable of the process and explained the employee processing to maintain compliance with the PREA standard. Documentation supporting compliance to this standard was reviewed by the auditor.

§115.18 – Upgrades to Facilities and Technology

- 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)

Policies SOPM 07.02 and SM01.14 addresses this standard in policy. Cameras were limited at the facility, but the department has plans in place to add cameras based on security levels and threat assessments.

§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)

Policies AD-16.03, SPPOM-05.01, CMHC G57.1, SB-1191 and SPPOM-02.02 address this standard in policy. The facility has contracts with local hospitals that provide access to SANE trained medical staff if the need arises. The agency provides training to victim advocates at the facility and two qualified staff victim advocates are available to all inmates. The institution and agency have sent several solicitation letters to victims advocate agencies in the community and have yet to find an agency equipped or willing to meet the needs of the facility in this capacity.

§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)

Policies AD-02.15, AD-16.20, Safe Prisons PREA Plan, BP-01.07, PD29, OIG-04.05, SPPOM- 05.05, and SPPOM-05.01 address this standard in policy. The facility had 8 incidents of alleged abuse and/or harassment at the facility. All incidents were reported to the OIG. All incidents were investigated to the fullest extent. The Office of Inspector General Investigative Agent was interviewed and found to be very knowledgeable concerning his responsibilities under the PREA. Of the eight investigations completed, one was unfounded and seven were unsubstantiated. The investigation files were reviewed by the auditor.

§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)

Policies PD29, SPPOM 06.01, AD12.20, ED12.10, and PD97 address this in policy. A review of the training curriculum, training records and interviews with staff support that staff have been trained regarding the requirements of PREA. All interviewed institution staff were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues. The institution should be commended on their training efforts. Staff were experienced and well versed in evidence collection and reporting expectations.

§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)

Policies AD 02.46, AD 07.35, and PD29 address this standard in policy. The reference material entitled “A Handbook for Volunteers” supports this in policy. The training records reviewed. One volunteer was interviewed in person and acknowledged the training and issues discussed in the training. All contractors and volunteers have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented. Interviews with contractors and an examination of training files, confirm compliance to this 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)

Policies SPPOM-02.03, SPPOM-06.02, UCPM-05.00, AD-04.25, AD-06.25, CMHC G-51.1, and CMHC G-51.5 support this standard in policy. All of the inmates interviewed indicated that they had been interviewed and provided educational videos on the subject. Most inmates were aware of the staff member who provided education on the subject. The documentation reviewed supported this process was in place. There are posters throughout the facility to report abuse or harassment. Inmates sign an acknowledgement of having received PREA information at the time of intake. Staff and inmate interviews, and a review of documentation, support compliance to this standard. Inmates stated at the time of arrival, they received information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting, and how to report abuse.

§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)

Policies BP-01.07, OIG OPM-02.15, AD-16.03, CMHC G-57.1, OIG LP2029, OIG LP3201, OIG OPM -04.05, and PD-97. Senate Bill 1191 also supports this standard. Training records were reviewed and investigative staff were interviewed with both supporting compliance with this standard. TCDJ provided a list of OIG trained investigators statewide and several staff at the institution had received the training. The investigator was interviewed and explained to the auditor in detail the steps to be taken during a PREA-related investigation.

§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 following policies, procedures, and legislative bill supports compliance with this standard: AD-16.03, CMHC C-19.1, CMHC C-25.1, CMHC G-57.1, SB 1191, TDCJ-Letter of Orientation, and New Employee Orientation Checklist. Medical training records were provided and were in compliance.

§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 following policies and procedures support compliance with this standard: CMHC E 35.1, SPPOM-03.01, Safe Prisons PREA Plan, IPM-CL-69, IPM-5-06, CMHC A-09.01, and CMHC H- 61.1. The Classification team and PREA Coordinator complete the initial review of inmates upon intake. All documentation provided supported compliance with this standard. The intake personnel were very knowledgeable and thorough in reviewing files, statements, and assessments. The PREA Coordinator was extremely knowledgeable of the PREA expectations and was very thorough in the completion of these duties. All inmates are immediately assessed at intake for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates by the Classification team within their first 72 hours. At the time of arrival, staff also conduct the screening by reviewing records or other information from another facility or other source which may be relevant to compliance with this standard. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates would be referred to a mental health professional for further assessment within 14 days. Careful housing assignment or other appropriate action would then be considered to address the inmate's needs. Staff and inmate interviews, a review of documentation, and observations of the intake process confirmed this information.

§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 following policies and procedures support compliance with this standard: AD04.17, AD04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01, CMHC E 35.1, CMHC G 51.11, SPPOM-03.02, and GNCCPM-04.00. It was clear that the screening process was in place. Housing and program assignments are made on a case by case basis for all inmates. There is in place a procedure for providing continued re-assessment and follow-up monitoring if needed. Staff interviews confirm compliance to this standard. Stringfellow Unit is very proactive in ensuring inmates with a high risk of being sexually victimized are separated from those at high risk of being sexually abusive.

§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 following policies and procedures support compliance with this standard: Administrative Segregation Plan, A1-169, A1-203, Safe Prisons PREA Plan, SPPOM 05.05, and Guidelines for Administrative Segregation, E1-204SV. There were plans in place to readily investigate an issue if it were to arise. The institution has identified “transient” status areas to protect alleged victims without punishing them for reporting issues. This has been consistent in the Texas prisons audited. There have been no inmate placed in this status within the previous reporting year.

§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 following policies and procedures support compliance with this standard: AD 14-09, BP 03.91, Safe Prisons PREA Plan, TBCJ PREA Brochure, and ED02.10. The facility has numerous methods of reporting PREA related offenses. This can be done through verbal, written, and third party methods at the facility. Each inmate is provided free envelopes and postage if they are indigent, which can be utilized for reporting. The Texas Department of Criminal Justice has an Ombudsman office set up with the Office of Inspector General’s Office where inmates and outside staff and family can report PREA related concerns. The office contact information was posted throughout the units and brochures were available to inmates with contact information. Most inmates interviewed were aware of the reporting process. The Texas Ombudsman was present during the first day of the on-site audit and confirmed this information.

§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 following policies and procedures support compliance with this standard: AD-03.82, BP-03.77, Texas Code 493.014, Texas Code 501.008, 115.52, Offender Grievance Operations Manual, and G OGOM 1.01. The TCDJ has a process in place whereby a PREA related complaint can be filed as an emergency grievance and not be subject to the standard grievance

and informal complaint guidelines. Inmates were aware of the grievance process. There was one grievance involving PREA related issues filed during the previous year.

§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 following policies and procedures support compliance with this standard: BP03.91, List of Rape Advocacy Centers, Safe Prisons PREA Plan, and SPPOM 02.02. The facility provides inmates access to a list of advocacy groups available in the community posted in the law library. The Stringfellow Unit does not have an MOU in place with a local advocacy group. Several letters have been sent to various advocacy groups attempting to develop a working agreement to assist in this area.

§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 following policies and procedures support compliance with this standard: ED 02.03, ED 02.10, A General Information Guide for Families of Offenders, A Safe Prisons PREA Plan, and SPPOM 04.02. The Texas Department of Criminal Justice established a PREA Ombudsman in 2008. Inmate families may contact the office by writing, calling or e-mailing the office. The department publicly provides this information in their Guide to Families of Offenders and post the phone number and address of the PREA Ombudsman throughout their facility including the visiting room. Most inmates interviewed verified that they were aware of this process. The Texas Ombudsman was present during the first day of the on-site audit and confirmed this information.

§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 following policies and procedures support compliance with this standard: A Safe Prisons PREA Plan, SPPOM 05.01, CMHC E-35.2, CMHC G-57.1, AD.16.20, PD29, and PD22. All staff were aware of reporting responsibilities. Training records supported their training in this area. Compliance with all aspects of the standard was verified through a review of the policy and staff interviews.

§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 following policies and procedures support compliance with this standard: AD02.15 (Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents), SPPOM05.03 and SPPOM05.01. Staff interviewed were very knowledgeable of the need to remove a victim or alleged victim from danger, the need for medical/mental health intervention, and the need to do a complete investigation in a timely manner. All line staff and supervisors interviewed were aware of victim protection expectations and had demonstrated them in reported incidents. Staff were well versed in their expectations as it relates to this standard. Some Officers produced a card during the interview, issued by the facility, outlining all actions to be taken by a correctional officer who became aware of sexual abuse or harassment.

§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 following policies and procedures support compliance with this standard: AD16.20, BP01.07, Safe Prisons PREA Plan, SPPIM04.01, SPPOM05.01, and SPPOM05.05. The Warden, Major and PREA Coordinator demonstrated familiarity with this requirement. There has been one allegations of sexual abuse or harassment that may have occurred at the Stringfellow Unit and reported from another facility. Stringfellow Unit received one allegation that occurred at another facility in the previous year.

§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 following policies and procedures support compliance with this standard: AD16.03, OIG OPM-04.05, and SPPOM 05.01. All staff were trained as First responders and all staff interviewed were familiar with the expectations of First responders on PREA incidents. The department provides all staff with a reference card on its expectations in PREA incidents. Staff at this facility were very knowledgeable of PREA First responders responsibilities.

§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 following policies and procedures support compliance with this standard: Safe Prisons PREA Plan and SPPOM05.01. Interviews with nurses, mental health staff, and supervisors confirmed they were knowledgeable of their responsibilities during a response.

§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)

The following policies and procedures support compliance with this standard: PD29, PD22, and PD35. The department has zero tolerance language in their personnel policies. The policy addresses separation of inmates and employees during the investigation process, and the employee discipline process as it relates to PREA identified cases.

§115.67 – Agency protection against retaliation

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

The following policies and procedures support compliance with this standard: PD22, PD29, PD13, PD31, SPPOM05.08, Safe Prisons PREA Plan, and SPPOM02.04. The agency has a 90 day monitoring requirement to ensure retaliation is not an issue with the reporting of sexual harassment or abuse. The Warden, PREA Coordinator, and Investigators assigned to cases were aware of this requirement. Documentation provided supported compliance with this 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 following policies and procedures support compliance with this standard: AD03.50, AD04.63, Administrative Segregation Plan, ASC Review Decisions, Guidelines for Administrative Segregation, and Safe Prison PREA Plan. The facility has a plan in place to avoid housing victims in segregation. If requested by the victim, inmates are housed in “transient status”. “Transient Status” is a status reserved for offenders who are assigned to a unit on a temporary basis, whose classification or status is pending review, or because bed space is not available at the unit in the assigned custody.” All interviewed indicated that follow-up interviews had been completed by staff to monitor their safety.

§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 following policies and procedures support compliance with this standard: AD16.20, Safe Prisons PREA Plan, CTSD Specialized Investigations, OIG LP3201, AD16.03, BP01.07, OIG OPM-04.05, OIG OPM 05.10, OIG OPM 05.15, OIG OPM-02.15, SPPOM- 05.05, SPPOM-05.11, AD02.15, OIG OPM-03.72, Records Retention Schedule, and PD29. Investigators at the facility are trained in the special investigation training for PREA cases. Cases were investigated timely and thoroughly. The OIG Investigator assigned to the facility and facility investigator was interviewed concerning this 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 following policies and procedures support compliance with this standard: CTSD Specialized Investigations, Safe Prisons PREA Plan, and SPPOM-05.05. The policy in place required the preponderance of the evidence in substantiating allegations. The investigators interviewed at the facility were aware of that requirement and had demonstrated their knowledge during active investigations. Investigation of the alleged harassment at the facility demonstrated this. All trained supervisors interviewed at the facility were familiar with reporting requirements and evidence expectations.

§115.73 – Reporting to Inmate

- 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 following policies and procedures support compliance with this standard: Safe Prisons PREA Plan, SPPOM-05.05, SPPOM-05.11, and SPPOM-05.10. There was a process in place to follow-up with inmates on the status of investigations. The PREA Coordinator was aware of this standard and had plans in place to monitor notification per requirement. Signed notifications were provided demonstrating the process was in place.

§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 following policies and procedures support compliance with this standard: PD29, PD13, PD22, and AD16.20. The agency policy outlines that an employee is subject to discipline up to termination if deemed to have committed a PREA identified violation. There were no incidents at this facility.

§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 following policies and procedures support compliance with this standard: Volunteer Services Training Video, Acknowledgement of Volunteer Training, PD29, Safe Prisons PREA Plan, and Volunteer Services Plan. Agency policies outline removal of volunteers and contractors for PREA identified violations. There were no incidents at this facility.

§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 following policies and procedures support compliance with this standard: GR-106: Disciplinary Rules of Procedures for Offenders, Safe Prisons PREA Plan, CMHC E 35.1, and SOTP01.01. The Disciplinary Rules of Procedures for Offenders identified PREA related violations and their possible outcomes. The agency inmate disciplinary process also identified the requirement that an inmates mental capacity and disability limitations be taken into consideration during the disciplinary process. No inmates were disciplined for reporting incidents. No inmate interviewed indicated that there were concerns with disciplinary.

§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 following policies and procedures support compliance with this standard: CMHC E-35.1, CMHC E-35.2, CMHC G-57.1, Safe Prisons PREA Plan, SPPOM 03.01, CMHC A-09.01, CMHC H-61.1, SPPOM05.05, CMHC I-70.1, and CPOM 02.05. All medical and mental health practitioners interviewed at the facility were aware of their responsibilities and consent requirements. The incidents at the facility where prior abuse was reported were dealt with immediately. Mental health staff were knowledgeable in this area. Any inmates admitted to the facility who claim sexual victimization are screened for follow-up treatment. Inmates who are sexual abusers, as indicated through screening, are also offered a follow-up meeting with a mental health practitioner. Documentation of sample medical and mental health notes were reviewed by this auditor.

§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 following policies and procedures support compliance with this standard: CMHC A01.01, CMHC G57.1, SPPOM 05.01, and I-214: Referral to Mental Health. The facility had protocol in place. Inmates reporting past abuse reported being offered mental health services with follow-up in the required time frames. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially). Staff interviews confirmed this information.

§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 following policies and procedures support compliance with this standard: CMHC G57.1, Safe Prisons PREA Plan, SPPOM05.01, SPPOM05.05, CMHC E32.1, CMHC E44.1, and CMHC G57.1. The agency policy outlined the availability of follow-up mental health and medical care at no cost, if needed or requested.

§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 following policies and procedures support compliance with this standard: Instructions for Reporting Allegations, AD02.15, Safe Prisons PREA Plan, SPPOM-08.01, and AD02.15. The incidents reported at this facility had after action review processes in place and follow up. Reviews are conducted by the Warden, Major, PREA Coordinator, and any other pertinent staff. It was obvious in interviewing the incident review team that review processes were in place at the facility. The incident review team reviewed for commonalities in areas of the institution, time of incidents, and other factors in the review process.

§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 following policies and procedures support compliance with this standard: AD02.15, BP02.09, OIG OPM 04.05, Safe Prisons PREA Plan, SPPOM01.01, and Survey of Sexual Violence. The agency collects data system wide and submits a report annually. The regional PREA Coordinators verified this process.

§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 following policies and procedures support compliance with this standard: A2013-Safe Prisons Program, BP02.09, PREA Ombudsman Annual Report, and Texas Correctional Code 501. The agency collects data on all allegations of sexual abuse in order to make physical and policy improvements as necessary. This was confirmed with the regional PREA Coordinator. An annual report is prepared and published on the TDCJ website.

§§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 following policies and procedures support compliance with this standard: AD Records Retention Schedule. All PREA related assessments, investigations, and training records are maintained per retention schedule. This was verified through the regional PREA Coordinator.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Diane Lee

11/7/2015

Auditor Signature

Date