**Prison Rape Elimination Act (PREA) Audit Report**

**Adult Prisons & Jails**

- ☑ Interim  ☒ Final

**Date of Interim Audit Report:**  ☒ N/A

**Date of Final Audit Report:** December 19, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name: James Kenney</th>
<th>Email: <a href="mailto:james@preaauditing.com">james@preaauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: PREA Auditors of America</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: PO Box 1071</td>
<td>City, State, Zip: Cypress, TX 77410</td>
</tr>
<tr>
<td>Telephone: 713-818-9098</td>
<td>Date of Facility Visit: October 27 - 29, 2021</td>
</tr>
</tbody>
</table>

### Agency Information

| Name of Agency: Texas Department of Criminal Justice | |
| Governing Authority or Parent Agency (If Applicable): State of Texas | |
| Physical Address: 861-B I-45 North | City, State, Zip: Huntsville, Texas 77320 |
| Mailing Address: P.O. Box 99 | City, State, Zip: Huntsville, Texas 77342 |
| The Agency Is: ☐ Military | ☐ Private for Profit | ☐ Private not for Profit |
| ☑ Municipal | ☐ County | ☒ State | ☐ Federal |
| Agency Website with PREA Information: https://www.tdcj.texas.gov/tbcj/prea.html | |

### Agency Chief Executive Officer

| Name: Bryan Collier | Email: Bryan.Collie@tdcj.texas.gov | Telephone: 936-437-2101 |

### Agency-Wide PREA Coordinator

| Name: Cassandra McGilbra | Email: Cassandra.Mcgilbra@tdcj.texas.gov | Telephone: 936-437-5570 |
| PREA Coordinator Reports to: Honorable Patrick L. O’Daniel, Chairman of the Texas Board of Criminal Justice | Number of Compliance Managers who report to the PREA Coordinator: 6 |
### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>A.M. “Mac” Stringfellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1200 FM 655</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Rosharon, TX 77583</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>The Facility Is:</td>
<td></td>
</tr>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☑ Municipal</td>
<td>☐ Private not for Profit</td>
</tr>
<tr>
<td>☒ County</td>
<td>☒ State</td>
</tr>
<tr>
<td>☐ Federal</td>
<td></td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a></td>
</tr>
<tr>
<td>Has the facility been accredited within the past 3 years?</td>
<td>☒ Yes</td>
</tr>
<tr>
<td>If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):</td>
<td></td>
</tr>
<tr>
<td>☑ ACA</td>
<td></td>
</tr>
<tr>
<td>☐ NCCHC</td>
<td></td>
</tr>
<tr>
<td>☐ CALEA</td>
<td></td>
</tr>
<tr>
<td>☐ Other (please name or describe:</td>
<td></td>
</tr>
<tr>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:</td>
<td></td>
</tr>
<tr>
<td>Warden/Jail Administrator/Sheriff/Director</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Anthony Patrick</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Anthony.Patrick@tdcj.texas.gov">Anthony.Patrick@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>979-308-0350</td>
</tr>
<tr>
<td>Facility PREA Compliance Manager</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Reba Babineaux</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Reba.Babineaux@tdcj.texas.gov">Reba.Babineaux@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>281-595-3413 x2156</td>
</tr>
<tr>
<td>Facility Health Service Administrator</td>
<td>☐ N/A</td>
</tr>
<tr>
<td>Name:</td>
<td>Austee Matthew</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:aumatthe@utmb.edu">aumatthe@utmb.edu</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>281-595-2243</td>
</tr>
<tr>
<td>Facility Characteristics</td>
<td></td>
</tr>
<tr>
<td>Designated Facility Capacity:</td>
<td>1212</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>871</td>
</tr>
<tr>
<td>Facility Name – Stringfellow Unit</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>932</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>21-78</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>1 year 5 months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>G1-G4, Outside Trustee</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>546</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>541</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>458</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</td>
<td>☐ Federal Bureau of Prisons</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Marshals Service</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Immigration and Customs Enforcement</td>
</tr>
<tr>
<td></td>
<td>☐ Bureau of Indian Affairs</td>
</tr>
<tr>
<td></td>
<td>☐ U.S. Military branch</td>
</tr>
<tr>
<td></td>
<td>☐ State or Territorial correctional agency</td>
</tr>
<tr>
<td></td>
<td>☐ County correctional or detention agency</td>
</tr>
<tr>
<td></td>
<td>☐ Judicial district correctional or detention facility</td>
</tr>
<tr>
<td></td>
<td>☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)</td>
</tr>
<tr>
<td></td>
<td>☐ Private corrections or detention provider</td>
</tr>
<tr>
<td></td>
<td>☐ Other - please name or describe:</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>310</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>55</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>3</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>28</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>327</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of inmate housing units:</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
</tbody>
</table>

| Number of single cell housing units: | 0 |
| Number of multiple occupancy cell housing units: | 4 |
| Number of open bay/dorm housing units: | 15 |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 23 |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates) | ☒ Yes ☐ No ☒ N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)? | ☒ Yes ☐ No |
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | ☐ Yes ☒ No |

### Medical and Mental Health Services and Forensic Medical Exams

| Are medical services provided on-site? | ☒ Yes ☐ No |
| Are mental health services provided on-site? | ☒ Yes ☐ No |
Where are sexual assault forensic medical exams provided? Select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On-site</td>
</tr>
<tr>
<td>☑ Local hospital/clinic</td>
</tr>
<tr>
<td>☐ Rape Crisis Center</td>
</tr>
<tr>
<td>☐ Other (please name or describe:)</td>
</tr>
</tbody>
</table>

## Investigations

### Criminal Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
</tr>
</tbody>
</table>

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Facility investigators</td>
</tr>
<tr>
<td>☑ Agency investigators</td>
</tr>
<tr>
<td>☐ An external investigative entity</td>
</tr>
</tbody>
</table>

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Local police department</td>
</tr>
<tr>
<td>☐ Local sheriff's department</td>
</tr>
<tr>
<td>☐ State police</td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
</tr>
<tr>
<td>☐ Other (please name or describe:)</td>
</tr>
<tr>
<td>☑ N/A</td>
</tr>
</tbody>
</table>

### Administrative Investigations

<table>
<thead>
<tr>
<th>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
</tr>
</tbody>
</table>

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply.

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility investigators</td>
</tr>
<tr>
<td>☑ Agency investigators</td>
</tr>
<tr>
<td>☐ An external investigative entity</td>
</tr>
</tbody>
</table>

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Local police department</td>
</tr>
<tr>
<td>☐ Local sheriff's department</td>
</tr>
<tr>
<td>☐ State police</td>
</tr>
<tr>
<td>☐ A U.S. Department of Justice component</td>
</tr>
<tr>
<td>☐ Other (please name or describe:)</td>
</tr>
<tr>
<td>☑ N/A</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

Pre-Onsite Audit Phase

The Prison Rape Elimination Act (PREA) recertification audit for the Texas Department of Criminal Justice’s Stringfellow Unit in Rosharon, Texas, was conducted on October 27-29, 2021. The audit was performed to determine continued compliance with the Prison Rape Elimination Act Standards. The Stringfellow Unit is one of the 99 Texas Department of Criminal Justice (TDCJ) facilities. The audit was performed by James Kenney, a Department of Justice (DOJ) certified PREA auditor and was conducted through a third-party entity as a contractor. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America (PAOA), and not directly by the auditor. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-onsite audit, onsite audit, and post audit review. The third-party contract assigns the auditors after the contract was executed and clearly identifies the lead auditor’s responsibilities. This was Stringfellow’s third PREA audit, having completed an audit in each of the prior two audit cycles, in 2015 and 2018.

On 09/09/21, the auditor contacted TDCJ’s Administrative Review & Risk Management (ARRM) Division office following the third-party’s assignment as the contracted auditor for the Stringfellow audit. The auditor spoke with the administrative assistant (AA), who was identified as the auditor’s point of contact (POC) for the audit. The auditor and the AA discussed the audit process, timelines, and logistics for the audit. The auditor explained that the PREA audit is a practice-based audit, and a plan was put into place for ongoing communications and expectations. The auditor explained that the auditor was to have unimpeded access to the facility, documents, and the staff. The auditor also explained the corrective action process and the auditor’s responsibility to work with the facility to complete a corrective action plan to gain compliance within the time period, if corrective action were necessary. The AA was also provided the audit process map for review. The AA explained that the Pre-Audit Questionnaire (PAQ), all necessary documentation, and the agency’s relevant policies and procedures would be sent to the auditor on a secure flash drive immediately, as the TDCJ does not yet utilize the Online Audit System (OAS) to complete PREA audits. The AA confirmed that she would remain the primary point of contact throughout the audit. She completed a copy of the required audit notice and understood the need to have it posted throughout the institution and in all housing areas. She also understood the need to allow confidential correspondence from inmates if the institution locates mail sent to the auditor’s mailbox. The auditor requested that the notice be printed on color paper in two languages, English and Spanish. The institution agreed to send photos of the audit notice to the auditor to verify posting at the appropriate time. The AA introduced the auditor to the Unit’s Warden, Mr. Anthony Patrick. On 09/20/21, the auditor spoke with the Warden to confirm logistics and the dates for the onsite audit. The auditor received the flash drive on 09/16/21 and began the pre-audit review of documentation and the PAQ.
The facility posted the required audit notice throughout the facility on 09/14/21 and photos showing the posted audit notice in several areas of the facility were sent to the auditor to review. The notice was printed in both languages on bright orange paper. The auditor will confirm the posting of the notice during the onsite review.

On 10/10/21 the auditor completed the documentation review and notified the AA and the institution that there were no pending issues.

The auditor also requested the following additional documentation from the AA for the audit:

1. All grievances or allegations made in the 12 months preceding the audit
2. All incident reports written in the 12 months preceding the audit
3. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
4. All hotline calls made during the 12 months preceding the audit

In addition, the auditor requested comprehensive lists of inmates and a request to identify inmates to meet targeted interview criteria:

1. Complete inmate roster (based on actual population on the first day of the onsite audit)
2. Youthful inmates
3. Inmate with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disability)
4. Inmates who are limited English proficient
5. Inmates who identify as lesbian, gay, bisexual, transgender, and intersex
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

The agency supplied the auditor with written agency-level interviews that will be utilized to determine compliance with the standards.

The auditor performed an independent internet search for the Stringfellow Unit, which provided a few news stories in 2020 related to Covid-19. The auditor located no news stories related to sexual abuse or sexual assault. There were several press releases on the TDCJ website regarding positive Covid-19 tests of inmates throughout the state and steps taken to maintain sanitation and cleaning at the facility.

The auditor viewed the TDCJ website and located several pages with dedicated PREA information. Under the Correctional Institutions Division, the auditor located the Safe Prisons/PREA Management Office page. The page notifies the reader that the primary focus of Safe Prisons/PREA Management Office (SPPMO) is to provide technical support regarding the in-prison sexual abuse policy to and regional Safe Prison/PREA managers and executive administrative staff. Under the Administrative Review & Risk Management Division, the auditor located the Prison Rape Elimination Act (PREA) Audits page. The page posts the audit findings for each of the TDCJ facilities from 2014 through 2021. These audit reports are posted pursuant to the requirements under PREA Standard 115.403. Under the Texas Board of Criminal Justice page, the auditor located the Prison Rape Elimination Act (PREA) Ombudsman page. This page is dedicated to the Ombudsman’s office, which is tasked with the coordination of the agency’s efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ correctional facilities. The auditor located information here for the public to report incidents and concerns of sexual abuse or sexual harassment of inmates held in TDCJ facilities.

The State of Texas has no mandatory reporting requirement of sexual abuse in a correctional institution but does have a law that requires the mandatory reporting of abuse of vulnerable and elderly adults.
The auditor also contacted Just Detention International (JDI) to determine if they had received communication from inmates at the Stringfellow Unit. They showed no information that referenced the facility.

The auditor received one letter from an inmate at Stringfellow through the advertised mailbox prior to the onsite phase of the audit. That inmate was placed on the list of inmates to interview during the onsite phase of the audit.

**Onsite Audit Phase**

The auditor arrived at the Stringfellow Unit on 10/27/21 and attended a short entrance briefing in the visitation room with Warden Patrick, the Assistant Warden, the Safe Prisons/PREA Manager Reba Babineaux, the Region III PREA Compliance Manager, the Major, and several department heads. The auditor received a short security briefing from staff, and we discussed the schedule for the week. The auditor explained the onsite audit was intended to observe the operations of the facility and assess the day-to-day practice of the staff’s interaction with inmates and the promotion of the overall sexual safety. The auditor stressed that the onsite review was intended to confirm the facility’s compliance with the PREA standards, which the auditor believed the facility was already meeting. The auditor was notified that the inmate count on the first day of the onsite audit was 888.

Following the briefing, the auditor was provided a complete alphabetical list of inmates in the institution. From that list, the auditor randomly selected inmates to be interviewed for the audit. The auditor was also provided targeted inmate lists and inmates were selected from those lists for interview. The Unit also provided a complete staff roster for the three days of the onsite audit. The auditor then randomly selected staff members from each shift to interview during the audit. From that list, the auditor selected ten staff members to review their human resources and training records. The auditor also selected individuals to be interviewed for each of the specialized staff interviews. The auditor provided all of the lists to staff before the site review began.

The auditor then began the site review by entering the secure facility through the main entrance and verifying identity with the control room operator. The auditor was led through a wide center hallway and past the inmate dining area, into the first housing units.

The auditor first visited A Wing, which holds eight (8) housing units, A1 through A8. Each of the units is an open dormitory, with single bunks separated into their own cubicle areas. The restroom area has a row of toilets and a separate area for urinals. The toilets and urinals are all behind a pony wall, providing some privacy for the inmates. The auditor did not see any blind spot areas in any of the units. The auditor located the required audit notice and the agency zero-tolerance posters in each housing unit.

The auditor then was escorted to B Wing. This Wing holds four (4) housing units, B9 through B12, each with the same layout for the restrooms as A Wing. These housing units have some double bunks along the outside of the unit and single bunks in the center, which provides for a clearer view of the unit and the inmates from the officer’s station. The agency zero-tolerance posters were posted in each unit.

The auditor then visited the food service area. Food service is a fairly large open area, with separated cooking area, baking area, food service area, and dish area. The auditor found all coolers and freezers secured properly. The auditor was told that they remain secured unless staff require stock from inside and then they are immediately resecured. The supervisor office was secured and is a non-inmate area. The office has large windows, which provides for easy viewing of the inmates and activities in the
cooking and food preparation area. When inmates are working in the baking area, officers remain present for security and safety. Two officers remain in the food service area to observe the food service and monitor the inmate activity. All other storerooms and custodial rooms were properly secured. There is one room where inmate strip searches are performed. Strip searches are performed by male officers only and behind a screen to provide privacy for the inmate. Dry storage is upstairs, behind the food service area. The large stock room has mirrors to provide adequate viewing down the aisles to eliminate blind spots. The auditor spoke with four inmate workers in the area, who assured the auditor they felt safe in the institution and understood the zero-tolerance policy.

The auditor viewed the large inmate dining area. This large room is square and has no blind spots.

The auditor then entered the institution’s infirmary. There are three treatment rooms for inmate health care, triage, and emergency care. There are no beds for infirmary care. All of the offices have windows in the doors to provide for viewing when health care providers work with inmates in the office. The auditor did not identify any blind spots or safety concerns in the medical area.

Next, the auditor went upstairs to the education area. There are several classrooms and a large library. All of the rooms have large windows for walls and have easy viewing of inmates while they are in the classes. The classes are led by volunteer and contract staff and an officer is present to provide security.

The auditor toured the laundry area and found the area to be free from any blind spots. There are large mirrors in several places in the room to provide for viewing behind the large washers and dryers. The storeroom and chemical room are secured. There are three officers and a supervisor assigned to monitor the inmate workers.

The auditor then toured the last of the institution housing units, C Wing. The C Wing holds four (4) housing units. The units hold three tiers of double bunked wet cells, behind barred doors. Officers must walk down the tiers in order to complete required visual checks. The auditor observed multiple female officers complete the required cross-gender announcement before entering the unit to begin visual checks or to escort the auditor into the unit. The dayroom areas are open and have no blind spots. The auditor observed the required zero-tolerance posters and the audit notice in each unit.

The auditor entered the institution’s shower room. This room is limited to male officers only. The room has an open area where inmates may dress following the shower. The showers are along the far wall, behind a large wall. The officer has a raised station that overlooks the showers for the protection of the inmates.

The chapel was toured next. The chapel is a large open room, much like a church. The only other room here is the chapel office. Inmates are allowed in the office, but only when a staff member is present. There are no blind spots in the chapel.

The auditor entered the gym and viewed a very large, wide open exercise area. Much like other areas, there are no blind spots seen. The room provides for easy viewing of the inmates throughout the gym.

The law library, commissary, and barber shop were also viewed by the auditor. All three areas were safe, with no blind spots. The commissary is limited to only those inmates working. The barber shop is a large room, with chairs for those waiting for service and those receiving service.

The last area toured is office areas for specialty staff. Although inmates may enter these areas, they must be escorted at all times.
Outside the main facility, the auditor toured the inmate visitation area. This is an open room, with tables and chairs set up for inmates and visitors. There are locked restrooms for visitors only. A corrections officer is present and has a clear view of the entire room. There are zero-tolerance signs on the walls, providing education for visitors, giving them information about the law and how to file an allegation of sexual abuse on behalf of an inmate.

Although the Stringfellow Camp was not currently housing inmates, the auditor toured the facility as well to verify inmate safety. The Camp has three dormitories. The dormitories are open dorms, with group restrooms. The toilets and showers are behind a pony wall in each dormitory. There is adequate privacy for inmates. Each of the dormitories have no blind spots and are set up with clear viewing for staff to ensure inmate safety. All other buildings in the Camp hold offices and program areas. The auditor did not locate any blind spots or areas where inmate safety would be of a concern.

Throughout the site review, the auditor talked with several inmates and asked questions about the safety of the inmates and cross-gender announcements. Each inmate the auditor addressed was respectful and stated that female staff members always make the required announcement prior to entering the housing unit. The inmates were also clear that they were able to shower and change clothes without being in full view of female staff. They also understood the zero-tolerance policy and knew how to ask for help if it was necessary. The auditor witnessed staff in every housing unit clearly make a cross-gender announcement every time we attempted to enter a unit. There were a few times that staff asked us to wait a moment prior to the announcement, then they looked through the unit to confirm that all the inmates were adequately dressed before we could enter.

The auditor noted PREA signage throughout the institution and also noted the required PREA audit notice posted in each housing unit and in several public areas.

The auditor also spoke to several of the officers and was greeted respectfully each time. The officers could clearly explain their role in the prevention, detection, and response to allegations of sexual abuse and sexual harassment allegations. Officers confirmed they were required to perform security rounds every hour and at least every 30 minutes, on an irregular schedule, during overnight hours. Officers also confirmed that supervisors routinely made rounds throughout the housing units at various times of the day and night. Those rounds were documented in the logs. When asked about cross-gender announcements, staff stated that they were completed every time a female staff member entered a housing unit. The auditor asked about inmate access to programs, grievances, and telephones while in confinement or close management. The auditor was repeatedly told that all inmates have access to medical services and grievance forms, regardless of their disciplinary status or confinement level. Inmates could also access the telephone for other emergency reasons.

During the site visit, the verified that the telephones were operational in the housing units. The auditor also tested the phones and made a call to the advocacy line to verify that the phone line was operational as posted.

During the site review, the auditor acted as a new intake inmate and was escorted through the intake process. The auditor was shown where intake inmates would be strip searched. Searches would be performed by male corrections officers only, one inmate at a time in a private area. The auditor was then escorted to the Safe Prisons/PREA Manager office, where a peer educator met with the auditor to explain the intake process and provide the auditor with the basic PREA inmate education. The peer educator pointed out several signs posted on the wall to describe services available and safety information. The peer educator then showed the PREA video for the auditor. The video provides the agency’s zero-tolerance information. Following the video, the peer educator had the auditor signed a form indicating attendance at the inmate orientation and confirming receipt of the intake PREA inmate...
education. The auditor was then escorted to see the PREA Manager. Here, the PREA Manager provided the auditor a recap of the basics of the zero-tolerance policy and then began the intake risk screening. She explained why the institution was performing the screening and encouraged the auditor to provide truthful responses. She read the auditor each of the questions from the screening tool and noted responses directly into the tool on the computer. At the end of the screening, she indicated that the auditor would be scored as a potential victim. The PREA Manager explained to the auditor that the system would automatically schedule the inmate for reassessment at 30 days. She also explained that a reassessment would also occur based upon any new information from the inmate, staff, or any other incident. The auditor asked about the ability for others to access, read, and alter the risk screening information and the auditor was told that the screening information is secured within the classification system and must be accessed utilizing a password.

Forensic medical examinations for the institution are performed at an outside hospital. Once investigators determine the need to have the forensic examination performed, transportation is scheduled to immediately transport the inmate victim to the hospital and have the examination performed by a Sexual Assault Nurse Examiner (SANE). Hospital staff would then send follow-up orders to the institution with the inmate for testing and prophylactic medication.

The Stringfellow Unit has ten cameras installed to monitor activity at fence lines and in public areas. There are no cameras in any of the institution’s housing units. The auditor verified in the control room that there are no camera views showing inmates in a state of undress.

The auditor met with the grievance coordinator who described the institution’s grievance process. Inmates place completed grievances in a locked box in the main hallway or in the dining room. The boxes are emptied daily, except holidays, from the secure boxes and sorted. Emergency grievances are processed first and sent by email for immediate review and possible investigation. All grievances are logged into the database and responses are sent back to the coordinator within the required time frame, noted in the database, and a response is sent to the inmate immediately.

Inmate Interviews

The auditor conducted inmate interviews on the first and second days of the onsite audit. They were completed in the Major’s office, where the auditor and the inmate were provided privacy for the interview. Based on the inmate population of 888 on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted interviews are required. The PREA Manager and the Region III PREA Compliance Manager facilitated the interviews of the inmates. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates (Total)</td>
<td>21</td>
</tr>
<tr>
<td>Targeted Inmates (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>41</td>
</tr>
<tr>
<td>Breakdown of Targeted Inmate Interviews:</td>
<td></td>
</tr>
<tr>
<td>• Youthful inmates</td>
<td>0</td>
</tr>
<tr>
<td>• Inmates with physical disability</td>
<td>0</td>
</tr>
</tbody>
</table>
Facility Name – Stringfellow Unit

- Inmates who are blind, deaf, or hard of hearing: 3
- Inmate who are LEP: 3
- Inmates with a cognitive disability: 0
- Inmates who identify as lesbian, gay, or bisexual: 5
- Inmates who identify as transgender or intersex: 2
- Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse: 0
- Inmates who reported sexual abuse: 2
- Inmates who reported sexual victimization during risk screening: 5

Total Number of Targeted Inmate Interviews: 20

The institution provided the auditor with a complete list of inmates for each of the targeted categories for interviews on the morning of the first day of the onsite audit. The auditor randomly selected inmates from each list and provided those names to staff following the entrance briefing on Wednesday morning.

The auditor was also provided a full alphabetical list of inmates. For random inmate interviews, the auditor selected 24 inmates, the person listed in bunk 12 and bunk 22 in even numbered housing units and the person in bunk 26 in odd numbered housing units. The auditor also interviewed the inmate that wrote a letter to the auditor prior to the onsite audit. All interviews were completed using the Department of Justice interview protocols.

Staff Interviews

The auditor conducted interviews with facility and agency leadership, which are not counted in the totals below:

- Warden Anthony Patrick, Facility Warden
- Reba Babineaux, Safe Prisons/PREA Manager, PREA Compliance Manager

The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>15</td>
</tr>
<tr>
<td>Specialized Staff (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Total Staff Interviewed</td>
<td>35</td>
</tr>
</tbody>
</table>

Breakdown of Specialized Staff Interviews:
- Intermediate- or higher-level facility staff: 1
- Medical and mental health staff: 2
- Non-medical staff involved in cross-gender strip searches: 1
- Human resources staff: 1
- SANE staff: 1
- Volunteers and Contractors who have contact with inmates: 3
- Investigative staff: 1
The auditor was supplied with a list of staff names assigned to participate in the specialized staff interviews. The facility lists 327 volunteers and 28 contractors on their approved entry list. The auditor interviewed three contractors as part of the specialized staff interviews. There were no volunteers available to interview due to the ongoing coronavirus emergency. Information regarding volunteers was confirmed through other interviews and is reviewed under that standard discussion later in this document. For random staff interviews, the auditor selected four staff members from each of the three security shift rosters. Random staff interviews were conducted in a private setting in the Major’s office. The specialized staff interviews were conducted in the same manner. All interviews were completed using the Department of Justice interview protocols.

Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. The auditor reviewed a list of grievances from the 12 months prior to the audit and verified that the four grievances related to sexual abuse and sexual harassment were included in the listed allegations of sexual abuse and were properly forwarded for investigation. From this information, the auditor selected and copied a variety of files, records and documents summarized in the table below:

<table>
<thead>
<tr>
<th>Name of Record</th>
<th>Number Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Files</td>
<td>10</td>
</tr>
<tr>
<td>Inmate Files</td>
<td>20</td>
</tr>
<tr>
<td>Investigation Files</td>
<td>6</td>
</tr>
<tr>
<td>Total Files</td>
<td>36</td>
</tr>
</tbody>
</table>

**Employee Files**: The auditor was provided ten employee records that included hiring information and training records that were randomly selected by the auditor from the alphabetical list of staff members.

**Inmate Files**: The auditor reviewed 20 inmate files that were selected to match the risk screening records that were provided to the auditor during the pre-audit and site review.

**Investigation Files**: During the previous 12 months, there were a total of six (6) allegations of PREA related misconduct at the facility. The auditor reviewed the investigation records, including medical and mental health records for alleged victims, for the incidents of sexual abuse and sexual harassment that were reported during the 12-month period preceding the audit. There was one substantiated allegation of sexual abuse, which was not referred for criminal charges because the substantiated behavior was
not criminal. The staff member who was found to be responsible for the act was already terminated by the time the investigation was completed. The investigation dispositions are shown below:

<table>
<thead>
<tr>
<th>Allegation Type</th>
<th>Substantiated</th>
<th>Unsubstantiated</th>
<th>Unfounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate abusive sexual contact</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inmate-on-inmate nonconsensual sexual act</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual misconduct</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Allegations</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

The investigation files were very complete and included the following documents: Incident report, witness statements, grievance (if part of the allegation), PREA Investigative Report, Inspector General Inquiry/Report, Law enforcement notification, special review screens, re-assessment screening, Medical/Mental Health forms, housing logs, Sexual Abuse Incident Review, notification to inmate, and monitoring for retaliation.

The investigations were provided to the auditor for review, to demonstrate compliance with the standards. The auditor found complete investigative files, with proof of immediate action taken upon first notification, alleged victim interviews, alleged abuser interviews, witness interviews, evidence collection, review of available video, medical care, mental health care, and a classification assessment.

On the last day of the onsite phase of the audit, the auditor held an exit meeting with Warden Patrick, the Assistant Warden, the Safe Prisons/PREA Manager Reba Babineaux, the Region III PREA Compliance Manager, the Major, and several department heads, as well as two representatives from the agency’s Regional Office. The auditor provided staff with an overview of the positive points found during the onsite phase of the audit. The auditor presented an overall positive report from the onsite review. The auditor expressed to the Warden and his team his thanks for the cooperation of the entire staff during the onsite visit. All the staff appeared to be very well educated on PREA and they were all friendly and respectful. The auditor was impressed with the cleanliness of the facility and the cooperation of the entire team to complete with the audit. The auditor appreciated the cooperation of everyone to assist in not only the onsite portion, but also the preaudit review of information and gathering of requested documentation.

**Post-Onsite Audit Phase**

During the post-onsite phase, the auditor requested some minor additional documentation from the institution to complete the review of a few standards. The documentation was provided immediately, and the auditor was able to promptly complete the review.

The auditor received one letter from an inmate through the advertised auditor mailbox following the onsite phase of the audit. It was from the same inmate who wrote to the auditor prior to the onsite audit.

The auditor utilized the auditor compliance tool to assist in the review of the policies and procedures, documentation and data, interview notes, and site review notes to triangulate the results of each of the standards to confirm compliance or non-compliance. Final results were uploaded into the OAS and a final report was submitted to the PREA Resource Center and to the Texas Department of Criminal Justice.
Facility Characteristics

The A.M. “Mac” Stringfellow Unit is located at 1200 FM 655, Rosharon, Texas. The facility is operated by the Texas Department of Criminal Justice, one of 99 institutions overseen by Executive Director Bryan Collier and Agency PREA Coordinator Cassandra McGilbra. The Stringfellow Unit was established in 1908. The Unit is composed of a medium security facility and a trusty work camp. The work camp is currently closed and is being prepared for a new program. The auditor included the camp in the audit by reviewing the physical plant. The Unit employs 310 personnel, who all work under the leadership of facility Warden, Anthony Patrick. Facility leadership consists of an Assistant Warden, a Major and a Building Captain. The facility assigns two lieutenants, two sergeants, and 40 officers to first shift (0500 – 1400 hours), two lieutenants, two sergeants, and 40 officers to second shift (1400 – 2200 hours), and one lieutenant, 2 sergeants, and 32 officers to third shift (2200 – 0500 hours).

Stringfellow houses male inmates sentenced to serve at least one year in the state prison system. The age range of offenders spans from 21 to 78. The facility does not house youthful inmates. The average daily population for the last 12 months is 932, with an average length of stay of 1 year and 5 months. Demographically, of the 888 inmates in custody on the first day of the audit, there were 287 white inmates, 307 black inmates, 289 Hispanic inmates, and 8 inmates indicated as other. There were 541 inmates admitted to Stringfellow over the last 12 months whose length of stay was for 72 hours or more.

The Main Building has 16 housing units. A Wing holds eight (8) housing units, A1 through A8, and B Wing holds four (4) housing units, B9 through B12. Each of the units is an open dormitory, with single bunks separated into their own cubicle areas. The toilets and urinals are all behind a pony wall, which provides privacy for the inmates. C Wing holds four (4) housing units. The units hold three tiers of double bunked wet cells, behind barred doors.

The institution’s shower room is separate from the housing units. The room is limited to male officers only and has an open area where inmates may dress following the shower. The showers are along the far wall, behind a large wall. The officer has a raised station that overlooks the showers for the protection of the inmates.

The Trusty Camp has three open dormitory housing units. All three have group restrooms with toilets and showers behind a pony wall.

Inmate visitation is available Monday, Wednesday, and Friday, from one to five in the afternoon, and on weekends, from 8AM to 5PM. Visitation is in an open room, under direct watch of a corrections officer. There are signs in the visitation area for the public to view the facility’s zero-tolerance policy regarding sexual assault and sexual harassment as well as the information for them to report allegations of sexual abuse.

The kitchen is staffed by corrections officers to provide security. The kitchen layout provides for clear viewing of all activities and the storerooms, freezers and refrigerators are secured. The officer must open these areas at the request of the kitchen staff before any inmate may access the area to obtain needed items for food preparation. The staff office is in the center of the kitchen and the walls are constructed of glass to provide for a clear view of the kitchen, thus providing greater sexual safety.

The laundry utilizes cameras and mirrors to ensure safety and prevent inmates hiding behind the large washers and dryers. The inmate workers are always under the supervision of several corrections
Officers. Inmates in the laundry maintain inmate clothing by sewing torn uniforms. This program promotes sexual safety by encouraging participation and teaching a skill that can be used following release from the facility.

The chaplain’s office provides several worship services along with anger management classes and personal growth programs. Volunteers assist with religious services and faith-based programs. These programs provide the inmates with avenues to channel their free time and assists in the prevention of sexual misconduct.

The institution offers a Sex Offender Treatment Program (SOTP) and a Special Needs Substance Abuse Felony Punishment Facility (SAFPF).

The institution provides educational programs, including adult basic education, general educational development (GED), special education services, cognitive intervention, career and technology programs, construction carpentry, and diesel mechanics.

The institution also participates in a large agricultural operation, along with two other Units, that are on the same property. Inmates work in cow/calf operations, edible and field crops, fresh vegetable cannery, grain dryer/storage, alfalfa dehydrator, swine finishing operation, and a farm shop. There are over 14,000 acres of land.

Inmate health care services are managed by the University of Texas Medical Branch (UTMB). Available services include ambulatory medical, dental, and mental health, as well as laboratory and x-ray services. Services are not available 24 hours per day, but a registered nurse is on duty 24 hours a day at neighboring Unit Terrell. Staff may access that nurse through telehealth for urgent care after 6PM. A determination can then be made as to the need for 911 to outside services or to wait for onsite care in the morning. There is no infirmary for patient care and all inmates requiring that care will be transferred to a local hospital. There are several treatment rooms, a laboratory space, and an emergency triage area. Inmates are referred to local medical services for services not available by the facility staff. Mental health services are broad and coordinate with the sexual offender treatment program onsite at the institution.

Forensic medical examinations are performed at a local hospital. Facility medical staff coordinate with the hospital after discharge to provide space for the examination and coordinate a treatment plan for the inmate following the examination.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 2
Number of Standards Met: 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.34; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Each standard discussion contains information specific to any needed corrective action.

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)
- If this agency operates more than one institution, has each institution designated a PREA compliance manager? (N/A if agency operates only one institution.) ☒ Yes □ No □ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the institution’s efforts to comply with the PREA standards? (N/A if agency operates only one institution.) ☒ Yes □ No □ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement
   b. TDCJ ED-03.03 - Safe Prisons Program
   c. TDCJ Safe Prisons/PREA Plan
   d. TDCJ Organizational Chart

2. Interviews:
   a. PREA coordinator
   b. PREA compliance manager

Findings (by provision):

115.11(a). The Texas Department of Criminal Justice and the Stringfellow Unit has adopted a comprehensive written policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ, which outlines the agency’s approach to the prevention, detection, and response to sexual assault incidents in their correctional facilities and establishes immediate reporting guidelines of such incidents. This plan provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The agency also provided the TDCJ ED-03.03 - Safe Prisons Program. This directive states, “The Texas Department of Criminal Justice (TDCJ) has zero tolerance toward all form of sexual abuse and sexual harassment. The TDCJ shall be vigilant in establishing a
safe environment for staff and offenders at all secure correctional facilities." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.11(b). The agency has designated an agency-wide PREA coordinator, Cassandra McGilbra, who is the PREA Ombudsman. The Ombudsman reports directly to the Chairman of the Texas Board of Criminal Justice. Under the Texas Government Code, the PREA Ombudsman coordinates the agency’s efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ correctional facilities. The agency’s organizational chart was provided for review and shows the PREA Ombudsman’s position as a direct report to the Board of Criminal Justice. There is no question as to the authority level of the PREA Ombudsman at this agency. The auditor received written responses to the PREA interview questions for the PREA coordinator. In the responses, the Ombudsman confirmed the main function of her position is to ensure PREA compliance, to review or conduct administrative investigations of allegations of sexual abuse, and to provide access for offenders and the public to report allegations of sexual abuse and sexual harassment. Based on this interview, the organizational chart, and my contact with the Safe Prisons/ PREA Manager, the auditor believes she has both the time and authority necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.11(c). The agency has designated six regional coordinators to monitor and support prison operations, who report to the PREA Ombudsman. There are 125 Unit PREA Managers, who relay PREA-related information to their respective regional coordinators. The Safe Prisons/PREA Managers, one in each unit, report to their respective Wardens. All Unit PREA Compliance Managers have access to the PREA Ombudsman. The PREA Manager at Stringfellow, Ms. Babineaux, acts as the PREA compliance manager (PCM) and has sufficient authority to coordinate the facility’s efforts to comply with the PREA standards. The PCM provides reporting to the PREA coordinator at the agency level and maintains records and statistics at the institution. Through an interview with the PCM, the auditor was able to determine the PCM clearly understood her role and was well educated on the PREA standards. The PCM indicated that there was sufficient time to complete duties as the PCM. In fact, she was fully engaged in her position. Staff and inmates throughout the institution knew her well and her role. The institution has her same and role posted throughout the institution for everyone to see and as a reminder that she is available to help at any time. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ AD-02.46 - Employees of Private Businesses and Governmental Entities Contracting with the TDCJ
   2. Solicitation and Modification of Secure Private Facilities Contracts
   3. Solicitation and Modification of Private Residential Reentry Centers Contracts
   4. Solicitation and Modification of Private Transitional Treatment Centers Contracts
2. Interviews:
   1. Agency Contract Administrator

Findings (by provision):

115.12(a) The agency provided TDCJ AD-02.46 - Employees of Private Businesses and Governmental Entities Contracting with the TDCJ in the PAQ. This policy states, “The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.” The agency provided the auditor with copies of 35 new or renewed contracts for private contractors to operate secure facilities, residential reentry centers, and transitional treatment centers. Each of the 35 contracts included a provision that requires the contractor to comply with the PREA Standards and report any offender sexual assault or sexual harassment to the TDCJ. The provision also designates a Contract Monitor from the Department to monitor the contracted facility to ensure the Contractor is compliant with the PREA Standards.

The auditor received written responses to the PREA interview questions for the Contract Administrator. The administrator confirmed a total of ten prisons (one now idled), eight residential corrections centers and 18 transitional treatment centers that are contracted to house TDCJ inmates. The administrator
also confirmed that each contractor is required to be in compliance with the PREA standards, and this requirement is in each contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.12(b) The agency provided TDCJ AD-02.46 - Employees of Private Businesses and Governmental Entities Contracting with the TDCJ in the PAQ. This policy states, “The TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.” The agency provided the auditor with copies of 35 new or renewed contracts for private contractors to operate secure facilities, residential reentry centers, and transitional treatment centers. Each of the 35 contracts included a provision that requires the contractor to comply with the PREA Standards and report any offender sexual assault or sexual harassment to the TDCJ. The provision also designates a Contract Monitor from the Department to monitor the contracted facility to ensure the Contractor is compliant with the PREA Standards.

The auditor received written responses to the PREA interview questions for the Contract Administrator. The administrator stated that one full-time TDCJ employee is responsible for on-site contract monitoring at each of the secure facilities. Contract monitoring for the residential and transitional facilities is performed monthly or more frequently by unscheduled contract reviews. Each facility reports information to the contract monitor, who verifies protocol to ensure that all required PREA standards are met, as well as the contractual requirements. The contract administrator stated that for 2021, all the facilities are either in compliance, in the review process, or awaiting their scheduled audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

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**Standard 115.13: Supervision and monitoring**

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

115.13 (a)

- Does the agency ensure that each institution has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each institution has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration any findings...
of inadequacy from Federal investigative agencies in calculating adequate staffing levels and
determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration any findings
  of inadequacy from internal or external oversight bodies in calculating adequate staffing levels
  and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration all
  components of the institution’s physical plant (including “blind-spots” or areas where staff or
  inmates may be isolated) in calculating adequate staffing levels and determining the need for
  video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration the
  composition of the inmate population in calculating adequate staffing levels and determining the
  need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration the
  number and placement of supervisory staff in calculating adequate staffing levels and determining the
  need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration the
  institution programs occurring on a particular shift in calculating adequate staffing levels and
  determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each institution’s staffing plan takes into consideration any
  applicable State or local laws, regulations, or standards in calculating adequate staffing levels
  and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration the
  prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating
  adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each institution’s staffing plan takes into consideration any other
  relevant factors in calculating adequate staffing levels and determining the need for video
  monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

In the past 12 months, has the institution, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the institution has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

▪ Has the institution/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

▪ Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

▪ Does the institution/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the institution? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement
   2. TDCJ Safe Prisons/PREA Plan
   3. TDCJ AD-11.52 - Security Staffing
   4. TDCJ SOPM-07.02 - Deletion, New Installation or Relocation of Video Surveillance Equipment
   5. TDCJ SOPM-08.06 - Security Operations Annual Review of Turnout Rosters Procedures
   6. Stringfellow Unit Staffing Plan
   7. Stringfellow Unit 2021 Annual Staffing Plan Roster Review

2. Interviews:
1. PREA Coordinator
2. Agency Head
3. Random Inmates
4. Random Staff
5. Specialized Staff

3. Site Review Observations
   1. Control rooms (electronic monitoring)
   2. Programs area
   3. Housing units
   4. Kitchen
   5. Health services

Findings (by provision):

115.13(a). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. In the Security Staffing Section, the plan states, “The TDCJ shall ensure that each unit develops, documents, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse (p. 10).” The plan goes on to list the eleven points that are required under this provision of the Standard. The auditor was provided TDCJ AD-11.52 - Security Staffing in the PAQ. This directive states, “The Texas Department of Criminal Justice (TDCJ) deploys adequate staff to provide safety and security to employees and offenders and to accomplish the mission of each unit.” The directive requires that Security Operations approve each Unit’s staffing plan and must monitor levels of security staffing at each unit. The staffing levels and plans must be based on unit design and mission, offender population and custody level, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and established relief factors.

The agency also provided the auditor a copy of the Stringfellow Unit Staffing Plan. The document outlines the required staffing for Priority 1 and Priority 2 positions at the main unit and the trusty camp, as well as the minimum hours required to maintain that staffing level. The plan includes a review of the supervision for the institution. The staffing plan requirements for the institution is consistent with accepted practices and standards, and the auditor saw nothing in the plan or in the facility that would be inconsistent with that finding.

During the site review, the auditor found no areas of concern or blind spots in the facility. The auditor also noted adequate staffing throughout the institution, as well as supervisory staff. The auditor reviewed all areas, including the kitchen, laundry, program areas, medical and mental health, and all housing units. The auditor talked with several supervisors throughout the facility and witnessed their interactions with staff. It was apparent that there is ample supervisory coverage to ensure staff and inmate safety. The auditor visited the education and programs areas and the library and law library. Inmates were able to utilize the library services and easily attend programs without taking away security and safety from the rest of the institution. In fact, inmates expressed to the auditor that participation in these programs and educational opportunities were sought after by inmates. Inmates told the auditor that they were so eager to participate that it was encouragement to avoid violating inmate rules so they could maintain their program participation, thus adding to institutional sexual safety. The staffing plan provides for adequate programs staff allowing full participation.

The auditor interviewed the Warden during the onsite phase of the audit. The Warden talked about the staffing plan and indicated the staffing plan is drafted at the Unit and approved through Security Operations. The plan is reviewed annually by staff at the institution. The Warden explained the plan is based on several factors and nationally accepted guidelines for staffing coverage. The Warden believes that it allows for more than adequate staffing coverage at the institution. Both of the shifts
have adequate staff to provide a safe environment leading to the prevention, detection, and reduction of sexual abuse of the inmate population. The video monitoring system is evaluated at least once per year to determine if the agency should make adjustments to better identify safety concerns. The Warden confirmed the plan covers each of the 11 points required under this standard. To confirm compliance, the shift commanders review daily and weekly staffing reports and address any concerns immediately and forward those reports to the Warden’s office for additional review and approval. The auditor also interviewed the PREA compliance manager, who confirmed the staffing plan considers each of the required points listed in this standard. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(b). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “In circumstances where the staffing plan is not complied with, the unit shall document and justify all deviations from the plan.” The auditor was provided TDCJ AD-11.52 - Security Staffing in the PAQ. In the Position Deviation from Staffing Plans section, the directive states, “When occasions arise requiring the unit to deviate from the staffing plan, unit administration must document on the reverse side of the shift turnout roster the position deviation taken and the reason for the deviation.”

The auditor interviewed the Warden during the onsite phase of the audit, who confirmed the documented deviations through the daily shift reports. The auditor was provided copies of the shift reports and noted the deviations below the required minimum staffing. The auditor could see how the institution corrected the deviation by requiring staff to work additional overtime hours to cover shortages on each shift. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(c). TDCJ Safe Prisons/PREA Plan was provided to the auditor in the PAQ. The plan requires that each unit complete an assessment, at least once each year, in consultation with the CID director to determine and document if adjustments are required to the staffing plan, the unit’s deployment of video monitoring systems, and resources the unit has available to ensure adherence to the staffing plan.

The auditor was provided a copy of the Stringfellow Unit 2021 Annual Staffing Plan Roster Review in the PAQ. The annual review was completed in June 2021 by the Warden, the Regional Director, the Staffing Coordinator for Security Operations, a Staffing representative from Security Operations, and the PREA Ombudsman. The review was performed in consultation with the Unit’s Safe Prisons/PREA Manager. The review indicated that no changes to the staffing plan were warranted based on the institution’s inmate population, current staffing levels, current video monitoring technology, physical plant, and institution administration requests.

The auditor was provided with written responses to the PREA interview questions. The agency PREA coordinator confirmed the staffing plan is reviewed at a minimum of once per year. The annual review is then shared with the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.13(d). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. This plan states, “Security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders.” The plan also states that staff is prohibited from alerting other staff members when these rounds are occurring.

During interviews with 21 random inmates, each inmate stated that supervisors enter the housing units several times a day. When asked, inmates told the auditor that supervisors come in the units many times throughout the day and night. During interviews with 15 random staff members, staff stated that supervisors perform rounds daily and at different times. The auditor also interviewed supervisors
during the onsite audit and confirmed that they are expected to enter each housing unit at least once per day to make rounds. Those rounds are required to be documented in the logs and are to be performed at random times so as not to be predictable. Also, during the site review, the auditor met supervisors in the housing units while they were performing their unannounced rounds.

Several copies of post logs were supplied in the PAQ, which showed various upper-level supervisors logging in PREA rounds throughout the facility. The logs were from different days of the week throughout the month and the rounds were noted at different times of the day and night. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

**115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if institution does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

**115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if institution does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if institution does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

**Auditor Overall Compliance Determination**
☐  **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ Safe Prisons/PREA Plan
2. Interviews:
   1. None
3. Site Review Observations
   1. None

**Findings (by provision):**

**115.14(a).** The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. In the *Youthful Offenders* section, the plan states, “youthful offenders shall not be place in a housing unit where the youthful offenders will have sight, sound, or physical contact with any adult offenders through use a shared dayroom or other common space, shower area, or sleeping quarters.”

The Stringfellow Unit does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.14(b).** The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. In the *Youthful Offenders* section, the plan states, “When youthful offenders are outside housing area, correctional staff shall: a. Maintain sight and sound separation between youthful offenders and adult offenders; or b. Provide direct supervision when youthful and adult offenders have sight, sound, or physical contact.

The Stringfellow Unit does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.14(c).** The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. In the *Youthful Offenders* section, the plan states, “The TDCJ shall make best efforts to avoid placing youthful offenders in isolation for the purposes of maintaining sight and sound separation.”

The Stringfellow Unit does not house youthful offenders. Based on this analysis, the auditor finds the facility in compliance with this provision.
Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

▪ Does the institution always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes  ☐ No  ☐ NA
  
  ▪ Does the institution always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes  ☐ No  ☐ NA

115.15 (c)

▪ Does the institution document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes  ☐ No

▪ Does the institution document all cross-gender pat-down searches of female inmates?  ☒ Yes  ☐ No

115.15 (d)

▪ Does the institution implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  ☒ Yes  ☐ No

▪ Does the institution require staff of the opposite gender to announce their presence when entering an inmate housing unit?  ☒ Yes  ☐ No

115.15 (e)

▪ Does the institution always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status?  ☒ Yes  ☐ No

▪ If an inmate’s genital status is unknown, does the institution determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  ☒ Yes  ☐ No
115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

1. Documents: (*Policies, directives, forms, files, records, etc.*)
   1. TDCJ Safe Prisons/PREA Plan
   2. TDCJ AD-03.22 - Offender Searches
   3. TDCJ SPPOM-02.05 - Cross-Gender Searches and Log
   4. TDCJ PO-07.006 - Administrative Segregation Officer
   5. Training curriculum
   6. Training records

2. Interviews:
   1. Specialized staff
   2. Targeted inmates
   3. Random inmates

3. Site Review Observations:
   1. Control rooms (electronic monitoring)
   2. Strip search room
   3. Bathrooms and shower areas
   4. Housing units
   5. Medical services

Findings (by provision):
115.15(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, “Offender Searches.” The auditor was also provided TDCJ AD-03.22 - Offender Searches in the PAQ. This directive states, “Male offenders shall be strip searched by a male correctional officer or trained male staff member, except in exigent circumstances with prior approval from a security supervisor.” The PAQ shows that no cross-gender strip searches or body cavity searches were performed in the previous 12 months at the Stringfellow Unit.

During the site review, the auditor viewed the strip search area in the institution’s receiving area. This area is separated from viewing from other inmates and staff members and there are no cameras in the area that could view the inmate in a state of undress during the search. This area is utilized for unclothed searches of inmates upon transfer into or out of the institution and it was confirmed that male officers only perform the strip searches. During the site review, the auditor experienced the intake process and saw where the search would be performed and was told the search would always be performed by a male corrections officer based on the agency policy. The auditor had informal discussion with inmates during the site review and was told that strip searches of inmates are always performed by male officers. The auditor interviewed two officers that perform searches and they both indicated that only male officers are permitted to perform strip searches of the male inmates at Stringfellow. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(b). The Stringfellow Unit houses male inmates only and this provision would not apply to this institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(c). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states that all strip searches of inmates conducted by staff of the opposite gender must be documented. They must be documented on an Inter-Office Communication containing a supervisor’s signed approval and field with the Unit Safe Prisons/PREA Manager (USPPM). The auditor was also provided TDCJ SPPOM-02.05 - Cross-Gender Searches and Log in the PAQ. This manual requires the USPPM to collect all documented cross-gender searches at the Unit and maintain them on a log. The log is maintained for the fiscal year. In the PAQ, the institution indicated that there were zero such searches conducted over the previous 12 months prior to the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(d). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders.” As an example of the institution’s post orders, the auditor was provided TDCJ PO-07.006 - Administrative Segregation Officer in the PAQ. The order references the requirement for an announcement to be made if the officer working in the segregation unit is of the opposite gender of the offenders housed in the unit. The order states, “Ensure the verbal announcement is made any time the status quo of the gender-supervision of a housing area changes from exclusively same gender to mixed or opposite gender-supervision. Ensure the announcement is made for both security and non-security staff, for example, medical staff, volunteers, unit visitors, or a security supervisor making rounds in the administrative segregation area.”

During the site review, the auditor visited all housing units and viewed the restroom and shower areas. In all areas, the auditor could see the specific actions taken to provide privacy for the inmates and to prevent cross-gender viewing of inmates’ breasts, genitalia, and buttocks. The restrooms in the
open dormitories are maintained behind a pony wall to provide the necessary privacy for the inmates. In the celled housing, the toilets are in the cells and the inmates are forewarned of female officers by the announcement made before they enter the housing unit floor. Showers for the entire institution are in a separate room. Male corrections officers work in the shower room only. This provides ample privacy for the male inmates while they undress, shower, and dress. The showers are all along the far wall of the shower room and inmates are mostly protected from viewing at all times.

The auditor routinely witnessed cross-gender announcements during entry into every housing unit, as the auditor was escorted by two female staff members. Each time we attempted to enter a dormitory, a corrections officer or supervisor clearly made a loud announcement of “female on the run” or “female on the floor”. We were then asked to wait a moment before we entered, allowing the inmates the opportunity to cover up if it was necessary. The auditor also verified that there were no cameras within any of the housing units that would view the male inmates in a state of undress.

During random interviews with 21 inmates, they all stated that officers routinely make an announcement before entry to the unit. Two of the inmates stated that it was difficult to hear the announcement sometimes, but overall, the inmates were clear that female staff were consistent with their announcement before entry to the dormitory. All 21 of the inmates interviewed confirmed they felt comfortable to shower and use the restroom without staff members of the opposite sex viewing them. During random interviews with 15 officers, they confirmed that cross-gender announcements are done every time a female officer enters a housing unit. Officers stated clearly that they cannot see inmates in the restrooms and always announce before performing routine cell checks and security rounds. Female officers also confirmed they were not allowed to work in the shower room. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(e). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. On page 16, under the Offender Screening and Assessment section, the plan states, “During the intake process, non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.”

During the onsite phase of the audit, the auditor interviewed two inmates who identify as transgender female. Both of the inmates stated that they had not been searched by staff at the institution to determine the inmate’s genital status. The auditor also interviewed 15 random officers and was told that such searches of transgender inmates was a violation of policy. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.15(f). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Correctional staff shall be trained in the methods of conducting cross-gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs.” The institution provided the auditor a copy of the search procedures training curriculum that is provided for staff on an annual basis. The training identifies the need for staff members to perform pat searches using the bladed technique between and under the breasts to search for contraband. The training also requires the need to do searches in a professional and respectful manner, in the least intrusive manner possible.

During the onsite phase of the audit, the auditor interviewed 15 random officers. Each of the 15 officers confirmed attending annual in-service training in 2020 or 2021. The required training for cross-gender searches was included in the training. All 15 officers stated that the training included how to perform
the searches of transgender inmates in a professional and respectful manner. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

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

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
▪ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

▪ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

▪ Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

▪ Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

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

115.16 (c)

▪ Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:
1. **Documents:** *(Policies, directives, forms, files, records, etc.)*
   1. TDCJ Safe Prisons/PREA Plan
   2. TDCJ AD-04.25 – Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking
   3. TDCJ AD-6.25 Qualified Interpreter Services – American Sign Language
   4. Staff who Speak Foreign Languages
   5. Qualified Spanish Interpreters in TDCJ Administrative Offices

2. **Interviews:**
   1. Agency head
   2. Targeted inmates
   3. Random inmates

3. **Site Review Observations:**
   1. Postings in housing units
   2. Medical housing
   3. Inmate educational materials

**Findings (by provision):**

**115.16(a).** In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Reporting Allegations section, the plan states, “Appropriate steps shall be taken to ensure offenders with disabilities, including offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment (p. 20).” The auditor was also provided TDCJ AD-04.25 – Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking in the PAQ. This directive ensures language assistance services to offenders that are unable to communicate effectively in spoken English. The auditor also reviewed TDCJ AD-6.25 Qualified Interpreter Services – American Sign Language. This directive ensures that offenders who use American Sign Language (ASL) as their primary means of communicating will be provided a qualified interpreter for informal governmental proceedings. The auditor was also provided two lists of interpreters, one for Spanish speakers at TDCJ administrative offices and one for foreign languages at TDCJ institutions.

During the onsite phase of the audit, the auditor interviewed two inmates who were partially blind and one inmate who was partially deaf. All three confirmed they had received the PREA education and had no problems with seeing and hearing the video at receiving. All three could explain the zero-tolerance policy, knew how to properly report an allegation of sexual abuse, and knew what behavior was considered sexual abuse. The inmates with partial blindness stated that they sit very close to the video monitor during the showing of the intake video and had no problem seeing or hearing the video. The partially deaf inmate was able to see and hear the video without additional assistance. He was also provided written information about the institution’s PREA policy in the handbook. The auditor was provided written interview responses from the Agency Head. In those responses, the Agency Head confirmed the various accommodations available to provide PREA education for all inmates, regardless of the disability or language spoken. During the site review, the auditor viewed the PREA signage, and it appeared to be posted at a level that was easily viewed by all inmates, even those that were wheelchair-bound. Grievances are available to all inmates and the policy and procedure requires accommodations for those that need assistance to file a grievance. The telephones are also in a place easily accessible for all inmates, so all inmates would be able to call the PREA hotline. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.16(b).** In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Reporting Allegations section, the plan states, “Offenders with limited English proficiency shall be provided meaningful access to information regarding TDCJ efforts to prevent, detect, and respond to sexual
abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary (p. 20-21).” The auditor was also provided TDCJ AD-04.25 – Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking in the PAQ. This directive states, “Each offender must receive the TDCJ Disciplinary Rules and Procedures for Offenders handbook, available in English or Spanish.” The directive goes on to require that these offenders must be shown the orientation session in Spanish and be provided the Offender Orientation Handbook in Spanish. The auditor also reviewed TDCJ AD-6.25 Qualified Interpreter Services – American Sign Language. This directive ensures that offenders who use American Sign Language (ASL) as their primary means of communicating will be provided a qualified interpreter for informal governmental proceedings. The auditor was also provided two lists of interpreters, one for Spanish speakers at TDCJ administrative offices and one for foreign languages at TDCJ institutions.

The auditor spoke with three inmates who spoke Spanish during the random inmate interviews. All three inmates required the use of a Spanish translator, that was provided to the auditor by the institution. All three inmates confirmed receiving the PREA education by watching the PREA video in Spanish. They explained to the auditor how to file an allegation of sexual abuse if it were necessary. They also understood behavior that was improper. The auditor viewed PREA signage in the housing units during the site review and all signs were available in both English and Spanish. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.16(c). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Reporting Allegations section, the plan states, “When seeking interpreters, staff shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties described within this plan, or the investigation of the offender’s allegations (p. 21).”

During the onsite phase of the audit, the auditor spoke with 15 random officers and 21 random inmates. All staff and inmates stated that the facility does not utilize inmates to interpret for other inmates. Staff members stated clearly that using an inmate to interpret could be dangerous, as there is no way to ensure that the translation from their language to English is accurate. Staff confirmed that there is a list of approved translators if someone requires a translator. Based on this analysis, the auditor finds the facility in compliance with this provision.

### Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
▪ Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

▪ Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement institution, juvenile institution, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

▪ Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

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

115.17 (b)

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

115.17 (c)

▪ Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ Safe Prisons/PREA Plan
   2. TDCJ Form PERS 282 – Employment Application Supplement
   3. TDCJ Form PERS 598 – Employment Application Supplement for Agency Applicants
   4. TDCJ Agency Applicant
   5. Employment records
2. Interviews:
   1. Specialized staff

Findings (by provision):

115.17(a). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Administrative Considerations section, the plan sets forth guidelines for the hiring of employees at the TDCJ. The plan states, “The TDCJ shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who previously:  a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution; b. Has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or c. Has been civilly or administratively adjudicated to have engaged in the activity described in Section b (p. 37-38).” The auditor was also provided TDCJ Form PERS 282 – Employment Application Supplement and TDCJ Form PERS 598 – Employment Application Supplement for Agency Applicants in the PAQ. Both applications include the specific questions from this provision, requiring the applicant to affirmatively respond yes or no. The Agency Applicant application also states that a yes response to these questions makes the applicant ineligible for promotion.

All potential volunteers and contractors that will have inmate contact inside the secure facility must also have a completed background check performed prior to admission to the institution. This requires that the applicant affirmatively state that they have not been charged with a sexual abuse offense or be the subject of a sexual harassment allegation.

The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(b). TDCJ Safe Prisons/PREA Plan was provided to the auditor in the PAQ. The plan states, “The TDCJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.” The auditor was also provided TDCJ Form PERS 282 – Employment Application Supplement and TDCJ Form PERS 598 – Employment Application Supplement for Agency Applicants in the PAQ. Both applications include a question that asks the applicant to affirmatively state whether or not they have been involved in a substantiated incident of sexual harassment.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants are asked specific questions about sexual harassment. The applicant is required to affirmatively state that he or she has not been the subject of a sexual harassment investigation. This is also confirmed through the background check of prior employers. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(c). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan sets forth guidelines for conducting background investigations for new employees and states, “Before hiring new employees who may have contact with offenders, the TDCJ shall:  a. Perform a criminal background check; and b. Attempt to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, in accordance with federal, state, and local law.” The institution indicated there were a total of
55 staff members hired over the previous 12 months prior to the audit, and all 55 had the required background checks performed and cleared prior to hire.

The auditor reviewed the records of ten randomly selected staff members. The agency provided clear records showing the appropriate background checks performed with no indication of prior sexual offenses listed for each of the ten records reviewed.

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all applicants must pass the full criminal history review before being considered for employment. Also, a full check of prior employers is completed for everyone before the applicant’s file can receive final approval. These same reviews are completed for contractors but are typically performed by the contractor and are included in the contract. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(d). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “A criminal background check shall be performed before enlisting the services of any contractor who may have contact offenders.”

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. The auditor was told that all individuals who will work with a department contractor must pass the full criminal history review before being approved for entrance to the institution. These reviews are typically performed by the contractor and are included in the TDCJ contract. The contractor must then provide the Unit HR representative a copy of the contractor’s background clearance form. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(e). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan dictates that criminal background checks will be conducted at least every five years for current employees and contractors who have contact with offenders or the TDCJ will have in place a system to otherwise attain the information for current employees. The auditor was provided a document that outlines the agency’s Pre-hire Criminal History Check Process. The document lists the process for reviewing an applicant’s background check prior to approval for hire. It goes on to clarify that all criminal history checks are performed through the Criminal Justice Information System (CJIS). TDCJ access is provided through the Texas Department of Public Safety (DPS). Once an employee or contractor is entered into the system, DPS provides an automatic notification by email of any subsequent activity on the individual’s criminal history. Additionally, a criminal record check is conducted if internal applicants apply for certain job positions. The agency also conducts annual criminal background checks for all agency employees during the employee’s birth month, and six months after, to ensure there are no outstanding warrants of arrest. The DPS sends an electronic report on a monthly basis showing any employees with active warrants.

During the onsite phase of the audit, the auditor interviewed a human resources staff member. She confirmed that staff members and contractors are routinely checked annually during their birth month for any active warrants and arrests. This is done through CJIS and notified through DPS. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(f). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “The TDCJ shall directly ask all applicants and employees who may have contact with offenders about previous misconduct described in this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of employee review. The TDCJ shall also impose on employees a continuing affirmative duty to disclose knowledge of any such misconduct (p. 38).” The auditor was also provided TDCJ Form PERS 282 – Employment
Application Supplement and TDCJ Form PERS 598 – Employment Application Supplement for Agency Applicants in the PAQ. Both applications include this statement: I hereby acknowledge that I have a duty to disclose any sexual misconduct during the term of my employment. I further acknowledge that I have a duty to disclose any misconduct on my part while working for previous employers.

During the auditor’s interview with the human resources staff member, it was confirmed the agency follows this policy. She explained that questions regarding an individual’s prior employment, sexual abuse and sexual harassment allegations, and prior criminal offenses are asked during the oral interview process. She also confirmed that all employees are required to report any arrests or allegations of sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(g). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states that material omissions of sexual misconduct or providing materially false information shall be grounds for termination. The auditor was also provided TDCJ Form PERS 282 – Employment Application Supplement in the PAQ. The application includes the statement that any determination that the application has been falsified is grounds for refusing employment or terminating employment if already employed.

During the interview with the human resources staff member, the auditor confirmed that the agency will terminate any employee for false information provided during the application process or omissions of fact of any information, including sexual abuse and sexual harassment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.17(h). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Unless prohibited by law, information shall be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom the employee has applied for work (p. 39).”

During the onsite phase of the audit, the auditor interviewed a staff member from human resources. She confirmed that the agency would, in fact, provide potential new employers with information regarding a past employee’s sexual abuse and sexual harassment allegations and/or investigations. She stated that they would not want an individual who had already participated in such activities to have access to inmates in another facility. She stated that there is no law prohibiting this in Texas. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new institution or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/institution has not acquired a new institution or made a substantial expansion to
existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes  ☐ No  ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/institution has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes  ☐ No  ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ SOPM 07.02 – Deletion, New Installation of Relocation of Video Surveillance Equipment
2. Interviews:
   1. Agency head
   2. Warden

Findings (by provision):

115.18(a). The agency provided TDCJ SOPM 07.02 – Deletion, New Installation of Relocation of Video Surveillance Equipment in the PAQ. The procedure states, “Prior to the new installation of video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency Safe Prison/PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency’s ability to protect offenders from sexual abuse (p. 1)."
During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for the Stringfellow Unit. Although none are needed at this time, they would always take into account the sexual safety of the inmate population when making decisions. The auditor provided written responses to the interview questions for the Agency Head. The Agency Head stated processes are in place with priorities for inmate safety anytime improvements for a Unit are planned. There are no planned improvements for the Stringfellow Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.18(b). The agency provided TDCJ SOPM 07.02 – Deletion, New Installation of Relocation of Video Surveillance Equipment in the PAQ. The procedure states, “Prior to the new installation of video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency Safe Prison/PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator in conjunction with the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the agency’s ability to protect offenders from sexual abuse (p. 1).”

During the onsite phase of the audit, the auditor interviewed the Warden, who stated that the administration constantly reviews what changes might be needed for the Stringfellow Unit. Video monitoring at Stringfellow is limited to public areas at this time and they would like to have more camera coverage available, but that is all based on available funding. Cameras are always being updated throughout the TDCJ and Stringfellow is on that list, but he is not sure when that might happen. Additional cameras will certainly make a difference for safety for both staff and inmates. The auditor was provided written responses to the interview questions for the Agency Head. The Agency Head stated that enhancements are always made in response to staffing analysis of the Unit. New comprehensive video monitoring and tablets have been installed or are in the installation process in nine TDCJ facilities. As funding and resources are made available, all TDCJ facilities will have this comprehensive video capabilities. Based on this analysis, the auditor finds the facility in compliance with this provision.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/institution is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  ☒ Yes ☐ No ☐ NA

115.21 (b)
▪ Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/institution is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

▪ Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/institution is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

▪ Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside institution, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

▪ Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

▪ If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

▪ Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

▪ Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

▪ Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

▪ As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

▪ As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   1. TDCJ Safe Prisons/PREA Plan
   2. TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation
   3. TDCJ OIG-04.05 - Offender Sexual Assault Investigations
   4. CMHC Policy Manual G-57 - Sexual Assault/Sexual Abuse

2. Interviews:
   1. Specialized staff

3. Site Review Observations:
   1. Medical services

Findings (by provision):
115.21(a). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” The auditor was also provided TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation. The manual, in the Initial Response Process Following an Offender Sexual Abuse section, mandates steps to ensure the preservation of evidence. “The security supervisor shall identify the location of the alleged assault and consult with the OIG regarding protection and isolation of the crime scene to ensure that evidence is not lost, changed, or contaminated. Security staff shall ensure compliance pursuant to AD-16.03, Evidence Handling (p. 3).” The auditor was also provided TDCJ OIG-04.05 - Offender Sexual Assault Investigations. This manual highlights the OIG guidelines for response to allegations of sexual abuse. On page 4, the manual states, “Upon determining that a sexual assault was promptly reported, the investigator will inform the appropriate unit personnel that the victim must be: separated from the alleged abuser and informed not to take any actions that could destroy physical evidence.” It also states, “Unit personnel should be informed to secure the crime scene and, to the degree possible, the alleged suspect(s) should be placed in a secured area that will prevent the destruction of physical or biological evidence.”

During the onsite phase of the audit, the auditor interviewed the unit investigator. He confirmed that he begins all investigations and then hands them off to the Office of Inspector General (OIG). The investigator stated they utilize a standard evidence collection format provided by the OIG that follows the national protocol. During random staff interviews, the auditor interviewed 15 officers. Each of the 15 officers interviewed knew that the OIG investigated all allegations of sexual abuse and sexual assault. All 15 officers also knew that evidence was collected by the OIG and officers were responsible to protect the crime scene to preserve the evidence until it could be collected. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(b). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. In the Investigations section, the plan states, “The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office of Violence against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. The auditor was also provided TDCJ OIG-04.05 - Offender Sexual Assault Investigations. The manual states, “This policy complies with the Department of Justice - Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” second edition.”

The auditor was provided a signed Statement of Fact from the agency’s PREA Ombudsman, which clearly states the agency’s evidence protocol and policy for forensic medical examinations. The Statement reconfirms the agency’s use of the evidence protocol that matches the protocol listed in the National Protocol document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(c). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan establishes guidelines for the investigation of sexual abuse and sexual misconduct within the TDCJ. The plan states, “All offender victims of sexual abuse shall be offered access to forensic medical examination, whether on-site or at an outside medical facility, without financial cost, where evidentiary or medically appropriate. Such examination shall be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) when possible. If neither a SAFE nor SANE can be made available, the examination may be performed by other qualified medical practitioners in accordance CMHC policies. Efforts to provide a SAFE or SANE shall be documented (p. 13-14).” The auditor was also provided TDCJ OIG-04.05 - Offender Sexual Assault Investigations. In the Request for Sexual Assault Exam section, the procedure states, “If a sexual assault is reported to the OIG within 120
hours, with the consent of the victim, an investigator shall request a forensic medical examination of the victim of the alleged assault for use in the investigation or prosecution of the offense.”

During the onsite phase of the audit, the auditor conducted a telephone interview with a nurse director at local Ben Taub Hospital. The director verified that any inmate delivered to the hospital emergency room would be treated properly and would have access to a SAFE or SANE nurse on staff at the hospital. The nurse would complete the forensic medical examination per accepted state protocol. The hospital would then provide a follow-up treatment plan for the inmate that would be sent to the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(d). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.” The auditor was also provided TDCJ OIG-04.05 - Offender Sexual Assault Investigations. In the Victim Advocate – Offender Victim Services (OVS) section, the procedure states, “Offender sexual assault victims, when requested, may have a victim advocate or qualified TDCJ staff member who is an offender victim representative (OVR) accompany and support the victim through the forensic medical examination process and the investigatory interviews.” The auditor was provided with documentation from staff at Stringfellow showing attempts to obtain services for victim advocacy for the Stringfellow Unit. Staff contacted the Rape Crisis Center of Matagorda/Wharton Counties, the Brazoria County Women’s Center, and the Fort Bend Women’s Center. All three agencies explained that they were unable to logistically provide the requested services and declined to partner with the TDCJ.

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. She confirmed the institution’s attempts to engage with an agency to provide victim advocacy services for inmates and failing to do so. Therefore, the institution utilizes an offender victim representative (OVR). They currently do not have an OVR properly trained at Stringfellow, so they utilize the OVR that is posted at the Terrell Unit, which is on the same property and right next door to the Stringfellow Unit. The auditor interviewed two inmates who had reported sexual abuse. Both inmates told the auditor they knew that victim advocates were available to them, and both declined to speak to an advocate. The staff at the facility told them about the advocate and they both stated it was not necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(e). The auditor was provided TDCJ OIG-04.05 - Offender Sexual Assault Investigations in the PAQ. In the Victim Advocate – Offender Victim Services (OVS) section, the procedure states, “Offender sexual assault victims, when requested, may have a victim advocate or qualified TDCJ staff member who is an offender victim representative (OVR) accompany and support the victim through the forensic medical examination process and the investigatory interviews.” The auditor was also provided TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation. The manual states, “Following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigative interviews.”

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager. She confirmed the institution’s attempts to engage with an agency to provide victim advocacy services for inmates and failing to do so. Therefore, the institution utilizes an offender victim representative (OVR). They currently do not have an OVR properly trained at Stringfellow, so they utilize the OVR that is
posted at the Terrell Unit, which is on the same property and right next door to the Stringfellow Unit. The auditor interviewed two inmates who had reported sexual abuse. Both inmates told the auditor they knew that victim advocates were available to them, and both declined to speak to an advocate. The staff at the facility told them about the advocate and they both stated it was not necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(f). Since sexual abuse investigations are performed by the agency, this provision does not apply to the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.21(g). The auditor is not required to review this provision.

115.21(h). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. In the Offender Victim Representatives section, the plan states, “The warden shall designate at least two OVRs. An OVR shall be a mental health clinician, sociologist, chaplain, social worker, or case manager who has completed the TDCJ Sexual Assault Offender Victim Representative training. Wardens shall coordinate with the SPPMO when a newly designated OVR requires training.” Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation
   c. TDCJ SPPOM-05.05 - Completing the Offender Protection Investigation
   d. TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents

2. Interviews:
   a. Specialized staff

Findings (by provision):

115.22(a). In the PAQ, the agency provided TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation. The manual establishes procedures and guidelines related to the initial notification and response following a reported offender-on-offender or staff-on-offender sexual abuse incident. The manual states, “Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates or an Offender Victim Representative.” The manual goes on to require immediate notification to the Office of Inspector General for all allegations of sexual abuse and to provide the OIG with specific details of the alleged abuse. The auditor was also provided TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. This
The directive requires an administrative incident review of incidents. The directive states, “After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review.”

During the onsite phase of the audit, the auditor reviewed the facility’s incident reports and grievances from the previous 12 months. The auditor could not find any reports or grievances related to sexual abuse or sexual harassment that were not investigated properly. The auditor reviewed the sexual abuse and sexual harassment allegations at the same time. There were six (6) allegations that were investigated properly. The auditor was provided written responses to the Agency Head interview questions. The Agency Head confirmed that there are several policies that mandate the investigation of sexual abuse and sexual harassment allegations at the TDCJ. All criminal investigations are performed by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(b). In the PAQ, the agency provided TDCJ SPPOM-5.01 - Sexual Abuse Response and Investigation. The manual establishes procedures and guidelines related to the initial notification and response following a reported offender-on-offender or staff-on-offender sexual abuse incident. The manual states, “Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates or an Offender Victim Representative.” The manual goes on to require immediate notification to the Office of Inspector General for all allegations of sexual abuse and to provide the OIG with specific details of the alleged abuse. The auditor was also provided TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. This directive requires an administrative incident review of incidents. The directive states, “After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review.”

During the onsite phase of the audit, the auditor interviewed the unit investigator. The investigator confirmed that agency policy requires that all allegations of sexual abuse and sexual harassment are referred to the OIG for investigation. The auditor reviewed the Texas Department of Criminal Justice website, and listed under the Texas Board of Criminal Justice, the auditor located the page for the PREA Ombudsman. This page lists the responsibilities of the Ombudsman to coordinate the agency’s efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ. The page provides ways for family and friends of inmates to report allegations of sexual abuse and sexual harassment, as well as a link to a third-party reporting page. There is also a link to the agency’s PREA policy (Safe Prisons/PREA Plan). The information can be found here: Texas Board of Criminal Justice - PREA Ombudsman. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(c). All investigations are performed by the agency and not an outside agency. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.22(d). The auditor is not required to audit this provision.

115.22(e). The auditor is not required to audit this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes  ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes  ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s institution? ☒ Yes  ☐ No
- Have employees received additional training if reassigned from a institution that houses only male inmates to a institution that houses only female inmates, or vice versa? ☒ Yes  ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes  ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes  ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes  ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   - a. TDCJ Safe Prisons/PREA Plan
   - b. TDCJ SPPOM-06.01 - Unit Safe Prisons/PREA Program Awareness Training
   - c. TDCJ PD-29 - Sexual Misconduct with Offenders
   - d. TDCJ SM-02.25 - On-The-Job Training Program
   - e. TDCJ On-the-Job Training (OJT) Program Procedures Guide
   - f. CTSD Pre-Service Lesson Plan - PRES021 Sexual Abuse/Assault
   - g. CTSD Correctional Awareness Lesson Plan – ACAC021 Safe Prisons/PREA
   - h. Safe Prisons PREA in Texas – Video Script

2. Interviews:
   - a. PREA coordinator
   - b. Random staff

Findings (by provision):

115.31(a). In the PAQ, the facility provided the TDCJ Safe Prisons/PREA Plan. The plan states, “All Safe Prisons/PREA Program training and education shall be performed in accordance with the Correctional Training and Staff Development program schedule, the SPPOM, and this plan. All employees who may have contact with offenders shall receive the following information in accordance
with Safe Prisons/PREA requirements: (p. 33).” The plan goes on to list the ten items required in this provision. The auditor was also provided TDCJ SPPOM-06.01 - Unit Safe Prisons/PREA Program Awareness Training in the PAQ. This manual establishes operational instructions for providing Safe Prisons/PREA awareness training and education to unit staff. The manual states, “The USPPM shall ensure all unit staff are knowledgeable of the agency zero-tolerance policy regarding sexual abuse, voyeurism, and sexual harassment; as well as methods for the prevention, detection, reporting, and response to allegations of sexual abuse, voyeurism, sexual harassment, extortion, and other acts of offender aggression.”

During the onsite phase of the audit, the auditor interviewed 15 random staff members and spoke informally with several staff members. Each person interviewed indicated that they received PREA education prior to beginning work in the secure facility or had received it when the first PREA education was provided by the agency. All officers interviewed verified the ten points of this standard in the Department training. The auditor was told that they receive PREA training as part of their annual training. The auditor reviewed training records for ten randomly selected officers and verified attendance in the training and written proof of completion of the PREA course. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(b). In the PAQ, the facility provided the TDCJ Safe Prisons/PREA Plan. The plan states, “The training shall be tailored to the gender of the offenders at the unit of assignment. The employee shall additional training when transferring to a unit with offenders of a different gender.” The auditor was also provided the TDCJ On-the-Job Training (OJT) Program Procedures Guide. The guide lists this required pre-requisite course for staff: “12-Hour Gender Specific Training Course will be conducted for those correctional employees that will be assigned to a unit that houses female offenders. Correctional employees who transfer to a unit that houses female offenders, and who have not previously completed the 12-hour Gender Specific Training will be required to complete the training course prior to being assigned to a shift or department.”

The Stringfellow Unit houses male inmates only, so staff are not required to attend specialized training before assigned to work at this unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(c). In the PAQ, the facility provided the TDCJ Safe Prisons/PREA Plan. The plan states, “All employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI.B.1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies (p. 34).”

The auditor reviewed training records and determined that all 310 current staff members have received PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.31(d). In the PAQ, the facility provided the TDCJ Safe Prisons/PREA Plan. The plan states, “All training shall be documented, through employee signature or electronic verification, confirming that employees understand the training and information they have received (p. 35).”

The auditor reviewed random training records during the onsite phase of the audit. The records show acknowledgement of completion of the PREA training on an annual basis. Records show full completion of the training by staff. Based on this analysis, the auditor finds the facility in compliance with this provision.
Standard 115.32: Volunteer and contractor training

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

115.32 (a)

▪ Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes  ☐ No

115.32 (b)

▪ Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes  ☐ No

115.32 (c)

▪ Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ AD-02.46 - Employees of Private Businesses and Governmental Entities Contracting With the TDCJ
   c. TDCJ AD-07.35 - Administration of Volunteer Services
   d. TDCJ PD-29 - Sexual Misconduct with Offenders
   e. TDCJ PD-97 - Training and Staff Development
   f. CMHC Policy Manual C-25.1 - Orientation Training for Health Services Staff
Findings (by provision):

115.32(a). In the PAQ, the facility provided the TDCJ Safe Prisons/PREA. In the Contractor and Volunteer Training Content section, the plan states, “All volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures… (p. 35).” The auditor was also provided TDCJ PD-29 - Sexual Misconduct with Offenders. This directive states, “A contract employee who attends an orientation session in accordance with PD-97, “Training and Staff Development,” shall receive training regarding sexual misconduct with offenders while participating in the orientation session.” The auditor was also provided TDCJ PD-97 - Training and Staff Development. The training directive states, “All unit assigned contract employees and interns shall report to the unit safe prisons program manager in coordination with the human resources representative at their unit of assignment to receive Safe Prisons/PREA Training…”

The agency indicated that 355 of the 355 approved volunteers and contractors have been educated on the PREA policies.

During the onsite phase of the audit, the auditor interviewed three contractors, but no volunteers were available due to the ongoing pandemic. The three contractors confirmed completion of the required PREA education provided by the Department. All contractors are provided PREA education before the contractor is placed at an institution for employment. The Department then requires annual training with the Department’s curriculum. The auditor confirmed through interviews with the PREA compliance manager and the Warden that all volunteers are required to complete the same training prior to entering the compound. Due to the pandemic, there is no other opportunity for the auditor to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(b). The auditor was provided the training curriculum and lesson plan for volunteers and contractors and the Safe Prisons PREA in Texas – Video Script. The auditor reviewed the provided materials and verified that it contained the required information to properly educate the TDCJ contractors and volunteers with the agency’s policies on the zero-tolerance of sexual abuse and sexual harassment. The auditor was also provided the TDCJ Handbook for Volunteers. On page 12, the document clearly outlines the agency’s zero-tolerance policy.

During the onsite phase of the audit, the auditor interviewed three contractors, but no volunteers were available due to the ongoing pandemic. The three contractors confirmed completion of the required PREA education provided by the Department. All three could easily state the zero-tolerance policy and knew how to report allegations of sexual abuse in the facility. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.32(c). The auditor was provided several documents with written verification that contractors and volunteers have verified completion of the required sexual abuse education. They showed written proof that the volunteer and/or contractor had completed the required orientation material, which includes the PREA education. Based on this analysis, the auditor finds the facility in compliance with this provision.
Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ UCPM-5.00 - Orientation Procedures
   b. TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures
   c. TDCJ SPPOM-06.02 - Offender Sexual Abuse Awareness Training
   d. TDCJ IPM-1.10 - Initial Orientation
   e. TDCJ Offender Orientation Handbook (English and Spanish)
   f. Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster
   g. Sexual Abuse Awareness Brochure

2. Interviews:
   a. Specialized staff
   b. Random staff
   c. Random inmates

3. Site Review Observations:
   a. Housing units

Findings (by provision):
115.33(a). In the PAQ, the auditor was provided TDCJ IPM-1.10 - *Initial Orientation*. The manual states, “Every offender will receive orientation within 7 calendar days of arrival at an intake facility.” The auditor was also provided TDCJ UCPM-5.00 - *Orientation Procedures*. The manual states, “Offenders will receive orientation within one week of arriving on the unit.” The auditor was provided the *TDCJ Offender Orientation Handbook* in the PAQ. The Handbook states on page 2, “During intake, offenders shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.”

During the onsite phase of the audit, the auditor toured the Stringfellow receiving area and walked through the process for intake of an inmate. The auditor acted as an inmate and was escorted to the Unit Safe Prisons/PREA Manager (USPPM) office for the remainder of the orientation process. The auditor viewed several posters on the walls of the waiting area that clearly stated the agency’s zero-tolerance policy. The auditor was then shown the Offender Orientation sexual abuse awareness video for sexual abuse, just as an inmate would. The auditor was asked to sign an acknowledgement form that he had received the PREA education. The auditor interviewed 21 random inmates during the onsite audit. They all described receiving education about PREA when they arrived at the agency’s intake facility and again at Stringfellow. All 21 inmates could easily describe the zero-tolerance policy, knew what behavior was prohibited, and knew how to report sexual abuse. The auditor interviewed an intake officer, who confirmed that all new inmates are automatically escorted to the USPPM office for orientation. Attendance at orientation is documented for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(b). In the PAQ, the auditor was provided TDCJ SPPOM-06.02 - *Offender Sexual Abuse Awareness Training*. The manual establishes procedure and instruction for providing and documenting offender sexual abuse and sexual harassment awareness education on the unit and guidelines related to selecting peer educators to instruct course content. The manual states, “Written policy and procedure require that offenders received comprehensive education either in person or through video regarding his or her right to be free from sexual abuse, voyeurism, and sexual harassment and to be free from retaliation for reporting such incidents.” The manual goes on to say that the USPPM at non-intake facilities shall ensure all offenders upon arrival for permanent assignment view the video as soon as possible.

The manual provides direction on the peer educator process and states that the USPPM interviews and carefully screens all offenders who request to become peer educators. The peer educators are utilized to assist in the orientation and education process for all inmates. During the onsite phase of the audit, the auditor was walked through the intake process and the orientation program. One of the peer educators took the lead in the auditor’s orientation and easily explained the institution’s rules and provided the auditor with an orientation handbook, briefed the auditor on the zero-tolerance policy, explained the zero-tolerance posters on the wall, then showed the auditor the sexual abuse education video. At the completion of the process, the auditor was asked to document attendance at the orientation by signing the *Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster* (Attachment Q from the manual).

During the onsite phase of the audit, the auditor interviewed the USPPM, who confirmed that peer educators meet with all new intake inmates to provide the Unit orientation and show the sexual abuse awareness video. The auditor interviewed 21 random inmates during the onsite phase of the audit. All 21 inmates confirmed receiving the PREA education and could answer all the questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(c). The facility provides all inmates with education regarding PREA at intake and during orientation. The auditor interviewed intake staff during the onsite audit and walked through the intake
process. The orientation process and PREA education is provided for all inmates in the USPPM office before inmates are classified and housed in the institution. The USPPM confirmed that all inmates were provided PREA education in 2013, at the onset of PREA education throughout the TDCJ. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(d). In the PAQ, the auditor was provided TDCJ IPM-1.10 - Initial Orientation. The manual states, “Offenders identified as Spanish speaking only or limited English will be provided orientation in Spanish, and this will be noted on the Orientation Sign In sheet. Certified American Sign Language Interpreter services will be provided in accordance with the Correctional Managed Care Health Care Policy Manual for hearing impaired offenders.” The auditor was also supplied a copy of the TDCJ Offender Orientation Handbook in Spanish. The Handbook provides inmates that are Spanish speaking with the zero-tolerance policies in Spanish.

During the onsite phase of the audit, the auditor could see posters in each of the housing units and in several other locations that were provided in English and Spanish. The posters inform inmates of their right to be free from sexual abuse and sexual harassment, free from retaliation for reporting abuse and that the agency would properly respond to incidents of such abuse. The auditor reviewed documentation under standard 115.16 to verify the various methods available to provide inmate education. The auditor interviewed one partially deaf inmate during the onsite audit, and he verified that a sign language interpreter was available for him, if needed, but he usually has no problem hearing and understanding information provided by the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(e). In the PAQ, the facility provided copies of signed acknowledgment of receipt of PREA education on the Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education Sign-In Roster. The auditor reviewed several documents and confirmed the inmates’ receipt of the education. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.33(f). In the PAQ, the auditor was provided TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures. The manual states, “The USPPM shall ensure the continuous display of English and Spanish Safe Prisons/PREA Program posters throughout the unit, including staff and offender work areas adjacent to the unit, such as, transportation hubs, farm shops, etc.” The manual also requires the USPPM to provides inmates with the Sexual Abuse Awareness Brochure (Attachment C to the manual).

During the site review, the auditor could see many forms of PREA education readily available for inmates. In all housing units there are signs posted in English and Spanish. These signs remind inmates that sexual abuse is not tolerated and provide the information to report abuse, as well as the information for available counseling services. The inmates are also provided the TDCJ Offender Orientation Handbook and the Sexual Abuse Awareness Brochure. Both documents are kept by the inmate and have the sexual abuse information in the Safe Prisons/PREA Program section. Based on this analysis, the auditor finds the facility in compliance with this provision.

The institution’s use of peer educators to assist in the education of inmates was very impressive to the auditor. The peer educator provided education not only on the sexual abuse policies and how the inmate could best keep himself safe, but he also provided education on cold and hot weather awareness and on suicide prevention. The peer educator that worked with the auditor appeared to be well-versed in the institution’s policies and explained that he took his time to explain not just the orientation information, but also about daily life at the institution. He told the auditor that he would also be available to inmates if they needed assistance with other things, such as grievances, property requests, job assignment changes, and other personal issues for the inmates. Although many of these items were not expressly noted in the peer educator procedure, the inmate’s attention to the well-being
of the fellow inmates made the program very valuable to the safety and health of the inmate population. Use of the peer educators to provide sexual abuse awareness education, in this auditor’s opinion, enhances the agency’s efforts to ensure that all inmates are aware of the need to keep themselves safe and to speak up and report issues when they feel they are in danger. Inmates would clearly pay greater attention to the education coming from a peer than they would from a staff member. Use of the peer educators, along with the other education efforts provided by the TDCJ, is extensive at the Stringfellow Unit. Therefore, the auditor considers the institution to have exceeded this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

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

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ OIG OPM-02.15 - *Training Procedures*
   b. Training curriculum – *Conducting a Thorough Investigation*
   c. SPPCTI Lesson Plan – *Conducting a Thorough Investigation*
   d. *Investigating Sexual Abuse in Confinement Settings: Training for Corrections Investigators*
   e. Training logs

2. Interviews:
   a. Specialized staff

**Findings (by provision):**

115.34(a). In the PAQ, the facility provided TDCJ OIG OPM-02.15 - *Training Procedures*. The manual establishes a comprehensive training program to ensure that all Office of the Inspector General (OIG) employees are afforded necessary, appropriate, and relevant job-relevant training. The manual states that, in addition to the mandatory training requirements for sexual assault investigations, the OIG investigators will receive in-service training that specifically relates to sexual assaults within the prison facilities as well as modifications to the PREA standards.

The auditor interviewed the Unit investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.
115.34(b). In the PAQ, the facility provided the training curriculum - *Conducting a Thorough Investigation*, as well as the lesson plan for that curriculum. The auditor viewed the curriculum and confirmed all four points of the standard are present in the curriculum.

The auditor interviewed the Unit investigator during the onsite phase of the audit. The investigator confirmed that he had taken the course provided by the Department and had successfully received his certificate. The investigator was able to recite the four points from this provision and told the auditor it was included in the training. The auditor reviewed training records and verified completion of the online course provided by the Department. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.34(c). The agency maintains documentation showing completion of the investigations course for ten investigators at the Stringfellow Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ PD-97 - Training and Staff Development
   b. CMHC C-25.1 - Orientation Training for Health Services Staff
   c. Contractor PREA Medical and MH Training - presentation
   d. PREA Specialized Training - presentation
   e. Training certificates
2. Interviews:
   a. Specialized staff

Findings (by provision):

115.35(a). In the PAQ, the facility provided TDCJ PD-97 - Training and Staff Development. Medical staff at the TDCJ are all contractors through the University of Texas Medical Branch (UTMB). The directive requires that all employees and contractors satisfactorily complete training, staff development, or educational programs that are related to the employee’s duties. The auditor was also provided CMHC C-25.1 - Orientation Training for Health Services Staff. This policy manual for the contracted medical and mental health staff requires that all staff receive orientation training that includes, “the detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” The auditor was provided two presentations, Contractor PREA Medical and MH Training and PREA Specialized Training. The auditor viewed both presentations and confirmed that they contained the required education points from this standard.
During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. The auditor interviewed the facility health administrator and a mental health counselor. Both confirmed receiving both the basic PREA education and the specialized PREA education for medical staff members. The facility health administrator stated that all medical and mental health staff members are required to receive all PREA-related education before beginning patient care at the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(b). Medical staff at the facility do not perform forensic examinations. All examinations are performed at an outside hospital. Therefore, the facility medical staff do not receive training related to these exams. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(c). Written documentation of completion of the orientation is maintained by the contractor. The auditor was provided a copy of the documentation for all of the current staff at the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.35(d). The auditor was provided CMHC C-25.1 - Orientation Training for Health Services Staff. This policy manual for the contracted medical and mental health staff requires that all staff receive orientation training that includes, “the detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.” All contractors receive the required PREA education in standard 115.31 during the contractor orientation program prior to being approved to enter the institution.

Through an interview with the facility health administrator, the auditor learned that all staff in the medical unit receive the PREA training before beginning patient care at the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another institution for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

**115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the institution? ☒ Yes ☐ No
115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the institution affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☐ Yes ☒ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☐ Yes ☒ No
115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
Facility Name – Stringfellow Unit

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-03.01 - Offender Assessment Screening
   c. Safe Prisons/PREA Automated Network System (SPPANS) Assessments
   d. Screening records
2. Interviews:
   a. Specialized staff
   b. Random inmates
3. Site Review Observations:
   a. Intake
   b. Classification

Findings (by provision):

**115.41(a).** The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “All offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.” The auditor was also provided TDCJ SPPOM-03.01 - Offender Assessment Screening in the PAQ. The manual requires an assessment of all offenders during an intake screening and upon transfer to another unit for his or her risk of being sexually abused or sexually abusive toward other offenders.

During the onsite phase of the audit, the auditor interviewed the Unit Safe Prisons/PREA Manager (USPPM), who is responsible for the intake risk screening of inmates at Stringfellow. She confirmed that all inmates are screened immediately upon intake at the Unit. The auditor was escorted through the intake process and was the subject of the intake risk screening. The screening was performed professionally, from a formatted screening tool. The USPPM asked each question on the screening and noted each response. At the conclusion, the tool presented an objective score showing the auditor as a potential risk for victimization due to the auditor’s responses. The auditor interviewed 21 random inmates during the onsite audit. All 21 inmates confirmed that they had been asked the screening questions. Based on this analysis, the auditor finds the facility in compliance with this provision.

**115.41(b).** The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM.” The auditor was also provided TDCJ SPPOM-03.01 - Offender Assessment Screening in the PAQ. The manual states, “The 72 hour and Temporary assessments shall be completed in SPPANS as follows:
1. For all newly received intake offenders, no later than 24 hours after their arrival at the unit. 2. For all incoming newly assigned offenders, no later than 24 hours after their arrival at the unit prior to the initial assignment to the unit committee review conducted by the UCC.” The agency stated that Stringfellow had 541 inmates admitted to the institution within the past 12 months whose length of stay was at least 72 hours and all 541 inmates had received the risk screening.

During the onsite phase of the audit, the auditor reviewed 10 inmate records which all included the risk screening from intake. The screening had been completed on the day of arrival at the Unit. The auditor interviewed the USPPM regarding the risk screening and she confirmed that the screening of all inmates is done within 72 hours of the inmate’s arrival, normally on the day of intake prior to the inmate’s assignment to a housing unit. Also, the auditor interviewed 21 random inmates and each inmate related that they met with the USPPM and received the risk screening the day they transferred into the Unit. The screening included questions about prior confinement in jail or prison, prior sexual abuse, identify as gay, lesbian, transgender, of if they thought they would be in danger of sexual abuse while in custody. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(c). The auditor was provided a copy of the intake screening tool from the Safe Prisons/PREA Automated Network System (SPPANS) Assessment. The auditor was provided TDCJ SPPOM-03.01 - Offender Assessment Screening in the PAQ. The manual states, “The SPPANS Special assessment is an objective screening for use in conjunction with sexual abuse investigations.” The auditor reviewed the screening tool to determine if it was objective. The screening tool requires a simple yes or no answer to each of the questions and the scoring system is standard for everyone screened. Because the screening tool does not allow for subjective answers, the tool is objective. The outcome for potential to be victimized or become a predator is based on a standard scoring system. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(d). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “The intake screening shall include, at a minimum, the following criteria to assess offenders for risk of sexual victimization: any mental, physical, or developmental disability, the age of the offender, the physical build of the offender, previous incarceration, whether the criminal history is exclusively nonviolent, prior convictions for sex offenses against an adult or child, perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, and the offender’s own perception of vulnerability.”

During the onsite phase of the audit, the auditor interviewed the USPPM, who performs the intake risk screening. She explained that she speaks directly with the inmates to complete the screening tool and asks all the questions on the tool. She is encouraged to include comments regarding her observations regarding safety and vulnerability based on the conversation with the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(e). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the TDCJ, in assessing offenders for risk of being sexually abusive.”

The auditor interviewed the USPPM, who performs the intake risk screening. She confirmed that the screening tool includes questions about an inmate’s prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(f). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Within a period of time not to exceed 30 days from the offender’s arrival at an intake facility, the offender shall...
be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening.” The agency supplied TDCJ SPPOM-03.01 - *Offender Assessment Screening* in the PAQ. The manual states, “To identify an offender’s potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days from the offender’s arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available.”

During the onsite phase of the audit, the auditor interviewed the USPPM, who performs the risk screening of inmates at the Unit. She confirmed that inmates are reassessed within 30 days from the initial screening completion. Following the initial screening, the system sets a calendar event for 30 days to ensure completion of the 30-day reassessment. The auditor reviewed records for 10 inmates and confirmed the reassessment was completed within 30 days of the inmate’s arrival at Stringfellow. There were 458 inmates admitted to the facility during the previous 12 months whose length of stay was 30 days or more and all 458 has been reassessed. During interviews with 21 random inmates, the auditor asked if they were asked additional follow-up questions on the risk screening, and each confirmed this reassessment. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(g). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “An offender’s risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of information that may affect the offender’s risk of sexual victimization or abusiveness.” The agency supplied TDCJ SPPOM-03.01 - *Offender Assessment Screening* in the PAQ. The manual states, “Identified additional or new information that bears on the offender’s risk of sexual victimization or abusiveness from other sources (e.g. mental health assessments, disciplinary reviews, or offender protection investigations) indicates the need to assess the offender’s risk of victimization or abusiveness.”

The auditor interviewed the USPPM, who is responsible for the risk screening of inmates at the Unit. She confirmed that inmates are continually reassessed based on information that is received from other staff, inmates, or through incident reports. During interviews with 21 random inmates, the inmates stated they recalled being asked follow-up questions by the USPPM. The auditor reviewed records of reassessment in the sexual abuse investigation files. Each inmate that was included in a sexual abuse investigation was reassessed for victimization or abusiveness by the investigator or the USPPM and that reassessment was included in the investigation file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.41(h). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3.” The agency supplied TDCJ SPPOM-03.01 - *Offender Assessment Screening* in the PAQ. The manual states that the interviewer may not discipline any offender for refusing to answer, or for not disclosing complete information in response to the questions listed on the form.”

During the onsite audit, the auditor interviewed the USPPM, who is responsible to perform the risk screening for inmates at Stringfellow. She stated that inmates will not be disciplined if they refuse to answer questions or decide not to disclose information during the risk screening. Agency policy does not allow that, and it is the inmate’s decision to not disclose the information. The auditor was told that staff attempt to encourage the inmate to answer the questions by reminding the inmate that the information is used to keep them safe. Based on this analysis, the auditor finds the facility in compliance with this provision.
115.41(i). The agency supplied TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan with the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders. Any 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 necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law (pp. 19-20).”

During the onsite phase of the audit, the auditor interviewed the USPPM, who is responsible to perform the risk screening of inmates at Stringfellow. She told the auditor that only the USPPM and classification staff can access the risk screening information in the computer and can utilize it only for housing, work, and programming assignments. Other staff members are unable to access the risk screening personal information from offenders. The USPPM is also the PREA compliance manager, and she confirmed the same information. The auditor was supplied with written responses to the PREA interview questions. The PREA coordinator stated that the Unit Safe Prisons staff initiate the risk screening information and shares that with classification. It can only be accessed by those who need to know in order to perform their required duties. The information is maintained in the Safe Prisons/PREA Automated Network System, which is automated and secure. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.42: Use of screening information**

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

115.42 (a)

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

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

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

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

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No
115.42 (b)  
- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes  ☐ No

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

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

115.42 (e)  
- Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making institution and housing placement decisions and programming assignments? ☒ Yes  ☐ No

115.42 (f)  
- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes  ☐ No

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ Classification Plan
   c. TDCJ UCPM-4.00 - Offender Housing Assignments
   d. TDCJ SPPOM-03.02 - Special Population Review
   e. Safe Prisons/PREA Automated Network System (SPPANS) Assessments

2. Interviews:
   a. Specialized staff
   b. Targeted inmates

Findings (by provision):

115.42(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The Unit Classification Committee (UCC), or a similarly designed committee for units without a UCC, shall use information from the risk screening TDCJ Classification Plan and the TDCJ Unit Classification Procedures Manual.” The TDCJ Classification Plan was provided to the auditor in the PAQ. The plan states, “Each offender shall be housed to ensure, to the maximum extent possible, the safety, security, and treatment needs of all offenders are being met, and the safety and security of staff and the prison are maintained.” TDCJ UCPM-4.00 - Offender Housing Assignments was also provided in the PAQ. The manual outlines procedures for making offender housing assignments. The manual states that offenders shall be assigned to housing areas which are specifically designated for their custody designation requirements and offenders will only be housed with offenders of like custody designations.

During the onsite phase of the audit, the auditor interviewed the USPPM, the PREA compliance manager. She also performs the risk screening for inmates at the Stringfellow Unit. She was asked how the agency utilizes the information from the risk screening. She stated that the scoring for risk of victimization and risk of being abusive is entered into the classification system and the system utilizes the scoring to ensure that inmates with different scoring are not housed in the same housing units.
ensures the required separation for safety. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The committee shall make individualized determinations regarding how to ensure the safety of each offender.” The TDCJ Classification Plan was provided to the auditor in the PAQ. The plan states, “All UCC hearings shall be conducted in a manner to ensure each offender appearing before the UCC is properly classified through the consistent and objective application of classification criteria and on the basis of the offender’s safety, security, and treatment needs. Each offender’s individual circumstances and unique characteristics shall be taken into consideration throughout the classification process.”

The auditor interviewed the USPPM, who is responsible for the risk screening of inmates at Stringfellow. She confirmed the use of the screening information to properly house those inmates at risk of victimization separate from those with a potential to be abusive. These housing decisions are made on an individual basis and are based on the risk screening scoring system. This separation affects not only where the inmate is housed, but also the jobs and programs that are assigned to the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “When deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status.”

During the onsite phase of the audit, the auditor interviewed the PREA compliance manager, who confirmed that transgender and intersex inmates are reviewed on a case-by-case basis, which is consistent with the policy. The auditor interviewed two inmates that identify as transgender during the onsite audit. Both inmates told the auditor that they were asked for their housing preference during the risk screening process and had been asked about their safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan requires that transgender and intersex offenders be assessed semiannually to review any threats to safety experienced by the offender. The auditor was also provided TDCJ SPPOM-03.02 - Special Population Review in the PAQ. The manual states, “The TRGEN special population code is assigned to an offender who identifies as transgender. The INTSX special population code is assigned to an offender who identifies as intersex. Offenders assigned the special population code TRGEN and INTSX are reassessed twice a year to review any threats to safety experienced by the offender.”

The auditor interviewed the USPPM, who performs the risk screening at the Stringfellow Unit, during the onsite phase of the audit. She confirmed that transgender inmates are reassessed twice per year to verify that the transgender inmate is not in any danger and is housed safely, works in a safe situation, and attends safe programming. The reassessment is properly documented when it is completed. The auditor was shown how the reassessment is scheduled in the system following the current assessment. The auditor interviewed the PREA compliance manager, the USPPM. She confirmed the reassessment for transgender inmates occurs twice yearly. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(e). The auditor was provided TDCJ SPPOM-03.02 - Special Population Review in the PAQ. The manual states, “…the USPPM shall ask each offender the following questions to determine
whether he or she is experiencing any safety issues because of their transgender or intersex status. 1. Since your last review, has anyone solicited, pressured, or forced you to engage in sexual acts? 2. Have you experienced sexual harassment by others? 3. Do you currently feel safe in your present housing, work, and program assignment?”

During the onsite phase of the audit, the auditor interviewed two inmates that identify as transgender during the onsite audit. Both inmates told the auditor that they were asked for their housing preference during the risk screening process and had been asked about their safety. The auditor interviewed the USPPM, who stated that transgender inmates are asked about their housing preferences during the screening process. The auditor also interviewed the PREA compliance manager, the USPPM, who also stated that transgender inmates are provided the opportunity to share their preferences for housing. Their view for their safety is a part of the housing decisions along with the screening scores, the needs of the Department, and the safety of the rest of the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(f). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) policies.”

The auditor interviewed two inmates that identify as transgender during the onsite audit. Both inmates told the auditor that they can shower separately in their housing unit. The auditor interviewed the USPPM. She stated that transgender inmates are given the opportunity to shower separately. Officers understand the agency policy and understand the inmate’s need for safety. The auditor also interviewed the PREA compliance manager, the USPPM, who stated that officers provide transgender inmates the opportunity shower separately from other inmates. The transgender inmates are provided the opportunity to enter the shower room after all the other inmates have completed their shower time for the day. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.42(g). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.” The auditor was provided with lists of inmates who identified as gay and transgender prior to the onsite audit. These inmates were housed throughout the institution at Stringfellow and were not confined to a special housing unit. The auditor was also provided the full housing roster for the institution. There was no housing unit designation for gay, bisexual, or transgender inmates. Also, the Stringfellow Unit is not under any legal judgment or consent decree for special housing.

The auditor interviewed five gay or bisexual inmates and two transgender inmates during the onsite audit. All seven inmates told the auditor they were housed in general population in regular housing units, and they were not confined in special housing units for gay and transgender inmates. The auditor interviewed the USPPM, the PREA compliance manager, who told the auditor that Stringfellow and TDCJ is not under any consent decree or court order that requires them or allows them to house gay and transgender inmates in a specific unit. The auditor was provided written responses to the PREA interview questions. In the written responses, the PREA coordinator confirmed that there is no consent decree and that inmates are screened and housed on an individual basis. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.43: Protective Custody
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the institution always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a institution cannot conduct such an assessment immediately, does the institution hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The opportunities that have been limited? ☒ Yes ☐ No

- If the institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The duration of the limitation? ☒ Yes ☐ No

- If the institution restricts access to programs, privileges, education, or work opportunities, does the institution document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the institution assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ Protective Safekeeping Plan
   c. Form I-203A Restrictive Housing Review
   d. Form I-201 Restrictive Housing Confinement Record

2. Interviews:
   a. Specialized staff
   b. Targeted inmates

3. Site Review Observations:
   a. Segregated housing units

Findings (by provision):

115.43(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all other available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no long than 24 hours (p. 18).” In the PAQ, Stringfellow indicated that there have been zero inmates placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.
During the onsite phase of the audit, the auditor reviewed screening records for several inmates who were assessed to be at a high risk for victimization. None of the inmates were housed in a segregation housing unit. The auditor interviewed the Warden during the onsite audit and the Warden stated that involuntary segregation is not used at Stringfellow to protect those inmates that are at risk for victimization. Inmates at Stringfellow are placed in general population. Inmates determined to be placed in some form of segregation by the inmate’s choice are housed at other Units. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document: a. The opportunities that have been limited; b. The duration of the limitations; and c. The reasons for the limitations.” The auditor was provided a copy of Form I-201 Restrictive Housing Confinement Record. This form is completed upon the offender’s placement in restrictive housing and documents any required restrictions to the offender while the offender is in restrictive housing.

During the onsite phase of the audit, the auditor was not able to confirm this provision of the standard, as the Stringfellow Unit does not have a segregation unit or restrictive housing. Therefore, the auditor was unable to interview inmates held in restrictive housing. There were no inmates held in restrictive housing at Stringfellow due to a high risk of victimization during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.” In the PAQ, Stringfellow indicated that there have been zero inmates placed in involuntary segregation over the previous 12 months as a means to separate them from likely abusers.

The auditor interviewed the Warden during the onsite audit and the Warden stated that involuntary segregation is not used at Stringfellow to protect those inmates that are at risk for victimization. Inmates at Stringfellow are placed in general population. Inmates determined to be placed in some form of segregation by the inmate’s choice are housed at other Units. The auditor was not able to confirm this provision of the standard, as the Stringfellow Unit does not have a segregation unit or restrictive housing. Therefore, the auditor was unable to interview staff in segregation or inmates held in restrictive housing. There were no inmates held in restrictive housing at Stringfellow due to a high risk of victimization during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document: a. The basis of the concern for the offender’s safety; and b. The reason why no alternative means of separation can be arranged.”

The auditor was not able to confirm this provision of the standard, as the Stringfellow Unit does not have a segregation unit or restrictive housing. Therefore, the auditor was unable to interview staff in segregation or inmates held in restrictive housing. There were no inmates held in restrictive housing at Stringfellow due to a high risk of victimization during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.43(e). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the...
offender from the general population." The auditor was provided Form I-203A Restrictive Housing Review in the PAQ. This form is utilized to review offenders held in restrictive housing at seven (7) and 30 days. The continuing need for segregation is noted and the justification for that segregation is noted on the form.

The auditor was not able to confirm this provision of the standard, as the Stringfellow Unit does not have a segregation unit or restrictive housing. Therefore, the auditor was unable to interview staff in segregation or inmates held in restrictive housing. There were no inmates held in restrictive housing at Stringfellow due to a high risk of victimization during the onsite phase of the audit. Based on this analysis, the auditor finds the facility in compliance with this provision.

### REPORTING

#### Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☐ Yes ☒ No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures
   c. TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries
   d. TDCJ PD-29 - Sexual Misconduct with Offenders
   e. Sexual Abuse Awareness Brochure
   f. TBCJ PREA Brochure

2. Interviews:
   a. Random staff
   b. PREA coordinator
   c. Random inmates

3. Site Review Observations:
   a. Housing units

Findings (by provision):

115.51(a). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Offender Reporting of Allegations section, the plan states, “Offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. Offenders may report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents.” The auditor was also provided TDCJ SPPOM-02.03 - Safe Prisons/PREA Program Postings and Brochures in the PAQ. The manual states, “Written policy and
procedure require that offenders shall receive information explaining the TDCJ zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.” The auditor was provided a copy of the Sexual Abuse Awareness Brochure, which lists each of the available reporting options to reports allegations of sexual abuse or sexual harassment.

During the onsite phase of the audit, the auditor completed a site review and visited all housing units. Signs informing inmates of the multiple reporting ways were clearly posted, in two languages, in each housing unit. The auditor interviewed 21 random inmates and all inmates could easily tell the auditor several ways that they could report abuse, harassment and concerns regarding staff neglect or lack of responsibility. All 21 inmates mentioned reporting directly to staff or the USPPM as their first avenue to report abuse. That option is clearly marked throughout the facility. The auditor interviewed 15 random staff members. All staff could list at least four different ways that inmates could privately report abuse. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.51(b). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. In the Offender Reporting of Allegations section, the plan states, “Offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA ombudsman. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries.” The auditor was provided TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries in the PAQ. This directive established the PREA ombudsman office to coordinate and oversee the TDCJ’s efforts to eliminate the occurrence of sexual abuse and sexual harassment in correctional facilities and to investigate and process PREA complaints and inquiries. The directive produces written documents for offenders and the public that outline the contact information for the PREA ombudsman office for the reporting of sexual abuse and sexual harassment allegations.

During the onsite phase of the audit, the auditor completed a full site review and located the posted zero-tolerance signs throughout the facility with the reporting information for the PREA ombudsman office, including the mailing address. The posted signs were written in two languages, English and Spanish. Offenders are also provided this information in the TDCJ Offender Handbook and in the Sexual Abuse Awareness Brochure. The auditor interviewed the PREA compliance manager, the USPPM, and asked about the outside reporting entity. She explained that the PREA ombudsman was established specifically to oversee efforts to eliminate sexual abuse and sexual harassment of offenders. The offenders are encouraged to report allegations directly to staff or to the PREA ombudsman’s office. The auditor interviewed 21 random inmates and all 21 knew how to report allegations of sexual abuse to the PREA ombudsman. They knew the information was posted on the signs in the housing unit. Based on this analysis, the auditor finds the facility in compliance with this standard.

115.51(c). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.”

During the onsite phase of the audit, the auditor interviewed 15 random staff members. All staff interviewed were aware of their responsibility to take verbal reports of abuse and immediately contact a supervisor to file that report. There was one staff member that reported having received a verbal allegation from an inmate. Each of the 21 random inmates interviewed were aware that they could report sexual abuse directly to any staff member, contact the PREA ombudsman, write a grievance, or have someone else file a report for them. Based on this analysis, the auditor finds the facility in compliance with this provision.
### Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

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

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

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

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

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

Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the institution may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.52 (g)

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ BP-03.77 - Offender Grievances
   c. TDCJ AD-03.82 - Management of Offender Grievances
   d. TDCJ OGOM Appendix B Instructions on How to Write and Submit Grievances

2. Interviews:
   a. Targeted inmates

### Findings (by provision):
115.52(a). The auditor was provided TDCJ BP-03.77 - Offender Grievances in the PAQ. The policy states, “The resolution support manager shall establish and maintain the Offender Grievance Operations Manual (OGOM) to provide guidance to employees regarding the offender grievance procedure. The Texas Department of Criminal Justice is not exempt from this standard, as it does have in place an administrative grievance procedure for inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(b). The agency provided TDCJ AD-03.82 - Management of Offender Grievances in the PAQ for the auditor to review. This directive establishes processes for the management and resolution of grievances submitted by offenders. The directive defines the types of grievances that are to be considered to be emergency grievances, and that includes grievances alleging sexual abuse. They are to be coordinated with the unit warden, major, chief of unit classification, Unit Safe Prisons/PREA Program manager, Office of the Inspector General (OIG), and PREA ombudsman. The directive goes on to say that emergency grievances shall be processed regardless of any of the following requirements or screening criteria. The directive goes on to list the criteria and requirements for the filing of all other grievances. Therefore, TDCJ emergency grievances meet this provision of the standard.

The auditor was provided TDCJ OGOM Appendix B Instructions on How to Write and Submit Grievances. This document is provided to offenders with the grievance form as instructions for completing and filing a grievance. The information on this document matches the information in the grievance directive. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(c). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ for the auditor to review. The plan states, “In accordance with the TDCJ Offender Grievance Operations Manual: a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and b. A grievance of this nature shall not be referred to a staff member who is the subject of the complaint.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(d). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ for the auditor to review. The plan states, “A final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal. If the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The offender shall be notified in writing of the extension and a date by which the decision will be made.” In the PAQ, Stringfellow indicated that there were four (4) grievances submitted regarding sexual abuse over the previous 12 months. There were no extensions placed on the time period to respond to those grievances.

During the onsite phase of the audit, the auditor interviewed two inmates who had reported sexual abuse. Both inmates had received written notification regarding the outcome of the investigation. The auditor asked how their allegation was reported. One of the inmates had reported his allegation by submitting a grievance, and the inmate indicated that he had received a response to the grievance within 20 days. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(e). The agency provided TDCJ AD-03.82 - Management of Offender Grievances in the PAQ for the auditor to review. Under the Third Party Grievances section, the directive states, “A third party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse shall be processed as an emergency grievance. The alleged offender victim shall be given an opportunity to agree or disagree with the allegations and to have the request processed on the
offender's behalf. The offender's decision shall be documented on the Third Party Preliminary Investigation form.” Stringfellow indicated in the PAQ that no third-party grievances had been filed over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(f). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ for the auditor to review. The plan states, “An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within 5 calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken.” Stringfellow indicated they had received no emergency grievances that indicated imminent risk of sexual abuse over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.52(g). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ for the auditor to review. The plan states, “An offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith.” Stringfellow indicated in the PAQ that there were no such disciplinary actions taken over the last 12 months. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

▪ Does the institution provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No

▪ Does the institution enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)
Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes  ☐ No

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-03.01 - Offender Assessment Screening

2. Interviews:
   a. Specialized staff
   b. Random inmates
   c. Targeted inmates

3. Site Review Observations:
   a. Housing units
   b. Kiosks

Findings (by provision):

115.53(a). The facility provided information from TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. Offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.” The auditor was also provided TDCJ SPPOM-03.01 - Offender Assessment Screening in the PAQ. The manual states, “The USPPM shall inform each offender that contact information for local rape crisis centers are available for additional emotional support. The Texas Association Against Sexual Assault-Rape Crisis Centers
(RCC) Service Directory shall be made available for offender access in the facility’s unit law library of the Safe Prisons/PREA office. USPPM shall communicate to offenders that correspondence mailed out will be treated in as confidential a manner as possible and that RCCs are not obligated to respond or take any action on an offender’s behalf.

During the onsite phase of the audit, the auditor interviewed 21 random inmates. 18 of the 21 inmates interviewed could explain to the auditor the available support and advocacy services. They knew that these services were available if someone were a victim of sexual abuse, but also knew they could contact someone outside because they had read it in the Inmate Handbook. They did not know the phone number or address but knew it was available in the Handbook. None of the inmates had used the services. The other three inmates were not aware of those services. The auditor interviewed two inmates who had reported sexual abuse. Both inmates were given the opportunity contact a victim advocate or the counseling services and they chose not to. They told the auditor they saw no reason to talk with someone but knew they could do that. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(b). The facility provided information from TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, "Offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

During the site review, the auditor interviewed 21 random inmates and 18 inmates were aware of the available advocacy services. Those inmates knew the communication with advocates would be confidential because it is clearly stated in the inmate brochure. The auditor interviewed two inmates who had reported sexual abuse during the onsite audit. Both passed up the opportunity to speak with a victim advocate or contact the counseling services. They were unsure that any communication with an advocate would be confidential. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.53(c). The facility provided information from TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services. Based on this analysis, the auditor finds the facility in compliance with this provision.

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**Standard 115.54: Third-party reporting**

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard \((Substantially\ exceeds\ requirement\ of\ standards)\)

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

☐ Does Not Meet Standard \((Requires\ Corrective\ Action)\)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: \((Policies,\ directives,\ forms,\ files,\ records,\ etc.)\)
   a. TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries
   b. TDCJ Website Third-Party Report Form

Findings (by provision):

115.54(a). The auditor was provided TDCJ ED-02.10 - Prison Rape Elimination Act Complaints and Inquiries in the PAQ. Under the Contacting the PREA Ombudsman section, the directive states, “B. Public. The contact, mailing address, and phone number for directing inquiries and complaints to the PREA ombudsman shall be available on the TDCJ website.” The auditor reviewed the Texas Department of Criminal Justice website, and listed under the Texas Board of Criminal Justice, the auditor located the page for the PREA Ombudsman. This page lists the responsibilities of the Ombudsman to coordinate the agency’s efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ. The page provides ways for family and friends of inmates to report allegations of sexual abuse and sexual harassment, as well as a link to a third-party reporting page. There is also a link to the agency’s PREA policy (Safe Prisons/PREA Plan). The information can be found here: Texas Board of Criminal Justice - PREA Ombudsman. Based on this analysis, the auditor finds the facility in compliance with this provision.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a institution, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the institution report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the institution’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ PD-29 - Sexual Misconduct with Offenders
   c. TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation
   d. CMHC G-57.01 - Sexual Assault/Sexual Abuse

2. Interviews:
   a. Specialized staff
   b. Random staff

Findings (by provision):

115.61(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “All staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” The auditor was also provided TDCJ PD-29 - Sexual Misconduct with Offenders in the PAQ. The directive states, “An employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct to one or more of the following…” The directive then lists several options for employees to report sexual misconduct. The directive also requires supervisors, department heads, wardens, and the PREA ombudsman to report knowledge of sexual misconduct as well.

During the onsite phase of the audit, the auditor interviewed 15 random staff members. Every person interviewed clearly stated that they were required to immediately report all allegations of sexual assault or sexual harassment. During the site review, the auditor spoke with staff members throughout the institution. Each staff member knew that it was a requirement for all staff to immediately report all knowledge or suspicion of sexual abuse of an inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.” The auditor was also provided TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation in the PAQ. The manual states, “Staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials to the extent necessary, as specified in TDCJ policy, to make treatment, investigation, and other security and management decisions.”

During the onsite phase of the audit, the auditor interviewed 15 random staff members. All 15 officers were aware of the agency policy that required immediate reporting of sexual abuse and sexual harassment allegations. Each of the officers understood the requirement to maintain privacy and not
share the information with others unless necessary. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner’s duty to report, as well as the limitations of confidentiality.” The auditor was also provided CMHC G-57.01 - Sexual Assault/Sexual Abuse in the PAQ. This manual for health care staff states, “If an offender who is 18 years of age or older reports sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff shall report such incidents to the warden or designee. The offender shall be informed at the initiation of services that the practitioner has a duty to report all instances of sexual assault/abuse to the warden or designee without limitation of confidentiality.”

During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. Both confirmed that they are mandatory reporters of sexual abuse of inmates. Staff did confirm that they would inform the inmate of their duty to report and limits to the confidentiality of information learned from the inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(d). The auditor was provided CMHC G-57.01 - Sexual Assault/Sexual Abuse in the PAQ. This manual for health care staff states, “If an offender who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.61(e). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.”

The auditor interviewed the Warden during the onsite phase of the audit. The Warden was clear that each and every allegation of sexual abuse and sexual harassment is investigated at the Stringfellow Unit. They take every allegation very seriously. When they receive the allegation, they follow a process that includes an immediate reporting to the Office of Inspector General. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.62: Agency protection duties**

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. **Documents:** *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-02.04 - *Intervention Practices*
2. **Interviews:**
   a. Specialized staff
   b. Random staff

### Findings (by provision):

**115.62(a).** In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action.” The auditor was also provided TDCJ SPPOM-02.04 - *Intervention Practices* in the PAQ. This manual provides guidelines for staff intervention practices regarding conflict between offenders to create a safe and secure prison environment. The document lists several options for staff to take to ensure proper separation of the victim from the alleged abuser.

The auditor was provided written responses to the PREA interview questions from the Agency Head. In the responses, the Agency Head stated that if an inmate is at risk of imminent sexual abuse the inmate would be immediately separated from the potential abuser, then given the opportunity to speak to a staff member regarding the situation, as well as medical and/or mental health. If necessary, a housing change or facility transfer may be required for the inmate. The inmate may also request to be reviewed for placement in protective management. The Warden was interviewed during the onsite audit. The Warden told the auditor that they would take immediate action to separate the inmate from the potential abuser. Staff would take a full report of the inmate’s concern and then take action to rehouse the inmate in a safer situation. The auditor interviewed 15 random staff members during the onsite audit. All 15 officers stated that they would take immediate action to remove the inmate from the situation. Based on this analysis, the auditor finds the facility in compliance with this provision.

### Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another institution, does the head of the institution that received the allegation notify the head of the institution or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the institution head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies
   c. TDCJ SPPOM-04.02 - Reporting Allegations of Sexual Abuse from an Outside Agency
2. Interviews:
   a. Agency head
   b. Specialized staff

Findings (by provision):

115.63(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “After receiving an allegation that an offender was sexually abused while confined at another facility, such as
a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the abuse occurred. The auditor also received TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies in the PAQ. The manual states, “Upon receiving an allegation that an offender was sexually abuse while confined at an outside agency facility, the SPPMO will notify 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 at the TDCJ.” In the PAQ, Stringfellow noted zero notifications to other facilities or agencies over the prior 12 months.

During the onsite phase of the audit, the auditor spoke with the USPPM, the PREA compliance manager, who confirmed that the institution does make these notifications, but there were none reported over the previous 12 months. The auditor was not able to confirm anything additional for this provision, as there were no documents to review. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation.” The auditor also received TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies in the PAQ. In the USPPM Notification of SPPMO section, the manual states, “As soon as possible, but no later than 24 hours after receiving the allegation,” the USPPM is to notify the SPPMO by phone and email. The SPPMO, “Upon receipt of the email, SPPMO or designee shall promptly review the information received from the USPPM and generate a formal letter for notification to the appropriate head of the facility or office of the agency.”

During the onsite phase of the audit, the auditor was not able to confirm anything additional for this provision, as there were no documents to review. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The SPPMO shall document the notification.” The auditor also received TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies in the PAQ. In the SPPMO Notification of Outside Agency section, the manual states, “The USPPM shall file a copy of the initial email sent to the SPPMO, formal letter, and fax receipt in the USPPM office and place a copy in the appropriate PREA standards compliance folder for audit demonstration purposes. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.63(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Any TDCJ warden or departmental office receiving notification from an outside agency that an offender in the outside agency’s custody alleged sexual abuse while assigned to TDCJ custody shall ensure the allegation is forwarded to the PREA ombudsman in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries,” for possible investigation.” The auditor also received TDCJ SPPOM-04.01 - Reporting Allegations of Sexual Abuse to Other Confinement Agencies in the PAQ. The auditor was also provided TDCJ SPPOM-04.02 - Reporting Allegations of Sexual Abuse from an Outside Agency for review in the PAQ. The manual states, “Upon receipt of written notification from an outside agency that an offender in their custody alleged they were a victim of sexual abuse while confined in the TDCJ, the warden or department head receiving the notification shall report the allegation to the PREA Ombudsman and the Office of the Inspector General (OIG).” In the PAQ, Stringfellow indicated there were no such notifications from an outside agency over the previous 12 months.
During the onsite phase of the audit, the auditor interviewed the Warden. The Warden explained that every notification from an outside agency would be immediately forwarded for investigation. He stated there were no notifications over the last 12 months prior to the audit. The auditor was provided written responses to the PREA interview questions from the Agency Head. The Agency Head stated that external notifications would immediately be referred to the PREA Ombudsman and to OIG for investigation, just as any other allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.64: Staff first responder duties**

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan

2. Interviews:
   a. Targeted inmates
   b. Specialized staff
   c. Random staff

Findings (by provision):

115.64(a). The facility provided TDCJ Safe Prisons/PREA Plan in the PAQ. In the section entitled Response to Reports of Sexual Abuse, the plan outlines the responsibilities for staff members to properly respond to allegations of sexual abuse. The plan states, “After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall” notify a security supervisor. The plan goes on to list the four requirements of this provision, separate the alleged victim and abuser, preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence. The agency stated there were six (6) allegations of sexual abuse reported over the previous 12 months. Of those, there were four (4) reported within a time period that allowed for the collection of physical evidence.

The auditor interviewed two staff members who were first responders to incidents of sexual abuse during the onsite phase of the audit. Both staff members identified the proper steps to take as a first responder. They both indicated these steps were taken properly when they responded as the first responder to an allegation of sexual abuse. The auditor interviewed two inmates who reported sexual abuse during the onsite audit. Both inmates told the auditor that they were immediately removed from other inmates and taken to see staff in medical. They were both asked not to destroy evidence while awaited the investigator to respond. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.64(b). The facility provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “If the first responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and shall immediately notify a correctional officer.”

During the onsite phase of the audit, the auditor interviewed one non-security staff member who was a first responder to an incident of sexual abuse. He told the auditor that a non-security staff member would immediately notify a corrections officer and ensure the victim preserved evidence. The auditor interviewed 15 random staff members during the onsite audit. All 15 officers understood the proper steps to take upon identifying an incident of sexual abuse. When asked, they told the auditor a non-security staff member would ensure the victim was safe then immediately notify a corrections officer,
probably a supervisor. The auditor reviewed the six (6) sexual abuse investigation files from Stringfellow over the previous 12 months. In each investigative record, it was clearly noted the initial steps taken upon first learning of the allegation. The first step was always to separate the victim from the abuser. The following steps were to notify a supervisor and ensure the preservation of evidence from the involved inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

### Standard 115.65: Coordinated response

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

115.65 (a)

- Has the institution developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and institution leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ SPPOM 05.01 - Sexual Abuse Response and Investigation
   b. Sexual Abuse Coordinated Response Plan Unit Template
   c. Stringfellow Unit Sexual Abuse Coordinated Response Plan

2. Interviews:
   a. Warden

**Findings (by provision):**

115.65(a). The agency provided TDCJ SPPOM 05.01 - *Sexual Abuse Response and Investigation* in the PAQ. The manual states, “Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or and Offender Victim Representative (OVR).” The
The auditor was provided a copy of *Sexual Abuse Coordinated Response Plan Unit Template*. The template is utilized for each Unit to complete the coordinated plan that is specific to their Unit. The auditor was also provided the *Stringfellow Unit Sexual Abuse Coordinated Response Plan*. The auditor reviewed the Plan and noted the steps that staff are required to take in response to an incident of sexual abuse at the Unit. The initial steps match those from Standard 115.64, then initial notification for supervisory staff. Steps then entail notification of OIG, referral to medical, and an evaluation for the need for a forensic medical examination. If the examination is warranted, the Plan outlines the proper notifications and steps to take to document the examination and perform it safely. The Plan then outlines the proper documentation of the investigation and reporting follow the completion of the investigation. Included in the Plan is a document for inter-office communications, where specific Unit staff members and their contact information is noted for easy access when responding to an incident.

During the onsite phase of the audit, the auditor reviewed the steps of the coordinated response plan with the Warden. The Warden made it clear that having this document in place makes it easy for staff at Stringfellow to promptly respond to incidents of sexual abuse and do it in a way to follow agency procedure and preserve evidence and protect the inmate victim. Based on this analysis, the auditor finds the facility in compliance with this provision.

The agency’s detailed manual in reference to coordination of services in response to an allegation of sexual abuse ensures ease of use when any staff member takes notice of an incident of sexual abuse and becomes a first responder. The auditor noted that Stringfellow staff members carry an easy access card that provides easy steps as well. The Plan is detailed and provides each staff member, supervisor, and medical staff member a simple step-by-step process for actions and notifications. The Plan is specific to the Unit and provides easily available contact information for specific administrative staff members. Due to the detail involved in the Plan and the easy access to staff, the auditor finds the agency exceeds the standard.

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

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

**115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees
2. Interviews:
   a. Agency head

Findings (by provision):

115.66(a). The Texas Department of Criminal Justice does not engage in a collective bargaining agreement for their staff members. The auditor was provided TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees in the PAQ. The directive indicates that all employment at TDCJ is at will. The directive goes on to indicate that sexual misconduct with an offender is marked as a “Level 1” offense, with an expected disciplinary outcome of termination.

The auditor was provided with written responses to the PREA interview questions from the Agency Head. The Agency Head stated that the TDCJ does not have a union contract for staff. Without a collective bargaining contract, there is no concern with the agency’s ability to discipline staff for sexual misconduct. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.66(b). The auditor is not required to audit this provision. Based on this analysis, the auditor finds the institution in compliance with this provision.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No
115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)
In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-02.04 - Intervention Practices
   c. TDCJ SPPOM-5.08 - 90-Day Monitoring for Retaliation
   d. Sexual Abuse Investigation files

2. Interviews:
   a. Targeted inmates
   b. Agency head
   c. Specialized staff

Findings (by provision):

115.67(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders and staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM.” Based on this analysis, the auditor finds the facility in compliance with this provision.
115.67(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “As appropriate, multiple protective measures may be taken, such as housing changes or transfers for offender victims or abusers, removal of alleged staff of offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment for cooperating with investigations.” The auditor was provided TDCJ SPPOM-02.04 - Intervention Practices in the PAQ. The manual provides several options for providing protective measures for sexual abuse victims or those that report sexual abuse of an offender. Those options match those noted in the Safe Prisons Plan.

The auditor was provided written responses to the PREA questions from the Agency Head. The Agency Head stated that agency policy is clear with the multiple available options to protect victims and reporters of sexual abuse. All inmates who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the inmate with periodic status checks every 30 days to ensure they are not experiencing any additional problems. Inmates are also provided information for emotional support services. Staff members may be afforded the ability to change posts or institutions to protect them from retaliation. During the onsite phase of the audit, the auditor interviewed the Warden. The Warden detailed many ways that Stringfellow would protect inmates from retaliation, including housing changes, transferring the inmate to another institution, and providing the inmate information about emotional support services. The auditor interviewed the USPPM, who is responsible to monitor for retaliation. She told the auditor that she visits with victims shortly after receiving notification of the reported allegation and tells them about her role to monitor their safety. She tells them to contact her if they have a problem and offer assistance and provide them with information about the outside emotional support services. She visits the inmate periodically, every 30 days, and documents their meeting. The auditor interviewed two inmates who had reported sexual abuse. Both inmates discussed having someone talk with them about possible retaliation. None of the inmates reported problems with retaliation but did talk with the USPPM and report they were having no problems. They could not recall how long that lasted. The auditor found retaliation monitoring reports in the investigations files and could see the periodic checks with notations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “For at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff, and shall act promptly to address any retaliation.”

During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim was suspected. The Warden stated the victim would be interviewed and provided the opportunity to tell staff what problems might be occurring. If the victim fails to offer information, the Warden may authorize the transfer of the inmate for protective purposes. The auditor interviewed the USPPM, who is responsible to monitor for retaliation. She stated that she would review incident reports and housing assignments. She would also review medical information to attempt to determine if the inmate were having problems that were unreported. If necessary, the inmate would be separated to provide an opportunity for the inmate to speak freely to staff and describe the problems that were occurring. The monitoring would continue for 90 days but could extend longer if it appeared to be necessary based on the inmate’s behavior. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The monitoring shall also include periodic status checks of offenders.” The auditor was also provided TDCJ SPPOM-5.08 - 90-Day Monitoring for Retaliation in the PAQ. The manual states, “The USPPM shall monitor offender victims, offenders who reported the abuse and offender witnesses that
corroborated with the investigation by conducting status checks at a frequency of no less than once per month.”

During the onsite phase of the audit, the auditor interviewed the USPPM, who is responsible for monitoring of retaliation. She stated that her periodic checks are performed every 30 days. She can always see an inmate more frequently if behavior warrants that, but the procedure requests a visit with the inmate at 30-day intervals. She continues to monitor every day by reviewing records from her office but will only meet with the inmate every 30 days. She provided the auditor with copies of current monitoring records, showing the required notes from visits with victims in their housing units. The auditor noted the visit and the inmate’s acknowledgement of their own safety. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(e). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation.”

The auditor was provided written responses to the PREA interview questions from the Agency Head. The Agency Head stated that if an individual who cooperates with an investigation expresses fear of retaliation and the individual is an inmate, the inmate would be afforded a housing change or a transfer to another institution. If the subject is a staff member, they may be provided the opportunity to change posts or institutions and will also be subject to the 90-day monitoring. During the onsite phase of the audit, the auditor interviewed the Warden, who was asked about steps that would be taken if retaliation of a victim or staff member was suspected. The Warden stated that any person would be interviewed and provided the opportunity to tell staff what problems might be occurring. There are multiple options available to provide safety for the inmate or staff member. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.67(f). The auditor is not required to audit this provision.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. Restrictive Housing Plan
2. Interviews:
   a. Specialized staff
   b. Random staff
   c. Targeted inmates
3. Site Review Observations:
   a. Segregated housing

Findings (by provision):

115.68(a). In the PAQ, the agency provided their Restrictive Housing Plan. The Plan provides uniform rules and regulations for the use of restrictive housing within the TDCJ. The Plan defines offenders pending the outcome of an offender protection investigation as being in transient status. It also states that this status is reserved for offenders who are placed in restrictive housing on a temporary basis pending the outcome of a formal investigation related to allegations of sexual abuse, sexual harassment, extortion, violence, or threats of violence. Per the Plan, confinement in restrictive housing shall be in accordance with the appropriate confinement procedures for the offender’s specific category of restrictive housing. Under the Review Procedures by the Restrictive Housing Committee section, the Plan states, “All offender initially placed in restrictive housing shall be afforded an initial hearing within 7 days and shall undergo a documentation review by the RHC every 7 days for the first 60 days, and at least every 30 days thereafter to determine if the offender is suitable for placement in a less restrictive category or custody.” Stringfellow indicated in the PAQ that there have been no inmates involuntarily segregated following the report of a sexual abuse allegation over the last 12 months.

During the onsite review, the auditor interviewed the Warden about involuntary segregation. Just as he stated about segregation for risk of victimization, he said that Stringfellow does not have a segregation unit and inmates will not be placed in segregation following the reporting of an allegation of sexual abuse. They may be placed in a barred cell for their safety, but not in confinement. If an inmate required segregation for safety, based on a committee decision, the inmate would have to be transferred to another institution. The Warden confirmed there were no inmates placed in segregation over the previous 12 months. The auditor was not able to interview a staff member who worked in segregation, as the Unit does not have a segregation unit. Also, there were no inmates available to interview that had been placed in segregation for their safety. Based on this analysis, the auditor finds the facility in compliance with this provision.
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/institution is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
  - Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/institution is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
  - Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
  - Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No
  - Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

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

115.71 (i)

Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

When an outside entity investigates sexual abuse, does the institution cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ OIG-04.05 - Offender Sexual Assault Investigations
   c. TDCJ OIG-03.72 - Record Retention – PREA
   d. Sexual Abuse Investigation files

2. Investigations:
   a. Specialized staff

Findings (by provision):

115.71(a). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” Also included in the PAQ was TDCJ OIG-04.05 - Offender Sexual Assault Investigations. The manual states, “To comply with PREA standards, when sufficient information reveals that a sexual assault occurred or allegations of a sexual assault incident are received, including outcries, third party and anonymous reports, by any communicative method, investigators are required to initiate a sexual assault investigation.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. The investigator confirmed that the OIG investigates all allegations of sexual abuse. The OIG is notified immediately upon the Unit learning of the allegation. Immediate steps are taken to preserve evidence upon learning of the allegation and initiating the investigation. The investigation process for third-party allegations is the same, except there is a requirement to ask the alleged victim if they want the OIG to continue to investigate the allegation or to stop the investigation. This step must be completed before the investigation can move forward. The auditor reviewed the six (6) sexual abuse investigation files from the last 12 months and was able to confirm the investigative process. The OIG was the investigating agency for each record. The referral to the OIG was completed immediately for each allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(b). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. The investigator confirmed that he had taken the required specialized course for investigators. He confirmed that TDCJ requires all OIG investigators to take the class. The class covers interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection in confinement, and preparing a case for referral. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(c). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “All allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal proceedings.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. He explained that every investigation inside the facility is treated like an investigation outside the facility, where each
investigation would include everything expected in this provision of the standard. He explained that a review of facility video evidence, telephone calls, and available DNA evidence would be a standard part of every sexual abuse investigation. He stated that current protocol is to have the inmate victim transported to the hospital for a forensic examination performed by a SANE nurse if appeared to be warranted. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(d). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. He told the auditor that the standard for the OIG is to never perform compelled interviews with subjects. The OIG handles criminal investigations first. Any potential administrative review would remain in a pending status until criminal proceedings are closed and then move forward. Compelled interviews are a last resort and would not be utilized by the OIG. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(e). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation. The credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. The investigator explained that use of a polygraph examination or other truth-telling device is problematic in an investigation due to the admissibility in court proceedings. The OIG assesses the credibility of all persons individually regardless of their status as an inmate. The auditor interviewed two inmates who had reported sexual abuse. Both inmates told the auditor they had not been asked to take a polygraph examination and were given the opportunity to fully explain their allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(f). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.”

During the onsite phase of the audit, the auditor interviewed the Unit investigator. The investigator told the auditor that a full written report is completed following the completion of all investigations. That report would include a description of all the evidence as well as the interviews held and the investigator’s assessment of the evidence. The investigation includes a review of all agency procedures to determine if staff members followed all directives or if someone else failed to properly perform their duties, thus enabling an inmate or staff member to violate rules and commit an act of sexual misconduct. All administrative investigations are reported in written reports and submitted to the OIG and the institution Warden. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(g). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Criminal investigations shall be documented in accordance with OIG policies and procedures. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.”
During the onsite phase of the audit, the auditor interviewed the Unit investigator. The investigator told the auditor that all criminal investigative reports include a full description of the allegation, witness statements, evidence descriptions, and statements from the victim and accused. The investigator would attach the evidence and submit the full report to the OIG and the office of the State Attorney for review. The auditor reviewed the six (6) sexual abuse investigation files from the previous 12 months. There was one substantiated allegation, but the outcome was not criminal, and no charges were filed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(h). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.”

The auditor interviewed the Unit investigator and was assured that any allegations where criminal charges were possible would be referred for prosecution as is required under the standard. The auditor reviewed the six (6) sexual abuse investigation files from the previous 12 months. There was one substantiated allegation, but the outcome was not criminal, and no charges were filed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(i). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “All administrative and criminal investigations shall be retained in accordance with the TDCJ Records Retention Schedule.” The auditor was also provided TDCJ OIG-03.72 - Record Retention – PREA in the PAQ. The manual states, “All criminal and Administrative investigative reports involving any sexual assault related offenses, §39.04 of Texas Penal Code Improper Sexual Activity with a Person in Custody or PD-22, Rule 42d – Sexual Misconduct with an Offender, must be retained for as long as the alleged abuser(s) is incarcerated within the Texas Department of Criminal Justice (TDCJ) or employed by the TDCJ, plus five years.”

During the onsite audit, the auditor was shown storage of the investigative files in the office of the USPPM. The files are marked and stored in a locked cabinet. The USPPM told the auditor that the files remain in the locked cabinet unless they are being updated or are under review. They are stored for at least ten years. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(j). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “The departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation.”

The auditor interviewed the Unit investigator during the onsite phase of the audit. The investigator stated that agency procedure and PREA standards require that OIG investigators to continue with sexual abuse investigators even if the alleged abuser or victim has been released from employment or has left the employ of the TDCJ. The investigation must continue to its end and criminal and administrative proceedings will still result. The investigator was not able to show the auditor an example, as he was not sure it had happened during an investigation. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.71(k). The auditor is not required to audit this provision.

115.71(l). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “Unit staff conducting OPIs shall cooperate with the OIG when applicable, to avoid interfering with possible criminal investigation related to the same incident.”
The agency does not employ outside agencies to perform their criminal or administrative investigations. They are completed internally. The auditor interviewed the Warden during the onsite phase of the audit, and he stated that all investigations are completed by the OIG so this would not apply to their agency. The auditor was provided written responses to the PREA interview questions for the PREA coordinator. The PREA coordinator stated that the OIG provides monthly reports of all open investigations to the PREA ombudsman’s office. Otherwise, there is no need to coordinate with outside agencies. The auditor interviewed the USPPM, the PREA compliance manager. She stated that all investigations are performed by the OIG. The auditor interviewed the Unit investigator. The investigator said that they would be cooperative with any outside entity, but investigations are performed internally. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. Sexual Abuse Investigation files
2. Interviews:
   a. Specialized staff

**Findings (by provision):**
115.72(a). In the PAQ, the agency provided TDCJ Safe Prisons/PREA Plan. The plan states, “No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.”

The auditor interviewed the Unit investigator during the onsite phase of the investigation. The investigator told the auditor that the standard of proof for investigations is a preponderance of evidence or lower. The auditor reviewed six (6) sexual abuse investigation files from the previous 12 months and determined that the institution uses this standard for all investigations. Based on this analysis, the auditor finds the facility in compliance with this provision.

### Standard 115.73: Reporting to inmates

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

**115.73 (a)**

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency institution, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

**115.73 (b)**

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency institution, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/institution is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

**115.73 (c)**

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the institution? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the institution? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the institution? ☒ Yes ☐ No

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders
   c. TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome
   d. Sexual Abuse Investigation files

2. Interviews:
   a. Specialized staff
   b. Targeted inmates
Findings (by provision):

115.73(a). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstatiated, or unfounded.” The auditor was also provided TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders in the PAQ. The manual states, “Following an investigation into an offender allegation that he or she was victim of any criminal sexual assault offense or civil rights violation defined by §39.04 of the Texas Penal Code, the offender shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not-sustained), or unfounded.” The auditor was provided TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome. This form is utilized to provide notification to the offender of the outcome of the investigation. In the PAQ, Stringfellow indicated there were a total of six (6) such notifications over the last 12 months.

During the onsite phase of the audit, the auditor interviewed two inmates who had reported an incident of sexual abuse. Both of the inmates reported receiving written notification of the completion of the investigation. The auditor reviewed six (6) sexual abuse investigation files from the previous 12 months during the onsite phase of the audit. The auditor confirmed during this review that all six inmates had been properly notified of the outcome of the investigation. The auditor interviewed the Unit investigator during the onsite audit, and he confirmed that there is a requirement to notify the inmate regarding the outcome of the investigation. The auditor also interviewed the Warden during the audit. The Warden stated that all inmates are notified upon the completion of the investigation. They must be notified if the allegation is sustained, not sustained, or unfounded. Based on this analysis, the auditor finds the facility is in compliance with this provision.

115.73(b). This provision does not apply, as the facility performs their own investigations of sexual abuse and sexual harassment allegations. Based on this analysis, the auditor finds the facility is in compliance with this provision.

115.73(c). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “If an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when: a. The staff member is no longer assigned to the offender’s unit; or b. The staff member is no longer employed by the TDCJ. If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO shall inform the offender when: a. The staff member has been indicted on a charge related to sexual abuse within the unit; or b. The staff member has been convicted on a charge related to sexual abuse within the unit.”

During the onsite phase of the audit, the auditor interviewed two inmates who had filed an allegation of sexual abuse. Two of the allegations were filed against a staff member. The auditor reviewed six (6) sexual abuse investigation files from the last 12 months. The auditor located one allegation against a staff member that was substantiated. No criminal charges, however, so there were no additional notifications pursuant to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(d). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “If an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when: a. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or b. The alleged assailant has been convicted on a charge related to sexual abuse within the unit.”
During the onsite phase of the audit, the auditor interviewed two inmates who had filed an allegation of sexual abuse. Neither of the allegations filed by these inmates were substantiated. The auditor reviewed six (6) sexual abuse investigation files from the last 12 months. The auditor was unable to locate any file for allegations that were substantiated, so the auditor was unable to review any additional evidence. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(e). The auditor was provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “All offender notifications or attempted notifications described in items 4-6 of this section shall be documented.” The auditor was also provided TDCJ SPPOM-05.10 - Reporting Sexual Abuse Criminal Case Status to Offenders in the PAQ. The manual states, “The SPPM shall maintain a log and document each notification or attempted notification sent to an offender sexual abuse victim.” The auditor was provided TDCJ SPPOM-05.05 Attachment M UCC Notification of OPI Outcome. This form is utilized to provide notification to the offender of the outcome of the investigation. In the PAQ, Stringfellow indicated there were a total of six (6) such notifications over the last 12 months.

Based on this analysis, the auditor finds the facility in compliance with this provision.

115.73(f). The auditor is not required to audit this provision.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)
Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees

2. Interviews:
   a. Specialized interviews

Findings (by provision):

115.76(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.” The auditor was provided TDCJ PD-22 - General Rules of Conduct and Disciplinary Action Guidelines for Employees in the PAQ. The directive indicates that all employment at TDCJ is at will. The directive goes on to indicate that sexual misconduct with an offender is marked as a "Level 1" offense, with an expected disciplinary outcome of termination.

The auditor reviewed the six (6) sexual abuse investigation files for the previous 12 months. There was one substantiated allegation against a staff member. That staff member had resigned from the agency prior to the completion of the investigation and the conduct was not criminal, so no criminal charges were filed. Therefore, no documentation of discipline is noted in the file. Based on this analysis, the auditor finds the facility in compliance with this provision.
115.76(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

The auditor was not able to review additional documentation relevant to this provision, as there had been only one substantiated staff allegation from the previous 12 months, and that staff member had resigned prior to the completion of the investigation. The auditor interviewed the USPPM, who verified that termination is the presumptive discipline for a staff member found to have committed an act of sexual misconduct with an offender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be 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.”

The auditor was not able to review additional documentation relevant to this provision, as there had been only one substantiated staff allegation from the previous 12 months, and that staff member had resigned prior to the completion of the investigation. The auditor interviewed the USPPM, who stated that all discipline for sexual abuse related offenses not considered to be actual sexual abuse would be reviewed individually and would be based on several factors. Discipline would depend on the staff member’s history, the circumstances of the situation, and any other factors. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.76(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “All terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

During the onsite phase of the audit, the auditor reviewed the six (6) sexual abuse investigation files for the previous 12 months. There was one substantiated allegation against a staff member, but that staff member had resigned prior to the completion of the investigation. The substantiated actions of the staff member were not criminal in nature, so there was no referral to law enforcement. The auditor was unable to review additional evidence to confirm this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☑ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☑ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes  ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the institution take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: (*Policies, directives, forms, files, records, etc.*)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ PD-29 - Sexual Misconduct with Offenders
   c. TDCJ Volunteer Services Plan
   d. Sexual Abuse Investigation files

2. Interviews:
   a. PREA coordinator
   b. Specialized staff

**Findings (by provision):**

**115.77(a).** In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” The agency provided TDCJ PD-29 - Sexual Misconduct with Offenders in the PAQ. In the Remedial Actions section, the directive states, “Other individuals who commit an act of sexual misconduct with an offender will not be allowed to continue to perform services for the TDCJ and will be denied access to TDCJ premises.” The auditor was also provided the TDCJ Volunteer Services Plan. The Plan states, “Volunteers are prohibited from establishing or continuing in personal relationships with offenders, including misconduct with offenders, including forcing or attempting to force offenders to participate in non-consensual sexual misconduct. It is a felony offense if anyone, including a volunteer, at a TDCJ facility violates the rights of a person in custody or engages in sexual contact or sexual intercourse with a person in custody. Volunteers who violate the policy shall
not be allowed to continue to perform services for the agency and may be subject criminal prosecution.” In the PAQ, the Stringfellow Unit indicated that there were no contractors or volunteers disciplined for sexual misconduct over the previous 12 months.

During the onsite phase of the audit, the auditor reviewed the six (6) sexual abuse investigation files for the previous 12 months and did not find any allegations made against a volunteer or contractor. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.77(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The unit shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.”

The auditor interviewed the Warden during the onsite phase of the audit. The Warden stated that Stringfellow would not consider remedial measures and would rather terminate the contract or remove a volunteer from the approved access list. There is no need to take a chance with allowing someone to come back to the compound and endanger the safety of the inmate population. Based on this analysis, the auditor finds the facility in compliance with this provision.

### Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)
Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ Disciplinary Rules and Procedures for Offenders
   c. CMHC A-08.1 - Decision Making for Serious Mentally Ill Patients
2. Interviews:
   a. Specialized staff

Findings (by provision):

115.78(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders.” The auditor was provided the TDCJ Disciplinary Rules and Procedures for Offenders in the
PAQ. The document states, “An offender found guilty of a major disciplinary violation may be assessed one or more of the following penalties...” The agency stated in the PAQ that there were no inmates disciplined for offenses of sexual abuse over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed the six (6) sexual abuse investigation files from the previous 12 months. There were no investigations that led to administrative disciplinary sanctions for an inmate, as there were no cases where the allegation was substantiated against the accused inmate. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(b). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Sanctions shall be appropriate to the nature of abuse committed, the offender’s disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.”

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that inmate discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.” The auditor was also provided CMHC A-08.1 - Decision Making for Serious Mentally Ill Patients in the PAQ. The manual states, “Mental health staff input is, however, required as part of the disciplinary process for each offender with a serious mental illness.”

During the onsite phase of the audit, the auditor interviewed the Warden, who confirmed that inmate discipline is based upon the penalties outlined in the procedures. The penalty assigned should be consistent with the standard in the procedure, which would make it consistent for all inmates. It is possible for staff to take into consideration an inmate’s mental health status when considering penalties of inmate infractions. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “If the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits.”

During the onsite phase of the audit, the auditor interviewed two staff members of the medical and mental health staff. The auditor was told that Stringfellow houses a sexual offender treatment program, but offenders found guilty of committing an offense against another offender, would not be required to participate in a program. There are therapy options available for offenders, and offenders may participate as a part of their discipline, but that participation would not be a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(e). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.” In the PAQ, the agency stated there were no such incidents over the previous 12 months. The auditor was not provided any additional documentation relative to this provision. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(f). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred,
shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

The auditor reviewed six (6) sexual abuse investigation files during the onsite phase of the audit. The auditor did not find any incidents of inmate discipline due to the finding of false allegations. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.78(g). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “Sexual misconduct between offenders is prohibited and shall result in disciplinary sanctions in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders.” Based on this analysis, the auditor finds the facility in compliance with this provision.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-03.01 - Offender Assessment Screening
   c. CMHC E-35.2 - Mental Health Evaluation

2. Interviews:
   a. Specialized staff
   b. Targeted inmates

3. Site Review Observations:
   a. Computer systems
   b. Medical services

Findings (by provision):

115.81(a). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “If the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.” The auditor was also provided TDCJ SPPOM-03.01 - Offender Assessment Screening in the PAQ. The manual states, “The interviewer shall document, upload, and forward the Referral to Medical/Mental Health Services form or any other referrals made to specific departments.”

During the onsite phase of the audit, the auditor interviewed five inmates who reported prior sexual victimization on their risk screening. All five inmates told the auditor that they were provided the
opportunity to meet with someone from mental health. They all told the auditor that first meeting happened the first week they were at Stringfellow. The auditor interviewed the USPPM, who is responsible to perform the intake screening. The auditor was told that all offenders who report prior sexual abuse are scheduled an appointment with medical and mental health. The referral is documented for the file. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(b). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “If the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.”

The auditor was also provided CMHC E-35.2 - Mental Health Evaluation in the PAQ. The manual states, “Offenders with potential mental health needs will have a comprehensive mental health evaluation completed by a qualified mental health professional within 14 days of the referral, request and/or identification of mental health need.”

During the onsite phase of the audit, the auditor interviewed the USPPM, who is responsible for the intake screening. She told the auditor that an offender who indicates being a perpetrator of sexual abuse would be referred for a mental health evaluation. She also stated that all offenders are provided the opportunity to see medical and mental health, regardless of their response to the risk screening questions. The first intake with mental health typically occurs within 14 days of intake at Stringfellow. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(c). This provision is for jails and does not apply to Stringfellow. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(d). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Any 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 necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.”

During the onsite phase of the audit, the auditor talked with several staff members while performing the site review. Staff members were asked about the screening of inmates and how to access the screening information in the computer. The auditor was told they were unable to access that information in the computer. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.81(e). The agency provided TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “In accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.”

The auditor was also provided CMHC E-35.2 - Mental Health Evaluation in the PAQ. The manual states, “Prior to beginning the evaluation, the offender will be apprised of the limits of confidentiality and asked to consent to the interview and/or psychological testing. Documentation of the informed consent will be made in the health record.”

During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. Both told the auditor that informed consent was a requirement before they could disclose information to security staff. For inmates under the age of 18 this was not a requirement. Based on this analysis, the auditor finds the facility in compliance with this provision.
Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation
   c. CMHC G-57.1 - Sexual Assault/Sexual Abuse

2. Interviews:
   a. Specialized staff
   b. Targeted inmates

Findings (by provision):

115.82(a). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offender 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 in accordance with CMHC policies.” The auditor was provided TDCJ SPPOM-05.01 - Sexual Abuse Response and Investigation in the PAQ. The manual states, “The security supervisor shall notify medical personnel of the allegation to initiate medical assessment of the offender. Security staff shall ensure the medical staff conducting the assessment fully understands the assessment is for a sexual abuse allegation.” The auditor was also provided CMHC G-57.1 - Sexual Assault/Sexual Abuse. The manual states, “All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services.”

During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. The health director and a mental health counselor confirmed that any inmate who was the victim of sexual abuse would be immediately brought to the medical department as part of the coordinated response plan to an allegation of sexual abuse. The first step taken would be to evaluate the inmate for injuries and the urgent need for medical care. Special care would be taken to ensure that any evidence would be preserved. This evaluation is done immediately and is based on the medical professional’s credentials. The auditor also interviewed two inmates who reported sexual abuse. Both inmates told the auditor they were taken to medical immediately after reporting the incident and were seen by medical. They all reported no injuries, although they were evaluated immediately. They told the auditor that an appointment was also scheduled with mental health. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(b). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “If no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.”

The auditor interviewed two staff members who were first responders to allegations of sexual abuse during the onsite phase of the audit. Both understood the immediate need to provide the inmate with access to medical and mental health. They told the auditor that medical staff is always available. A registered nurse is always on duty at a neighboring Unit and can be utilized for immediate healthcare of any offender. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(c). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance
with CMHC policies.” The auditor was also provided CMHC G-57.1 -  Sexual Assault/Sexual Abuse. The manual states, “Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed. For HIV or Hepatitis B exposure, education and testing should be scheduled. When indicated, prophylactic medications will be offered.”

During the onsite phase of the audit, the auditor interviewed two staff members from the medical department. Both told the auditor that these services would always be provided to the victim. At Stringfellow, pregnancy services would not be provided, as they house male inmates only. But the services for STIs would be available. If the offender receives a forensic examination, hospital staff will provide a treatment plan that includes the necessary testing and medications. The auditor interviewed two inmates who had reported sexual abuse. Neither of the inmates had physical contact that required follow-up testing and prophylactic medications. The auditor did note proof of this care in other investigation files reviewed. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.82(d). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.” The auditor was also provided CMHC G-57.1 -  Sexual Assault/Sexual Abuse. The manual states, “Treatment services associated with sexual assault/abuse or alleged sexual assault/abuse will not result in the application of the Health Services Fee to the victim.” Based on this analysis, the auditor finds the facility in compliance with this provision.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

▪ Does the institution provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

▪ Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male institution.) ☐ Yes ☐ No ☒ NA
115.83 (e)  
- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male institution.) ☒ Yes ☐ No ☐ NA

115.83 (f)  
- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   b. CMHC G-57.1 - Sexual Assault/Sexual Abuse
   c. Sexual Abuse Investigation files

2. Interviews:
a. Specialized staff  
b. Targeted inmates

Findings (by provision):

115.83(a). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.” The auditor was also provided CMHC G-57.1 - Sexual Assault/Sexual Abuse. The manual states, “All offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(b). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “The evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following a transfer to, or placement in other units in accordance with CMHC policies or their release from custody.”

The auditor interviewed two staff members from the medical department during the onsite phase of the audit. Both confirmed for the auditor that the institution provides a full treatment plan for all inmates, especially for inmates who have been sexually abused. Staff will also provide information if the inmate is transferred or released. The auditor also interviewed two inmates who reported sexual abuse. Both inmates reported receiving care from medical and mental health. Both indicated they were pleased with their medical care but did not require anything more than an examination. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(c). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offender victims shall be provided medical and mental health services consistent with the community level of care.”

The auditor interviewed two staff members from the medical department during the onsite phase of the audit. They confirmed for the auditor that the institution provides a full treatment plan for all inmates, especially for inmates who have been sexually abused. The care that they provide is always consistent with care that would be provided outside the institution. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(d). The auditor was provided CMHC G-57.1 - Sexual Assault/Sexual Abuse. The manual states, “Victims(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.”

The Stringfellow Unit houses male inmates only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(e). The auditor was provided CMHC G-57.1 - Sexual Assault/Sexual Abuse. The manual states, “Victims(s) of penile-vaginal sexual abuse shall be offered pregnancy tests. If negative, victim(s) shall sign a consent and be offered an emergency contraception pill (ECP). If positive, victim shall receive access to all lawful pregnancy-related medical services.”

The Stringfellow Unit houses male inmates only and this provision does not apply. Based on this analysis, the auditor finds the facility in compliance with this provision.
115.83(f). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.” The auditor was also provided CMHC G-57.1 - Sexual Assault/Sexual Abuse. The manual states, “Prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed.”

The auditor interviewed two inmates who reported sexual abuse during the onsite phase of the audit. Both inmates reported receiving care from medical and mental health but neither inmate required testing or medications due to the allegations of sexual abuse. The auditor reviewed the institution’s six (6) sexual abuse investigation files from the previous 12 months. The auditor noted two files where the inmate victim received treatment for STIs due to the level of physical contact alleged in the incident. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(g). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “Treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.”

The auditor interviewed two inmates who reported sexual abuse during the onsite phase of the audit. Both inmates reported receiving care from medical and mental health. Both inmates told the auditor that services provided to them after the incident were at no cost. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.83(h). In the PAQ, the auditor was provided TDCJ Safe Prisons/PREA Plan. The plan states, “A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.”

The auditor interviewed two staff members from the medical department during the onsite phase of the audit. Mental health evaluations are provided for all sexual abusers as soon as possible after receiving notification of a sexual abuse allegation. Based on this analysis, the auditor finds the facility in compliance with this provision.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the institution conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

**115.86 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

**115.86 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the institution? ☒ Yes ☐ No
- Does the review team: Examine the area in the institution where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the institution head and PREA compliance manager? ☒ Yes ☐ No

**115.86 (e)**

- Does the institution implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the institution
The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. TDCJ Safe Prisons/PREA Plan
   b. TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents
   c. Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment
   d. Administrative Incident Review Form
   e. Sexual Abuse Investigation files
2. Interviews:
   a. Specialized staff
   b. Incident review team

Findings (by provision):

115.86(a). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. In the Incident Review Team section, the plan states, “An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical and mental health practitioners when completing the review.” The auditor was provided TDCJ AD-02.15 - Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents in the PAQ. The directive states, “After reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete and Administrative Incident Review.” Stringfellow indicated that there were four such reviews completed following administrative investigations over the last 12 months prior to the audit.

During the onsite phase of the audit, the auditor reviewed six (6) sexual abuse investigation files from the 12 months prior to the onsite audit. The completed administrative incident review form was located in four of the files. The other two did not have the review, as the outcome of the investigation was unfounded. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(b). In the PAQ, the auditor was provided a document entitled Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment. The instructions state, “The Administrative Incident Review shall be forwarded to the appropriate regional director, PFCMOD deputy director of operations, or department head no later than 10 working days following the notification to EAC.”

During the onsite phase of the audit, the auditor reviewed 37 sexual abuse investigations files from the 12 months prior to the onsite audit. There were 18 completed investigations, and the auditor found the completed sexual abuse incident review form in each investigative file which had been completed. Each of the completed reviews were done within the 30-day time period. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(c). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. In the Incident Review Team section, the plan states, “An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical and mental health practitioners when completing the review.”
During the onsite phase of the audit, the auditor interviewed the Warden. The Warden told the auditor that this incident review is important to ensure that failures were properly noted to ensure that problems were noted and corrected. It was important to take information from many resources to ensure they have a full picture of what happened and to look for ways to make sure the incident can’t happen again if it was preventable. The auditor reviewed six (6) sexual abuse investigation files from the previous 12 months. The auditor noted the completed incident review document in four of the six files, where the review was required. The review was complete, with input from several sources at the Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(d). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “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 auditor was provided a copy of the Administrative Incident Review Form, which is utilized to document to the review. The form includes notations for the review team to review these items: 1. Whether the allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2. Whether the allegation was motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, gang affiliation, or other group dynamics; 3. Examine the area in the facility for physical barriers which may enable abuse; 4. Assess adequacy of staffing levels during different shifts; 5. Assess if monitoring technology should be adjusted to supplement supervision by staff; and 6. Recommendations to the facility administrator for improvements based on these assessments.

During the onsite phase of the audit, the auditor interviewed the Associate Warden, who participates in the sexual abuse incident reviews. He told the auditor that each incident review includes a review of all the items listed in this provision. He said that without this full review, Stringfellow would not continue to improve and provide an atmosphere of sexual safety. The USPPM, the PREA compliance manager, was also interviewed. He made it clear that these incident reviews are important for the institution to not just say that sexual safety is important, but to show to staff that is important. If they identify an action that must be taken following the review, the action must be taken immediately. The auditor also interviewed the Warden about the sexual abuse incident reviews. The Warden agreed that the reviews are important to providing a safe environment for the inmates. Without carefully reviewing the incidents and taking immediate action, if necessary, then all the education and signs and talk about sexual safety is just that, talk. Action is necessary to make sure that everyone understands that inmate safety is the most important thing they do. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.86(e). In the PAQ, the facility provided TDCJ Safe Prisons/PREA Plan. The plan states, “The unit shall implement recommendations that result from the review, or document the reasons for not doing so.” The auditor was provided a copy of the Administrative Incident Review Form, which is utilized to document to the review. The form includes a Corrective Action Taken section, where the warden and other administrative staff are required to note action taken in reference to the recommendations provided by the team. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.87: Data collection

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

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
Findings (by provision):

115.87(a). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.” The auditor was also provided TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement in the PAQ. The policy lists the PREA ombudsman’s responsibilities, which include “Collect statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA standards.” The policy states the PREA ombudsman is to collect and make available “Statistical information regarding the total number of allegations of offender sexual abuse investigated by the TDCJ, the outcome of the administrative investigations, and any disciplinary action resulting from the investigations.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(b). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Incident-based sexual abuse data shall be aggregated at least annually.” The auditor was provided a copy of the Survey of Sexual Victimization for 2019 in the PAQ. This report shows the aggregation of statistical information from the agency’s corrections facilities into one document. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(c). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.” The auditor was also provided TDCJ BP-02.09 - Prison Rape Elimination Act Ombudsman Policy Statement in the PAQ. The policy lists the PREA ombudsman’s responsibilities, which include “Collect statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA standards.” The policy states the PREA ombudsman is to collect and make available “Statistical information regarding the total number of allegations of offender sexual abuse investigated by the TDCJ, the outcome of the administrative investigations, and any disciplinary action resulting from the investigations.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(d). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(e). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Aggregated sexual abuse data, from all TDCJ facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.87(f). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Once requested, the TDCJ shall provide all relevant data from the previous calendar year to the Department of Justice.” Based on this analysis, the auditor finds the facility in compliance with this provision.
Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each institution, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a institution? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   c. Texas Department of Criminal Justice Website
2. Interviews:
   a. Specialized staff

Findings (by provision):

115.88(a). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “The TDCJ shall review data collected pursuant to Section VII.A of this plan in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of findings and corrective actions for each unit, as well as the TDCJ as a whole, in collaboration with the OIG and PREA ombudsman.” The agency provided the auditor the Safe Prisons/PREA Program Annual Report 2019 in the PAQ. The Report was complete and included all of the required points from this provision of the standard. The auditor was provided written responses to the PREA interview questions from the Agency Head and the PREA coordinator. The Agency Head explained that the sexual abuse data is collected annually and utilized to complete the annual report and compared against the prior year’s data. This report is utilized to determine if policy changes are indicated or if changes should be made to staffing and video surveillance monitoring equipment. The PREA coordinator who confirmed the annual data collection, which is generated by wardens and safe prisons/PREA managers. The Executive Services Division reviews the data and generates recommendations for policy, procedure, and staffing changes. The auditor also interviewed the USPPM, PREA compliance manager, who gathers the Unit’s data and submits it monthly so it can be utilized in the annual aggregate data report. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(b). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “The annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.” Based on this analysis, the auditor finds the facility in compliance with this provision.

115.88(c). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Annual report shall be approved by the TDCJ executive director and made readily available to the public through the TDCJ website.” The auditor located the annual report posted on the TDCJ website at the PREA Ombudsman web page.

The auditor was provided written responses to the PREA interview questions from the Agency Head. He stated that he is responsible to review and approve the annual PREA report. Based on this analysis, the auditor finds the facility in compliance with this provision.
115.88(d). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material.”

The auditor was provided written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that the annual report is posted without redacted information. The annual report is written without data that would require redaction. The auditor reviewed reports posted to the webpage and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
   a. TDCJ Safe Prisons/PREA Plan
   c. Texas Department of Criminal Justice website
2. Interviews:
   a. PREA coordinator

Findings (by provision):

115.89(a). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “All data collected pursuant to Section VII.A. shall be securely maintained.”

The auditor was provided written responses to the PREA interview questions from the PREA coordinator. The PREA coordinator stated that they data is maintained in an automated system, which is secure. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(b). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Aggregated sexual abuse data, from all TDCJ facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means.” The auditor located the annual report posted on the TDCJ website at the PREA Ombudsman web page. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(c). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “Personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material.” The auditor reviewed reports posted to the webpage and noted no redacted information or personally identifiable information in the reports. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.89(d). The agency provided the auditor with TDCJ Safe Prisons/PREA Plan in the PAQ. The plan states, “All sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.” On the TDCJ website, the auditor located Annual Reports from 2012 through 2019. Based on this analysis, the auditor finds the facility in compliance with this provision.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.401 (a)

- During the prior three-year audit period, did the agency ensure that each institution operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each institution type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each institution type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited institution? ☒ Yes ☐ No

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making the compliance determination:**

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. Agency website
2. Interviews:
   a. PREA coordinator

**Findings (by provision):**

115.401(a). This was the third audit completed by the Stringfellow Unit. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(b). This is the third year of the third PREA audit cycle. The agency is actively auditing one-third of their facilities during the third year of the audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and inmates. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 41 inmates. The institution provided a private room for the auditor to meet with each inmate for the interview, without interruption. Based on this analysis, the auditor finds the facility in compliance with this provision.

115.401(n). The institution posted the required audit notice in every housing unit, on colored paper, printed in two languages. The notices were also seen in public areas throughout the institution, in the public lobby and in the visitation room. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.

**Standard 115.403: Audit contents and findings**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: *(Policies, directives, forms, files, records, etc.)*
   a. Agency website

2. Interviews:
   a. PREA coordinator

Findings (by provision):

115.403(f). This was the third audit completed by the Stringfellow Unit. The prior audit reports are posted to the Texas Department of Criminal Justice website as required by this provision and the auditor understands that this audit report will be posted properly after TDCJ receives it. Based on this analysis, the auditor finds the facility in compliance with this provision.
AUDITOR CERTIFICATION

I certify that:

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

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

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

Auditor Instructions:

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

James Kenney  ____________________________  December 19, 2021

Auditor Signature  ____________________________  Date

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