

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

Interim Final

Date of Report January 13, 2017

Auditor Information

Name: Debra D. Dawson	Email: dddprofessionalaudits@gmail.com
Company Name: Click or tap here to enter text.	
Mailing Address: P. O. Box 5825	City, State, Zip: Marianna, FL 32447
Telephone: 850-209-4878	Date of Facility Visit: December 6 – 8, 2017

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	
Telephone: 936-295-6371		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No American Correctional Association (ACA)	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

Agency Website with PREA Information: http://tdcj.state.tx.us/tbcj/tbcj_prea.html

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Barry B. Telford								
Physical Address: 3899 State Hwy. 98; New Boston, TX 75570								
Mailing Address (if different than above): Click or tap here to enter text.								
Telephone Number: 903-628-3171								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input type="checkbox"/> County</td> <td><input checked="" type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit					
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal					
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison						
Facility Mission: The mission of the Texas Department of Criminal Justice is to provide safety, promote positive change in offender behavior, reintegrate offenders into society and assist victims of crime.								
Facility Website with PREA Information: http://tdcj.state.tx.us/tbcj/tbcj_prea.html								

Warden/Superintendent

Name: Garth Parker	Title: Senior Warden
Email: Garth.Parker@tdcj.texas.gov	Telephone: 903-628-3171

Facility PREA Compliance Manager

Name: Kirk Brigance	Title: Unit Safe Prisons PREA Manager
----------------------------	--

Email: Kirk.Brigance@tdcj.texas.gov	Telephone: 903-628-3171
Facility Health Service Administrator	
Name: Cathy McPeak	Title: Senior Practice Manager
Email: efmcppeak@utmb.edc	Telephone: 903-628-3100
Facility Characteristics	
Designated Facility Capacity: 2704	Current Population of Facility: 2624
Number of inmates admitted to facility during the past 12 months	1449
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1314
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1439
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	550
Age Range of Population:	Youthful Inmates Under 18: 0 Adults: 18-84
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	N/A
Average length of stay or time under supervision:	15 yrs. 9 months 6 days
Facility security level/inmate custody levels:	G1- G5, P2-P4
Number of staff currently employed by the facility who may have contact with inmates:	499
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	186
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Physical Plant	
Number of Buildings: 28	Number of Single Cell Housing Units: 2
Number of Multiple Occupancy Cell Housing Units:	4
Number of Open Bay/Dorm Housing Units:	2

Number of Segregation Cells (Administrative and Disciplinary):	14
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
<p>Since the previous PREA audit, the facility has installed numerous cameras. The facility has a total of 756 digital and stationary cameras, both inside and outside the perimeter that are monitored from the two control centers, the Warden’s office, the Majors’ offices and the Surveillance Sergeant’s office. Extensive video monitoring is located throughout the facility to include housing units, compound, recreation yards, and program areas. The control center officers have the ability to review live footage. The Senior Warden, Assistant Warden, Major and Surveillance Sergeant are able to review recorded monitoring.</p>	
Medical	
Type of Medical Facility:	Ambulatory medical, dental, and mental health services are provided. Medical care available 24 hours a day, seven days a week. The facility has a 17 bed infirmary including 13 assisted living beds, 2 reverse isolation cells, and 2 mental health observation rooms. Telemedicine Services are available. All medical services are provided on a single level, including CPAP accommodating housing.
Forensic sexual assault medical exams are conducted at:	Wadley Regional Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	186
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Barry B. Telford Unit located at 15845 FM 164, New Boston Texas, was coordinated through the Texas Department of Criminal Justice (TDCJ) and the American Correctional Association (ACA) Alexandria, Virginia Department of Justice (DOJ). Certified PREA Auditors Debra Dawson and Thomas Eisenschmidt were notified by an ACA email of the assignment to conduct the PREA recertification audit. Debra Dawson was assigned as the Lead Auditor. The PREA recertification audit was scheduled for December 6 – 8, 2017, immediately following the conclusion of an ACA reaccreditation audit scheduled for December 4 - 6, 2017.

The audit process began prior to the on-site visit. Specifically the audit process began with contact between the ACA auditor, TDCJ Office of Administrative Review and Risk Management, Huntsville, and the Senior Warden of Barry B. Telford Unit. A USB thumb drive was mailed to the auditor by Ms. Brenda German, TDCJ Administrative Assistant IV. The thumb drive contained three essential parts. Part one contained master file documents for each of the 43 standards. Part two contained supporting documentation submitted by the agency, and part three contained the completed PREA Pre-audit Questionnaire. Additionally, completed interview documentation was also noted on the thumb drive for the Agency Contract Administrator, Agency Head/Designee, and PREA Coordinator. These interviews were previously conducted by Certified PREA Auditor Barbara King. The presentation of labelling the master file documents, and supporting documentation provided demonstrated the agency's organizational skills and preparedness for the audit. It should be note that during the site visit, the auditor requested additional updated information which allowed the review process to be within 12 months of the site visit rather than approximately 14 months in which the information provided on the thumb drive consisted of.

Following the protocols, including posting of notices (posting was initiated through the ACA), the auditor began reviewing the material forwarded in the prior weeks. The auditor reviewed all information noted on the Pre-Audit Questionnaire (PAQ), and discussed any questions and/or discrepancies noted. The facility provided a response within a timely manner to all inquiries made by the auditor. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Information from the flash drive was used during pre-audit prior to the site visit and post audit when writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and in practice by staff.

On Wednesday, December 6, 2017, at 11:00 a.m., following the ACA Audit closeout briefing, the initial PREA audit of Barry B. Telford Unit began. An initial meeting took place in the Senior Warden's Office. The meeting consisted of facility personnel assigned to assist the auditor during the audit process and tour of the facility. Those in attendance were: DOJ Certified PREA Auditors Debra Dawson, and Thomas Eisenschmidt, Senior Warden Garth Parker, Assistant Warden L.E. Townsend, Assistant Warden Michael Alsobrook, Nathan, Boone, Region II Safe Prison, and Kirk Brigance, Safe Prisons Sergeant. The auditors explained the audit process, schedule and informed staff the purpose of the audit was to observe and assess all areas of the facility in order to verify compliance with the 43 PREA Standards.

In addition to the above mentioned staff accompanying the auditors during the tour, Administrative Captain Sandra Clark, and Prospector Officer Casey Reich joined the tour committee. The tour of the facility was conducted in sections on various days due to the size of the facility.

The auditors were provided with a physical plant unit schematic for a pre tour scheduling itinerary. The tour consisted of a site visit to all 20 buildings that compose the Barry B. Telford Unit within the secured perimeter and the outside buildings to include the dog canine unit and farm shop areas. The major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour while paying special attention to the following areas: intake/reception; general housing; segregated housing; maintenance shops; unit; academic/vocational programs; law library; food service; laundry/supply; discipline office; segregated housing; health services; mental health; food service; segregation unit; safe keeping unit; academic/vocational programs; law library; and general library; and all other locations on the grounds of the Barry B. Telford Unit was toured. The PREA audit instrument was used to look at areas recommended and questions to ask and the recording of the answers for use in deciding compliance in the standards. The auditors observed and confirmed PREA information was made available and provided to all inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse posted. During the tour of the facility, the auditors observed logs that confirmed unannounced rounds are being conducted in all housing units and programming areas accessible to the inmate population. Unannounced rounds were noted as being conducted numerous times during a 24 hour period throughout the facility. The notice of the PREA audit was strategically posted in areas accessible to the staff and inmate population. The notice was documented as being posted on October 10, 2017. This was well in an excess of the required six week notification.

The Barry B. Telford Unit has an authorized staff compliment of 718 employees. Security staff is allotted 555 of these positions. Although there were vacancies within other departments, there were 188 vacancies within the security staff. The staffing numbers were as following: 366 security staff; 94 staff are non-security staff; 11 Windham/Education employees; 53 Contract Medial staff and 5 Psychiatric employees. The facility is making every effort to hire and retain staff to fulfill their mission that

includes offering a hiring bonus, conducting extensive recruiting efforts, installing camper connections for lodging, etc. The security staff are assigned to two 12 hours shifts. Their hours of work are 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6: 00 a.m., while working 4 days on and 4 days off. The auditors conducted interviews with security, non-security, specialized staff, volunteer and contractors that included male and female staff with years of service ranging from 30 years to four weeks experience. The auditors conducted 24 random sample staff interviews and 25 specialized staff interviews. The auditors completed a total of 49 staff interviews from staff covering all shifts.

The auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The main personnel files are kept in Huntsville. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signed “Training Acknowledgement Form” documenting that the staff understood the PREA training received.

The auditor also selected and examined a sampling of offender files and observed documentation of the offender receiving PREA education, as well as documentation of risk screenings

Security staff selected for interviews was from each of the 12 hour shifts assigned. Those interviewed included: Major; Captains; Lieutenants; Sergeants; Correctional Officers; Segregation Supervisor; Intake Officer; intermediate/higher-level staff (unannounced rounds); and staff who perform inmate screening. Non-security staff interviewed included: Agency Contract Administrator; Agency Head/Designee; PREA Coordinator; Warden; educational staff; program staff; administrative staff; medical staff; mental health staff; human resource manager; SAFE/SANE staff; staff who perform screening for risk of victimization; volunteer; staff who perform first responder duties; contractors; investigative staff; incident review team member; and retaliation monitor.

Sampling techniques for interviews with inmates from each housing unit was selected by randomly selecting inmates throughout every housing unit using a current inmate roster. The Barry B. Telford Unit has 8 housing units that consist of buildings 3, 4, 7, 8, 12, 17, 18 and 19. Buildings 3, 4, 7, and 8 have 3 pods with double cell general population housing, (432 bunks per building and 144 bunks per pod). Building 12 has 5 pods with each pod having 6 sections and is designated as the Safekeeping Unit, Pre Hearing Detention and Transient Housing, 504 bunks, six pods, six sections per pod, 14 bunks per section); building 17 (Sheltered Housing) is a dorm setting unit with 95 beds. Buildings 18 and 19 have a dorm setting with 4 pods. Each pod has 80 beds for a total of 320 beds per dormitory. Building 10 is the infirmary with 17 beds.: #12 single cell Safekeeping, Pre Hearing Detention and Transient Housing building #19 dormitory sheltered housing (95 beds); buildings #18 and 19 dormitory housing (320 bunks per dormitory) Buildings #3, 4, 7 and 8 double-cell general population housing An inmate roster was utilized for selection of 33 random inmates the selection of targeted inmates for interviews. The following targeted groups of inmates were interviewed: 1 Inmate with a Physical Disability; 1 Inmate

who identified as Deaf; 2 Inmates who were LEP; 6 Inmates who Identified as Gay; 7 Inmates who Identified as Transgender; 4 Inmates who reported Sexual Abuse; and 4 Inmates who reported sexual victimization during risk screening. There were no inmates at Barry B. Telford Unit who were identified as the following: Inmates with a Cognitive Disability; Youthful Inmates; or Inmates in Segregated Housing for High Risk of Sexual Victimization. A total of 25 inmates were interviewed within the target groups of PREA guidelines. Therefore a total of 58 inmates were formally interviewed. The auditors conducted 38 informal interviews with the inmate population during the various tours while questioning inmates on their knowledge and understanding of PREA standards. All inmates interviewed acknowledged receiving PREA training and shared their knowledge of PREA and how to report allegations of sexual abuse and/or sexual harassment.

The auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The main personnel files are kept in Huntsville. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors also viewed signed "Training Acknowledgement Form" documenting that the staff understood the PREA training received.

The auditors also selected and examined a sampling of offender files and observed documentation of the offender receiving PREA education, as well as documentation of risk screenings.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. Criminal investigative referrals were documented and proper referrals were made when warranted. All sexual abuse cases were referred to the Office of the Inspector General who evaluated each case to see if elements of a crime existed.

The Barry B. Telford Unit reported fifty-eight (58) PREA allegations made in the last twelve months.

Twenty-three investigations involved staff on inmate. The twenty-three investigations were as the following: 4 - Unsubstantiated Sexual Abuse; 5 - Unfounded Sexual Abuse; 6 - Abuse (Voyeurism) Unfounded; 2 – Abuse (Voyeurism) Unsubstantiated; 1 - Abuse (Verbal) Unsubstantiated; 3 – Sexual Harassment (Verbal Comments) Unsubstantiated; 2 – Unfounded Sexual Harassment (Verbal Comments).

A total of thirty (35) allegations were investigated involving inmate on inmate. Five of the investigations contained dual allegations. There were 30 – Unsubstantiated conclusions and 5 – Unfounded conclusions regarding sexual abuse and or sexual assault for inmate on inmate. Five of these cases also concluded 3 – Unsubstantiated Sexual Harassment; and 2 – Substantiated Sexual Harassment.

Seven (7) inmates were escorted to outside medical facilities for a forensic examination due to allegations of sexual abuse/sexual assault. Due to the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations upon the OIG investigators receipt of the seven (7) pending forensic lab results.

The investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. Criminal investigative referrals were documented and proper referrals were made when warranted. All sexual abuse cases were referred to the Office of the Inspector General who evaluated each case to see if elements of a crime existed.

The facility uses resources from partner agencies to obtain the mission of the facility. Medical care is coordinated through a contract with the University of Texas Medical Branch. The Windham School district provides a wide range of educational and vocational services and is under the Texas Department of Corrections.

The facility provided the auditors various offices to hold staff and inmate reviews. Facility staff provided excellent service making sure the individuals selected were immediately available throughout the interview process. The auditors used the PREA Audit Instrument for: random sample of inmates; identified category inmates; random sample of staff (security and non-security); and specialized staff; Warden; PREA Compliance Manager; medical and mental health staff; administrative staff; SANE/SAFE staff; volunteers and contractors who have contact with inmates; investigative staff; staff who perform screening for risk of victimization and abusiveness; staff who supervise inmates in segregated housing; staff on the incident review team; designated staff member charged with monitoring retaliation; intake staff; security and zero non-security staff who performed as first responders. Seven inmates were transported to outside medical facilities for forensic examinations.

Completion of the interviews with security, non-security, contractors and volunteers, inmate population, and review of policy and procedures confirmed Barry B. Telford Unit considers PREA compliance a number one priority. All staff and inmates were knowledgeable of PREA and the agency's zero tolerance policy of sexual abuse. PREA educational material was well presented through various training methods.

The auditor selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. The main personnel files are kept in Huntsville. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditor also viewed signed “Training Acknowledgement Form” documenting that the staff understood the PREA training received.

The auditor also selected and examined a sampling of offender files and observed documentation of the offender receiving PREA education, as well as documentation of risk screenings

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

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. The following people were in attendance: Garth Parker, Assistant Warden L.E. Townsend, Assistant Warden Michael Alsobrook, Region II Safe Prison, Nathan Boone, and Major Wade Alexander

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The Barry B. Telford Unit of the Texas Department of Criminal Justice (TDCJ) is located at 3899 Highway 98 in New Boston, Texas which is two miles south of Interstate 30 in Bowie County. The Unit is maintained on 1,206 acres. There are two points of ingress and egress through the perimeter fence – a sally port gate entrance for delivery trucks and transport vehicles and the main entrance for staff and visitors. The compound has a trapezoidal shape within 96 acres. The facility is enclosed within 2 – 12 feet high chain link fences, with additional security of razor ribbon and three security towers. One armed roving patrol security officer patrol the outer paved perimeter road 24/7 which is approximately 1.2 miles in circumference. The Unit has a large agricultural operation that includes 29 pack dogs, 2 scent dogs, 1 drug narcotics dog, 335 cattle and 19 horses. There is also a privately owned and operated visitor-processing center located outside the secured perimeter.

Barry B. Telford Unit is authorized a full time staff compliment of 718. However, there are numerous vacancies due to a significant staff shortage. The authorized breakdown is as following: 555 Security, 94 Non-Security, 11 Windham/Education, 53 Contract Medical, 5 Psychiatric.

The Security Department is allotted 555 positions. However due to a severe staff shortage within the department, there were 366 security staff employed with 188 vacancies. Supervisory ranks in the general population are made up of 2 Majors, 7 Captains, 15 Lieutenants and 43 Sergeants. Members of the security staff are assigned to one of the two 12-hour shifts.

Since the last PREA audit, Barry B. Telford Unit has replaced its Administrative Segregation housing area with a Safekeeping housing area. The facility has also opened a Sheltered Housing area, with its own separate medical area for elderly and inmates with serious medical conditions. The Sheltered Housing is a step-down from an infirmary and was opened on October 1, 2017. It was developed to provide housing for those male inmates throughout TDOC who meet the medical criteria for this assignment.

The physical plant of the Barry B. Telford Unit contains 20 buildings. There are 20 buildings located inside the secure perimeter fence as follows: #1 Administration; #2 and #9 Indoor Recreation; #3, #4, #7 and #8 which are double-cell general population housing (432 bunks per building and 144 bunks per pod); #5 Education/Vocation; #6 Kitchen, Dining, Laundry and Supply; #10 Health Services; #11 Idled; #12 Single Cell Safekeeping, Pre Hearing Detention and Transient Housing (504 bunks, six pods, six sections per pod, 14 bunks per section); #13 Visitor Processing and Armory; #14 Maintenance Shop; #15 Boiler Room; #16 Sally Port Back Gate; #17 Dormitory Sheltered Housing (95 Beds); #18 and #19 Dormitory Housing (320 bunks per dormitory); #20 Necessities and Pill Window.

The nine housing unit of buildings 3, 4, 7, 8, 12, 17, 18 and 19 are sectioned as the following:

#3 has 3 pods. Each pod has 3 sections for 9 sections total on the building is 144 total beds on a pod with 24 beds in each section.

#4 has 3 pods. Each pod has 3 sections for 9 sections total on the building is 144 total beds on a pod with 24 beds in each section.

#7 has 3 pods. Each pod has 3 sections for 9 sections total on the building is 144 total beds on a pod with 24 beds in each section.

#8 has 3 pods. Each pod has 3 sections for 9 sections total on the building is 144 total beds on a pod with 24 beds in each section.

#12 has 5 pods with each pod having 6 sections. Each of these sections has 14 beds. The building has a total of 420 beds.

#17 is sheltered housing and is a dorm setting with 95 total beds.

#18 is a dorm with 4 pods. Each pod has 80 beds. The total number of beds is 320.

#19 is a dorm with 4 pods. Each pod has 80 beds. The total number of beds is 320.

The Windham School district is under the Texas Department of Corrections. Windham School provides a wide range of educational and vocational services to assist the offenders in rehabilitation and re-entry into society.

The Unit has an ambulatory medical, dental, and mental health services available for the inmate population. Medical care is available 24 hours a day, seven days a week. A seventeen bed infirmary including thirteen assisted living beds, two respiratory isolation beds and two mental health observation rooms are within the medical department. Telemedicine services are provided to the inmate population. All services are provided on a single level including CPAP accommodating housing.

The mission of Barry B. Telford Unit is to accomplish the mission of the agency. That is to protect the public, to promote positive change in offender behavior, to reintegrate offenders into society and to assist victims of crime. This is to be accomplished by utilizing the most effective methods of training and communication; employing a team approach and demanding the highest ethics and morals in our conduct resulting in an accredited facility.”

The facility has a rated capacity of 2,704. The actual inmate population was 2,624. The average daily population for the last 12 months was 2,639. The average length of stay for the inmate population is 15 years, 9 months, and 6 days. The security custody level is: Minimum, Medium, Maximum, levels G1 through G5, and P2 – P4. The facility is designated as a male facility that houses inmates between the ages of 18 – 86 years old.

Number of Standards Exceeded: 0

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; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 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

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There were no corrective actions identified as required during this audit.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

In accordance with a review of ED-03.03 P:1; PREA Plan, P: ii, 9-10, 12-14, it is determined TDCJ agency and Barry B. Telford Unit has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to conduct of such. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

The TDCJ Safe Prisons PREA Plan P: 1-39 includes the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. During an interview with the selection of random staff and inmates in addition to a pool of targeted inmates and specialty staff, each confirmed receiving PREA training and was knowledgeable of their rights and responsibility. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and inmate awareness.

A review of the TDCJ Organizational Chart confirmed TDCJ has designated an upper-level agency-wide PREA Coordinator, (Director, Correctional Institutions Division) with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. During an interview with the PREA Coordinator, she confirmed she has sufficient time to fulfill her obligations in meeting this standard in all TDCJ facilities.

The Barry B. Telford Unit is one of several facilities managed by TDCJ. During an interview with the PREA Coordinator, she explained the agency has six regionally based Safe Prison/PREA Managers who are dual supervised by the TDCJ Safe Prisons/PREA Managers and the Regional Director's Offices. The

interaction occurs through monthly meetings, memos, and policy reviews. If needed, there is communication directly with the Warden or staff at the facility. She further stated, PREA is reinforced through discussions at meetings and observations during facility walk-throughs. The office also provides direction on operational procedures to the field. She confirmed there is always an open channel of communication.

A PREA Compliance Manager is assigned at each TDCJ facility. A review of the Barry B. Telford Unit's organizational chart revealed the assigned Unit Safe Prisons PREA Manager is a Correctional Staff. During an interview with the PREA Compliance Manager/ Unit Safe Prisons PREA Manager, he confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Unit Safe Prisons PREA Manager has direct access to the Warden to report any and all PREA issues.

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*)

In accordance with the review of TDCJ AD-02.46 (rev. 4) TDCJ requires employees of entities contracting with the TDCJ to comply with applicable TDCJ policies, procedures, regulations, and posted rules.

Documentation of Solicitation, Offer and Awards in addition to Modifications of Contracts for TDCJ facilities was reviewed by the auditor. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies documented that the contracting agency shall comply with PREA Standards for Adult Prisons and Jails and report any offender's sexual assault or sexual harassment to the TDCJ-PFCMOD and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement.

The Modification of Contract specifically notes that the TDCJ Department designated Contract Monitor will monitor each contract for compliance with PREA standards for Adult Prisons and Jails. During an interview with the Agency Contract Administrator, it was confirmed that a Contract Monitor is located at each of the 11 Contract facilities. An interview with the Agency Contract Administrator confirmed that a TDCJ contract monitor is on site at each contract facility. The assigned contract monitor primary responsibility is overseeing that the contract facility is compliant with the PREA standards. The contract monitor is responsible for taking an immediate action to resolve situations of any immediate risk that has been identified. Continued monitoring of any identified concerns is continuously monitored until a compliance level is met. Barry B. Telford Unit does not have any inmates being confined with other contracted entities.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate

levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? 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

In accordance with the review of the Barry B. Telford Unit staffing plan; AD-11, 52 P: 2-3; SOPM-07.02 (Rev.4) P: 1; SPOM-08.01 P: 1-2; SPOM-08.06 P: 1; and interviews with the PREA Compliance Manager, PREA Coordinator, and Senior Warden, it was determined policies and procedures are in place to confirm Barry B. Telford Unit has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Barry B. Telford Unit has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Senior Warden, he confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. The facility now has 756 cameras. Numerous additional video surveillance monitoring was added to enhance security and provide a safer environment for both staff and the inmate population while deterring prohibited acts. Per interviews with

Shift Supervisors and the Senior Warden, although the facility is extremely short of staff (188) roster adjustments and /or overtime is always paid in lieu of vacating a security post.

Documentation supported the staffing plan was reviewed annually and are usually done in the spring. Documentation of review of the staffing plans was provided for 2015, 2016, and 2017. According to the PREA Manager the staffing positions are developed from the staffing plan established by TDCJ. The Staffing Plan was established pursuant to paragraph (a) of this section that gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility.

In accordance to SOPM-08-1 P. 1 - 2, policy and procedures are outlined for circumstances where the staffing plan is not complied with. The facility shall document and justify all deviations from the plan. Deviations is be maintained on the back page of the Turn-out Rosters. A review of the Turn-out Rosters revealed deviation from the staffing plan performed during the past 12 months and was properly noted. During an interview with the Senior Warden, he confirmed all deviations were approved by him and the Regional Director. He continued by stating, he checks for compliance of the staffing plan by reviewing shift rosters submitted twice daily by the shift Lieutenants advising him of the staffing level.

In accordance a review of the Barry B. Telford Unit Security Operations Annual Review of Turn-out Rosters Procedures, and interview with the PREA Coordinator it was determined whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Coordinator required by 115.11, the agency assess, determine, and document whether adjustments are needed to: 1) The staffing plan established pursuant to the first paragraph of this section; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. The staffing level is within generally accepted guidelines and practices. An interview with the PREA Coordinator confirmed she is consulted regarding assessments of and adjustments to the staffing plan for Barry B. Telford Unit on an annual basis.

In accordance with the review the agency's PO-07.002 P: 2; PO-07.003 P: 1; PO-007.004 P: 2; PO-007.005 P: 3; Staffing Rosters; and PREA Plan P:9; and review of logs, it was determined by this auditor that Barry B. Telford Unit has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring, Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of logs revealed this practice is performed during the both the day and night shifts. The facility has policy in place that prohibits staff from alerting other staff members when these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Unannounced

rounds were observed being documented by signatures of intermediate-level and higher-level supervisors in log books in housing units. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Senior Warden, and intermediate level supervisory staff and the review of logs.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The Barry B. Telford Unit has been designated as an adult male correctional facility by the Texas Department of Criminal Justice and no youthful inmates are assigned to this unit. The inmate population range from the age of 18-84. However, TDCJ has various policies in place in accordance with this standard to include CPOM 01.02, Separation of Youth; Unit Classification Procedure 16.15 for properly designating youth inmates and ensuring compliance with PREA standards.

Although, Barry B. Telford Unit does not house youth offenders, in accordance with a review of the TDCJ Unit Classification Procedure youthful offenders are to house together in a designated housing unit with other youthful inmates offenders only. The policy strictly states shared housing of GP offenders and youthful offenders are prohibited. State Jail youthful offenders are classified as “YO” custody upon their incarceration which is a special status category during their youth incarceration period that includes monitoring of special assignments.

Additionally, in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual, youthful offenders shall not be placed in a housing unit where the youthful offenders will have sight, sound, or physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

In accordance with a review of AD-03.22 P:2-3, staff's post orders, training curriculum presented to custody staff at pre-service training, in-service training, interviews with a random sample of staff and inmates, it was confirmed during interviews with supervisory staff, random selected staff, and inmate interviews, cross-gender strip searches are not conducted at Barry B. Telford Unit. Per AD-03.22 staff will not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners.

The Barry B. Telford Unit is a male correctional facility that does not house any female inmates. Therefore, staff within the facility does not conduct cross-gender pat-down searches of female inmates under any circumstances. This section of the standard is not applicable.

The Barry B. Telford Unit is designated as a male correctional facility that does not house female inmates. Therefore, female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision are not applicable in this standard.

In accordance with a review of: AD-03.22 P: 2-3; PREA Plan P: 9; PO-07.105 P: 2; it is determined the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviews with the selection of random staff, and inmates from each housing unit confirmed inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. However, during a tour of Building #12 Safekeeping Unit, it was determined camera placement allowed view of an inmate's toilet within the various dayroom pods. The Senior Warden provided the auditors with a copy of a work order which was previously submitted for a corrective action to relocate the camera. The Senior Warden also provided auditors with a copy a memorandum submitted by him to all staff prohibiting them from viewing this camera without authorization from a higher level supervisor until completion of the submitted work order. Appropriate modesty panels and/or partial walls have been installed in all the remaining housing areas and any area where visual searches may be conducted throughout the facility such as entering and exiting recreation areas, program areas, doing movement, and work assignment areas in addition to shower stalls and toilet use. Barry B. Telford Unit policy requires female correctional staff announce their presence upon entering all housing units. This policy requirement was noted on all of the doors and walls entering the housing areas and states in bold letters "Knock and Announce." Interviews with staff and inmates confirmed staff of the opposite gender announces their presence when entering an inmate housing unit. This practice was observed by the auditors upon female employees entering the housing units.

In accordance with a review of AD-03.22 P: 1-2; PREA Plan P: 16; it was determined the facility has implemented policies in place that prohibits staff from conducting a search or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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. Interviews with a random sample of security, and non-security staff confirmed they were aware of the agency's policy prohibiting them from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's

genital status. Interviews conducted with random inmates, and inmates who identify as being Transgender and/or Gay, also confirmed they have never been ordered to submit to visual search for the sole purpose of determining their genital status. Therefore, there were no reports of such searches occurring at Barry B. Telford Unit.

In accordance with a review of CISD Curricula P: 11-13, it was determined the agency has implemented policies and procedures in place to ensure proper training of security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner in the least intrusive manner possible that is consistent with security needs. The auditors were provided with documentation verifying 100% of active security staff have received and understands the cross-gender pat-down searches and searches of transgender and intersex inmates. During an interview with the Human Resource Staff, she confirmed upon the return of all staff to duty from extended leave to include military, sick leave, etc., are scheduled for annual in-service training upon their return. During interviews with a random sample of staff, each confirmed they received this training in the Training Academy during initial PREA training, and during annual in-service training.

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*)

In accordance with the review of: AD -04.25 P: 2-4, 8-9; AD-06.25 P: 1; PO-07.105 P: 1-3, SPPOM 02.03 SAFE Prison PREA Program Posting; CHMC G 51.1 – Offenders with Special Needs; CHMC G 51.5 – Certified American Sign Language (ASL) Interpreter Services; AD 04-25 – Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking; SM 05.50 – Qualified Spanish Interpreters Guidelines; it was determined the agency has policies and practices in place to provide appropriate services to offenders with disabilities and offenders who are limited English proficient. These services available are for those 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 the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing while providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have

intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. An Interview with the Senior Warden confirmed information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any offender identified as having a Special Needs in accordance with Correctional Managed Health Care policy, i.e. American Sign Language Interpreter Services; language assistance is provided to monolingual Spanish offenders; and alert systems are on facilities that house blind and deaf offenders use a system of lights and bells to alert gender supervision changes in the housing area. Interviews were conducted with two inmates identified as being limited English proficient. Staff identified as a translator was utilized to translate communication between the auditor and these inmates. The two limited English proficient inmates interviewed confirmed the facility provided PREA information that they could understand and also informed the auditor they are aware on how to report any incident of sexual abuse or sexual harassment should it become necessary.

An auditor conducted an interview with an inmate identified as deaf. The auditor was able to successfully communicate with this inmate by speaking slowly and maintaining a position that allowed the inmate to be understood and also informed the auditor that he was aware how to report any incident of sexual abuse or sexual harassment should it become necessary. He continued by saying, he has not incurred any instances in which he was not able to successfully communicate with staff at the facility to include PREA information and how to report any violations.

In accordance with the review of: G-51.5 Sign Language P: 1; SM-05.50 P: 3; SPPOM-02.03 P: 1; List of staff translators; it was determined the agency has policies and practices in place that the agency has taken 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using the necessary specialized vocabulary. During an interview with the Senior Warden, medical and mental health staff, each confirmed the agency has procured Interpretation Services for Individuals with Limited English Proficiency that are available over-the-phone and in-person. The medical department (UTMB) at the facility also maintains a list of interpreters as well. The medical department (UTMB) has a contract with a company that provides interpretive services if needed.

In accordance with the review of AD-04.25 P: 2-4, 8-9 it was determined the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants 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. During interviews with a selection of a random sample of staff, each confirmed inmate interpreters are not relied on by staff for sexual abuse and/or sexual harassment related issues. Educational PREA material is available to the inmate population throughout the facility in both English and Spanish. This includes educational pamphlets, video training, and postings on the inmate telephones. Newly received monolingual Spanish-speaking offenders receive language assistance services during the intake process/incoming chain interview process as Barry B. Telford Unit not a Diagnostic/ In-take facility. The facility maintains a roster of those staff who is assigned to provide translation assistance as needed. There were zero instances within the past 12 months where inmate interpreters, readers, or other types of inmate assistants were used for the report or investigations of sexual abuse allegations.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

In accordance with the review of: PD-71 P:2, 28-29; PD-73 P:1, 3-4; PD-75 P: 1-4, 9-10; PREA Plan P: 38; it was determined policies and practices are in place to ensure the agency does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section. During an interview with the Human Resource Staff, she confirmed prior to an appointment for possible employment, the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted as required. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

In accordance with the review of: TDCJ's hiring policies; PD-75 P: 1-4, 9-10; PREA Plan P: 38; it was determined policies and practices are in place to ensure the agency considers: 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; incidents of sexual harassment are strongly considered in considering employment, promotions and contractor. During an interview with Human Resource Staff, she confirmed the agency considers incidents of sexual harassment in determining whether to hire or promote. The policy established by the agency also applies to applicants for contract positions.

In accordance with the review of: PD-27 P: 1-5 and PD-75 P: 4; it was determined prior to the hiring of new employees who may have contact with inmates the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes 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. Interview with the Human Resource Staff confirmed background checks have been completed on all employees at Barry B. Telford Unit and attempts are made to contact all prior institutional employers as per policy and this standard.

In accordance with the review the completed PAQ, a random sample of employee files, and an interview with the Human Resource Staff, it was confirmed the agency perform criminal record background checks of all employees. An interview with Human Resource Staff confirmed background checks are completed on all new employees prior to hiring. The Human Resource Staff confirmed at the time of the on-site visit, all background checks were current. In the past 12 months, 184 individuals who have contact with inmates were hired and had criminal background records checks.

In accordance with the review of the completed PAQ; PD-71 P: 2, 24-25; it was determined policies and practices are in place to ensure the agency performs a criminal background record check prior to

enlisting the services of any contractor who may have contact with inmates. One new contractor (Nurse) was hired at the Barry B. Telford Unit during the past twelve months. During an interview with the Human Resource Staff, she confirmed upon a review of the contractor's file, a background record check was completed for this individual.

In accordance with the review of: PD-27 P: 1.5 and PD-75 P:4 it was determined policies are in place to ensure 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. A review of policies, procedures, forms and through an interview with the Human Resource Staff, it was confirmed the Division of Criminal Justice Service ensures criminal background records checks are conducted every five years for current employees and contractors who have contact with inmates. Additionally, upon a review of PD-71 and an interview with Human Resource Staff, it was confirmed all agency employees are subject to an annual criminal offense check which is conducted during the employee's birth month, and six months after to ensure there are no outstanding warrants and/or arrest. The TDCJ has established a flash notification process where if any staff member is apprehended by law enforcement and an NCIC check is conducted, the agency is immediately notified, as all staff fingerprints are on file.

In accordance with the review of: PREA Plan P: 38; Employee Applicant Supplement Form P: 1-2; employee files; and an interview with Human Resource Staff, it was confirmed applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment activity. Included within the policies and forms completed by applicants are statements that the omissions of material regarding such misconduct, or the provision of materially false information are grounds for termination.

During an interview with Human Resource Staff, it was confirmed unless prohibited by law, the agency shall 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.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The Barry B. Telford Unit was established in August of 1991, and has not made a substantial expansion to the existing facility since August 20, 2012. Therefore, this part of the Standard 115.18 is non-applicable.

In accordance with a review of: SOPM 07.02 P.1; SM 01.14 P.1 and an interview with the Senior Warden, it was confirmed Barry B. Telford Unit has policies and procedures in place to ensure when installing or updating video monitoring system, electric surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The Barry B. Telford Unit increased the amount of video surveillance that

enables the staff's capability to monitor coverage to 756 cameras. This surveillance coverage enhances security and the safety of staff and inmates while deterring prohibited acts that include sexual abuse.

The industry warehouse was converted to a dormitory style housing unit for inmates with serious medical conditions. Specifically, this dormitory is identified as Sheltered Housing and is a step-down unit from an infirmary. Modifications to the Sheltered Housing Unit consisted of installing 95 single bunks, toilets, showers, remote kitchen, inmate telephones, tables and televisions, and a remote medical office. During an interview with the Senior Warden, he confirmed consideration of the effect of the design, and modification of the industry warehouse to inmate housing upon the agency's ability to protect inmates from sexual abuse was a prime objective.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

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

115.21 (c)

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

115.21 (d)

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

 Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

In accordance with the review of: AD-16.03 P:13; OIG-04.05 P: 1-6; SPPOM-05.01 Sexual Abuse Checklist G; it was determined TDCJ has policies and procedures in place that enables TDCJ the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence

protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. During interviews with the PREA Compliance Manager, medical staff and investigators, it was confirmed Barry B. Telford Unit does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to Wadley Regional Medical Center or one of the other appropriate hospitals within a two hundred mile radius. At these hospitals, the inmate will be provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence. There were 7 instances where it was evidentiary or medical appropriate for an alleged victim of sexual abuse was transport for a forensic medical examination at Barry B. Telford Unit in the past 12 months.

In accordance with TDCJ policies and procedures, it is determined TDCJ's policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violent Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. However, Barry B. Telford Unit is an adult male facility that house inmates of 18 years old and older.

In accordance with the review of: CMHC-G-57.1 P: 1; OIG-04.05 P: 1-6; PREA Plan P: 13; Senate Bill 1191; SPPOM-05.01 P: 1-4; and interviews with medical staff at the facility and the SANE/SAFE staff at Wadley Regional Medical Center, it was determined there are policies are in place to ensure the agency offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFE or SANE practitioners cannot be made available, the examination can be performed by other qualified medical practitioner. The agency documents its efforts to provide SAFEs or SANEs. During an interview with the PREA Compliance Manager, inmates would be transported to an appropriate medical facility for completion of a forensic medical examination by a SANE/SAFE forensic medical examiner. During the telephonic interview with the SANE forensic medical examiner at Wadley Regional Medical Center, she stated a team of SANE/SAFE forensic medical examiners are available 24/7. The hospital maintains an on call roster of SANE/SAFE forensic medical examiners during their time of absence. During times of such, services will be provided by the emergency room staff until the arrival of a SANE/SAFE forensic medical examiner. During an interview with facility medical staff, it was confirmed the service is available to the victim without a financial cost to the inmate. State law requires that ER staff have specialized training to complete a forensic exam, but does not require that be

SANE or SAFE training. Seven inmates received forensic medical examinations during the past 12 months from Barry B. Telford.

In accordance with the review of the Solicitation Letter, it was determined TDCJ has policies in place and to ensure the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agency documents efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

In accordance with the review of: SPPOM-02.02 P: 1-2; PREA Plan P: 12; CID-OVR Sexual Victim Representation Training P: 1-32; it was confirmed policies are in place to ensure as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. During interviews with medical staff, and PREA Compliance Manager, each confirmed policies are in place to ensure victim advocate services are available. TDCJ has issued a numerous solicitation letters to victim advocacy groups in Texas. However as of the on-site audit, there has not been a response to their solicitation. The Barry B. Telford Unit makes available to the victim a victim advocate from employees who have received appropriate training as offender/victim representatives. Mental/emotional services are available on-site.

The requirements of all aforementioned paragraphs of this section shall also apply to: 1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and 2) Any Department of Justice Component that is responsible for investigating allegations of sexual abuse in prisons or jails. The TDCJ is responsible for administrative investigations and OIG is responsible for criminal investigations.

For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The Barry B.

Telford Unit makes available to the victim a victim advocate from the employees who have received required training as offender/victim representatives.

Standard 115.22: Policies to ensure referrals of allegations for Investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

In accordance with a review of: Barry B. Telford Unit PAQ; OIG-04.05 P: 1; SPPOM-05.05 P: 1 Sexual Abuse Response and Investigation; SPPO 05.05 Offender Protection Investigation; AD 16.20 Reporting Incidents/Crimes to the Office of the Inspector General P: 1, 3-4; AD 02.15 Operations of the Emergency Action Center P: 5, 14; it was determined policies and procedures are in place to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All administrative investigations of sexual abuse and sexual harassment are conducted by TDCJ staff who has received the appropriate training to conduct such investigation. All criminal investigations of sexual abuse and sexual harassment are forwarded by TDCJ to the Office of Inspector General (OIG) for investigation. The OIG also assists in conducting staff-on-offender sexual abuse administrative investigations as well. During the past 12 months, there were 58 allegations made by the inmate population under the PREA standards. These allegations ranged from sexual abuse, sexual assault, sexual harassment, voyeurism, and verbal abuse. An investigation was completed for each of the 58 allegations reported. Due to the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations upon the OIG investigators receipt of the seven (7) pending forensic lab results.

Two cases from dual investigations were determined to be substantiated for inmate on inmate sexual harassment. There were 0 investigative cases founded to be substantiated. Thirty-eight investigative cases were found to be unsubstantiated, and 19 were found to be unfounded. There were 0 cases prosecuted due to criminal sexual misconduct during the past 12 months.

Seven (7) inmates were escorted to outside medical facilities for a forensic examination due to allegations of sexual abuse/sexual assault. Due to the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can

differ from the OIG investigations upon the OIG investigators receipt of the seven (7) pending forensic lab results.

In accordance with the review of: Ad-16.20 P: 3-4, 6; BP-01.07 P: 1-2, 4; OIG-04.05 P: 1, 3, 5-6; SPPOM-05.01 P: 2,; and an interview with investigative staff, it was determined policies are in place to ensure allegations of sexual abuse and/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. The agency publishes such policy on its website and makes the policy available to all. The agency documents all such referrals. The PREA Policy; History of Combating Sexual Abuse; Report Sexual Abuse; is available on the TDCJ website by clicking on the area desired during the search. During an interview with investigative staff and the Senior Warden, each confirmed all allegations of sexual abuse/sexual harassment are referred immediately for investigation. During an interview with the Senior Warden, it was confirmed the administrative investigations are conducted by staff trained in PREA investigations, specifically the Lieutenants and above ranking staff. Timely and proper notifications are made to the appropriate officials, such as the Senior Warden, the OIG, medical and mental health staff, and PREA Compliance Manager. Depending on the nature of the incident, forensic medical examinations are conducted, and a victim advocate representative is offered. During the investigation, investigative staff gathers statements from the alleged victim, alleged assailant, witnesses, in addition to the review of available monitoring equipment, and all other possible elements of evidence to ensure a sound correctional investigation into the allegations is made. Upon completion of the investigation, the summary of the investigation is thoroughly reviewed through the established incident review process. The investigative staff and the incident review team ensure all policies governing such investigations are complied with.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The TDCJ is responsible for conducting criminal investigations. INSPECTOR GENERAL POLICY STATEMENT Pursuant to Texas Government Code § 493.019, the OIG is the primary investigative and law enforcement entity of the TDCJ.

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in Texas Department of Criminal Justice facilities.

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 facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? 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*)

In accordance with the review of: AD-12.20 P:1.8; PD-29 P: 6; PREA Plan Video; SPPOM-06.01 P: 1-2; CTSD Supervisor pre-service and in-service training PREA Curriculum; Non-Supervisor In-Service Training Safe Prisons PREA Program, Supervisor In-Service Safe Prisons PREA Program; it was determined Barry B. Telford Unit has policies in place to ensure training is provided to all employees who may have contact with inmates on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3) Inmates' rights to be free from sexual abuse and sexual harassment; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationships with inmates; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. During interviews with a selection of random sample staff, Supervisors, and specialty staff, all was well knowledgeable of the PREA standards and understood their responsibilities as outlined in the PREA standards which demonstrated additional evidence of their receipt of PREA training. Additionally, a review of staff's training rosters with acknowledgment of staff's signatures served as confirmation of staff receiving such training. Specifically, each employee received PREA training during initial orientation and each year during annual in-service training. Additionally at a minimum, security staff receives additional PREA training during shift ex-change. Employees were provided PREA training in classroom and individual settings. They were also provided with a copy of Staff's PREA Handbook, PREA pamphlets, educational material obtained from the National PREA Resource Center, viewing of a PREA video, PREA brochures detailing first responder duties for easy reference, access to continuous PREA information throughout the facility utilizing flyers, and posters.

In accordance with the review of: PREA Plan P: 32-33; TDCJ Gender Specific Training; and completion of interviews with staff, it was concluded policies are in place to ensure Barry B. Telford Unit provides training tailored to the gender of the male inmates at the facility to include transgender and intersex. A review of the Familiarization training policy, confirmed all new employees who transferred from another facility to Barry B. Telford Unit, received familiarization on compliance with PREA and the Department's Sexual Abuse Prevention and Response Procedures. Therefore, employees who were previously reassigned at a facility that house female inmates are required to receive additional training that is tailored to the male population at Barry B. Telford Unit.

In accordance with the review of: AD-12.20 P: 1.8; CTSD-SOP-07.06 P: 1; and PREA Curriculum it was determined all current employees received PREA training within one year of the effective date of the PREA standards. In addition to staff receiving PREA training during orientation, refresher PREA training is provided to all employees during annual in-service. Security staff receive additional PREA training during daily Turn-out at shift ex-change. Interviews with the PREA Compliance Manager, random sample staff, specialized staff, and the review of employee signatures on training rosters confirmed PREA training was given to each new employee and all current staff within one year of the effective date of PREA Standards.

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*)

In accordance with the review of the training curriculum, Handbook for Volunteers, Volunteer Services Training Curriculum, AD-02.46, PD-29, Safe Prisons/PREA Plan, Volunteer Services Plan, AD-07.35, Letter of Orientation for Special Volunteers and Acknowledgement of Volunteer Training forms, and interviews with volunteers and contractors, it was determined Barry B. Telford Jr. Unit provides PREA training to all volunteers and contractors. They were also provided with copies of PREA pamphlets, and educational material obtained from the National PREA Resource Center detailing the first responder's duties for easy reference, and had continuous access to continuous PREA information throughout the entire facility utilizing flyers, and posters provided them with PREA education. A volunteer Chaplain, contract medical and mental health staff were interviewed. Each acknowledged receiving PREA training. They also articulated clearly to the auditors their responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment, how to avoid inappropriate relationship with inmates, prevention, detection and the response of sexual harassment or sexual abuse. The training provided included the mandatory standard to report all incidents, knowledge, or suspicions of sexual abuse or sexual harassment.

Barry B. Telford Unit ensures all volunteers and contractors who have contact with offenders have been notified of the TDCJ's zero-tolerance policy regarding sexual abuse and sexual harassment, and are informed of the procedures for reporting incidents. All contractors and volunteers had received initial PREA training during their initial training. TDCJ requires volunteers to attend training at least every two years. Each of the contractors and volunteers interviewed were aware of duties and responsibilities in regards to the PREA standards to include as a first responder, and their responsibility in preventing, detecting and responding to reports of sexual abuse and sexual harassment, as staff articulated it during the interview process and presentation of training conducted. Documented signatures of receiving PREA training was reviewed by the auditors. The Barry B. Telford Unit has 186 volunteers and 56 contract workers who have contact with inmates. All have received the required PREA training.

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 facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? 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*)

In accordance with the review of: AD-06.02 P:1-2; AD-04.25 P:1; PREA Plan P: 32; SPPOM-02.03 P:1; SPPOM-06.02 p: 1-2; Offender SAA Video Letter; Offender Handbook and SAA Video Script P:1; it was determined by the auditors, policies are in place to ensure during the intake process/incoming chain interview process, inmates 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 an interview with intake staff, she stated inmates are provided with information about the facility's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. During interviews with random sample inmates, each confirmed they received PREA information verbally and in writing upon their arrival at Barry B. Telford Unit by the intake staff. During the past 12 months, 1449 inmates arrived at Barry B. Telford Unit and each received PREA information during intake.

In accordance with the review of: PREA Plan P: 32; SPPOM-06.02 P: 1; Offender PREA Video; it was determined policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview with intake staff, she stated she meets with each inmate on the day of their arrival to the facility and advise them of their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview process with a random of inmates, all confirmed receiving the aforementioned PREA training upon their arrival to the facility during the incoming chain interview by intake staff.

In accordance with the review of: UCPM-05.00 P: 1; it was determined policies are in place to ensure current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. Interviews with the PREA Compliance Manager, confirmed all inmates in the facility have been educated in PREA standards. Those inmates, who are transferred in from another facility, receive formal PREA information upon arriving at the facility. Inmates, who have not completed the PEER Class in which PREA training is conducted, are required to attend. PEER Classes are held once monthly for those inmates who need to attend. In rare circumstances in which newly arriving inmates are not given formal PREA training immediately, they receive it within 72 hours upon their arrival at the facility. Barry B. Telford Unit is not an intake facility. A random selection of documentation pertaining to the inmates' completion of PREA training was reviewed and confirmed by the auditors.

In accordance with the review of: AD-04.25 P: 1; AD-06.25 P: 1; CMHCG-51.1 P: 2; CMHC G-51.5 P: 1-2; E-37.5 P: 1; Offender SAA Video Letter; Offender SAA Video Script; SPPOM-02.03 P: 1; it was determined Barry B. Telford Unit has policies in place that require the facility to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. Copies PREA materials and PREA video was reviewed and confirms PREA material within a variety of languages with interpretation services are provided in accordance with the Department's Language Access Policy. In the event an inmate has difficulty understanding the written material due to a disability or limited reading skills, an appropriate staff member is provided to assist the inmate. The auditor reviewed the PREA video (Safe Prison PREA for Offenders, Heat, and Cold Weather) and found the video has excellent content and is of professional quality. An inmate identified as deaf was interviewed by one of the auditors. The inmate stated he was able to effectively communicate with both staff and the inmate population by receiving documents and by those speaking to him slowly and allowing him to view their lips while speaking.

In accordance with the review of: SPPOM-06.02 P: 1-2, attachment Q; ED Letter March 14, 2014; signature sheets completed by the inmate population provided documentation of inmates' participation in PREA educational sessions. Inmates confirmed during the interview process their receipt of educational PREA sessions and the understanding of such training. The intake staff/ PREA Compliance Manager confirmed inmates document the receipt of PREA training sessions with their signature during the incoming chain interview and during class PEER Class attendance. These classes are held once month.

In accordance with the review of: SPPOM-02.03 Attachments A, B 1-6, C; Offender SAA Video Script; PREA Plan P: 32; PREA Rape handouts; it is determined in addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, and other written formats. During the site visit, the auditors observed PREA posters advising the inmate population of their right to be free of sexual abuse and how to report incidents of sexual abuse strategically placed throughout the facility. Staff provides each inmate with a copy of an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison.

During the interview process with the inmate population, each articulated to the auditors their understanding of their rights and responsibilities in regards to the agency's zero tolerance of sexual abuse and sexual harassment right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Inmates were very comfortable speaking with the auditors during the interview process and did not hesitate in providing appropriate responses to the interview guide questionnaire for inmates provided by the National PREA Resource Center. Numerous inmates interviewed acknowledged the reporting procedures on the inmate telephones and various posters throughout the facility, viewing of the PREA video, and attendance in the PEER Class. The PEER class is scheduled monthly.

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*)

In accordance with the review of: BP-01.07 P:2-3; CTSD Specialized Investigations; OIG LP-2029 P: 1-43; OIG LP-3201 P: 1-38; OIG OPM-02.15 P: 1,3; OIG OPM-04.05 P: 1-6; PD-97 P: 5-6; interviews with OIG personnel and institution investigative staff confirmed policies are in place to ensure in addition to the general training provided to all employees pursuant to 115.31, TDCJ ensures to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Investigators have completed the course “Investigating Sexual Abuse in a Confinement Setting” and a course on interview, interrogation, and evidence collection. During an interview with Warden, he stated 61 staff are authorized to conduct inmate on inmate sexual abuse/ sexual harassment investigations. There are 12 Supervisors who are authorized to conduct staff on inmate sexual abuse/ sexual harassment investigations that are not criminal. There are 4 OIG agents assigned to Barry B. Telford Unit to conduct investigations; however 3 were assigned during the audit process.

In accordance with the review of: AD-16.03 P: 1-2; CMHC Policy C-25.1 Orientation; CTSD Specialized Investigations; and interviews with investigators confirmed Barry B. Telford Unit has policies in place that ensures the specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff confirmed the specialized training for investigators included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative or prosecution referral. A review of the staff training records assigned to conduct sexual abuse administrative investigations at Barry B. Telford Unit, revealed documentation was maintained which supported the agency’s investigators successfully completed the required specialized training to conduct such investigations.

This Specialized training is in addition to the mandatory training requirements for sexual assault investigations. OIG investigators receive in-service training that specifically relates to sexual assaults within confinement setting and conduct all criminal allegations of sexual abuse and/or sexual harassment reported for TDCJ. Although TDCJ currently have 136 OIG agents who are authorized to

conduct investigations at Barry Belford, 4 OIG agents are officially assigned. However, 3 OIG agents were assigned at the time of the audit.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

In accordance with the review of: AD-16.03 P: 1; CMHC C-25.1 P:1; CMHC G-57.1 P:1; and CMHC C-19.1 P: 1; New Employee Check List; SB 1191; TDCJ Letter of Orientation; it was determined TDCJ ensures all medical and mental health care practitioners who work regularly in its facilities have been trained in: 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirmed all medical and mental health care practitioners have received training as described in 1-3 in the first paragraph. The medical and mental health departments are contracted through University of Texas Medical Branch (UTMB). They employ full-time staff while a Doctor also provides services to other nearby correctional facilities. These health professionals provide a full range of comprehensive medical, dental and mental health services. The 56 contract workers met the requirements of their PREA training through a computer learning portal. Documentation of signatures confirmed completed training.

Per this standard, if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The TDCJ policy does not train medical staff to conduct forensic medical examinations as this policy directs medical staff to send inmate

victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Interviews with the Senior Warden, PREA Compliance Manager, and medical staff, each confirmed the facility does not perform forensic medical exams. The inmates are transferred to Wadley Regional Medical Center and/or another available hospital within a two hundred mile radius where a forensic examination can be provided by a SAFE/ SANE practitioner 24/7.

In accordance with the review of: Statement of Fact; Senate Bill 1191; New Employee Orientation Check List; and interviews with medical staff it was determined TDCJ policies are in place to ensure medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency. The medical staff and mental health professionals are contracted with University of Texas Medical Branch (UTMB) and have received the specialized training. Interviews with medical and mental health confirm they receive PREA training mandated for employees under 115.31.

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 facility 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 facility?
 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 facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? 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 facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 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 facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? 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*)

In accordance with the review of: CMHC E-35.1 P: 1; SPPOM-03.01 P: 1; it is determined policy is in place to ensure all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. However, Barry B. Telford Unit is not a TDCJ intake facility. The full intake screening process is conducted at another TDCJ facility prior the inmates' arrival at Barry B. Telford Unit. Staff at the Barry B. Telford Unit does however; conduct incoming chain interviews upon the inmates' arrival where an additional screening of risk of victimization and abusiveness is conducted by PREA Compliance Manager. During interviews with the Senior Warden, PREA Compliance Manager/incoming chain interviewer, in-take, and review of intake screening forms confirmed all inmates are screened prior to their arrival at Barry B. Telford Unit and followed-up by the an incoming chain interview by the intake staff and PREA Compliance Manager for any new or omitted information during their original intake screening. During the interview of a random sample of inmates, each confirmed they received the screening as required.

In accordance with the review of: SPPOM-03.01 P:1; SPPOM-03.01 Assessment Screening; SPPOM-03.01 Attachment E; PREA Plan P:16; review of completed intake screening forms; it was determined policy is in place to ensure intake screening ordinarily take place on the day of the inmates, arrival, but not later than 72 hours of arrival at the facility. Barry B. Telford Unit is not an intake facility. However, during the interview process with staff that performs the incoming chain interviews, and review of the intake screening forms completed at the intake TDCJ facility, it is confirmed, the screening process is conducted within the guidelines of TDCJ policy. Upon each inmate arrival at the Barry B. Telford Unit, the inmate is again screened within 24 hours of arrival for any indication of current sexual vulnerability or sexually aggressive behavior not previously reported. There were 1439 inmates who entered the facility through transfer within the past 12 months (whose length of stay in the facility was for 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

In accordance with the review of: SPPOM-03.01 Attachment E; IPM-CI-69 P: 3; it was determined assessments are being conducted using an objective screening instrument. Interviews with the PREA Compliance Manager, classification staff, and review of the Intake Screening Form on file, confirmed TDCJ meets the requirement of using an objective screening instrument.

In accordance to the review of: SPPOM-03.01 Assessment Screening P: 4; PREA Plan P:16-17; and review of the objective screening instrument it was determined the objective screening instrument used during intake screening considers, 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; 2) The age of the inmate; 3) The physical build of the inmate; 4) Whether the inmate has previously been incarcerated; 5) Whether the inmate's criminal history is exclusively nonviolent; 6) Whether the inmate has prior convictions for sex offenses against an adult or child; 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the inmate has previously experienced sexual victimization; 9) The inmate's own perception of vulnerability; and 10) Whether the inmate is detained solely for civil immigration purposes. Staff who conduct the screening process confirmed the initial risk screening considers: consideration of any inmate disabilities; inmate age; physical build; previous incarceration; criminal history exclusively nonviolent; inmate criminal history; perceived sexual orientation; previous sexual victimization; inmate perception of vulnerability and whether detention is related to civil immigration.

In accordance to the review of: PREA Plan P: 17; IPM-5.06 SPPOM-03.01 Assessment Screening P: 1; it was determined policies and forms are in place to ensure the initial screening considers prior acts of

sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. During interviews with staff that perform the screening process, it was confirmed that the initial risk screening includes assessments including: prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, to assess the inmate for risk of being sexually abusive. Upon the auditor's review of the PREA Intake Screening Form, relevant screening information was noted.

In accordance with the review of SAFE Prisons PREA Plan P. 17, and interview with screening staff it was determined TDCJ policies are in place to ensure within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. During an interview staff performing the screening process, it was confirmed the facility reassess the inmate's risk of victimization or abusiveness within 30 days per TDCJ policy. There were 240 inmates who arrived within the past 12 months that required additional 30 day screening. An interview was conducted with 4 inmates who disclosed sexual victimization during screening previously. During interviews with these inmates three inmates alleged they did not receive risk assessments nor were they seen by medical and/or mental health staff. However, a review of their files revealed the identified inmates were noted as receiving the assessments as their signature for receipt was documented. The inmate confirmed being asked if he would like to medical and/or mental health practitioners and this action was supported by documentation.

In accordance with the review of: PREA Plan P: 17; SPPOM-03.01 Assessment Screening; screening documents and interviews with screening staff, it was determined TDCJ and Barry B. Telford Unit has policies in place to ensure an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This was confirmed during an interview with the Intake Staff and PREA Compliance Manager, who performs additional screening for risk of victimization and abusiveness during the incoming chain interview.

In accordance with the review of: PREA Plan P: 19; SPPOM-03.01 P: 1; Offender Assessment Screening documents it was determined policies are in place to ensure inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. Staff who performs screening for risk of victimization and abusiveness and the PREA Compliance Manager confirmed

inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to the aforementioned questions in this section.

In accordance with the review of: PREA Plan P: 19; SPPOM-03.01 P: 2; Offender Assessment Screening; it was determined Barry B. Telford Unit has policies in place to ensure the facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. During interviews with the PREA Coordinator, PREA Compliance Manager, and Intake Staff responsible for screening inmates, it was confirmed that the agency outlines who should have access to an inmate's risk assessment within the facility in order to protect sensitive information and prevent exploitation of the inmate while providing access of the information to only those on a need to know basis. Apart from reporting to designated supervisors and/or officials, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy to make treatment, investigation, and other security and management decisions.

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 a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?

Yes No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?

Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?

Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? 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 facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? 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*)

In accordance with the review of: SPPOM-03.01 Assessment Screening; IPM-04.01 P: 1; AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18 and staff interviews, it was determined TDCJ has policies in place on how information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being

sexually victimized from those at high risk of being sexually abusive. During interviews with Intake Staff who are responsible for screening, and the PREA Compliance Manager, it was confirmed information collected during the risk screening process is reviewed, and assessed with the Unit Safe Prison PREA Compliance Manager, security and medical/mental health staff. The information received is used to assist in the determination of housing, bed, work, education and program assignments.

In accordance with the review of: AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18; and CMHC E-35.1 P:1-2; it was determined TDCJ policies are in place to ensure the agency makes individualized determinations about how to ensure the safety of each inmate. During interviews with Intake Staff who are responsible for screening inmates, and PREA Compliance Manager, it was confirmed the facility uses the intake screening information to make individualized determinations to ensure the safety of all inmates.

In accordance with the review of: CMHC G-51.11 P 1-2; it was determined TDCJ's agency's policy is in place upon staff deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. During an interview with Intake Staff and PREA Compliance Manager each confirmed transgender and intersex inmates are required to complete the PREA risk assessment and this information is used in determining the inmate's initial housing assignment. Housing assignment may be changed after a further evaluation by an appropriate staff member. However, during interviews with the PREA Compliance Manager, and Intake Staff each stated no intersex inmates have been designated at the Barry B. Telford Unit within the past 12 months. However, 52 transgender inmates were assigned at the Barry B. Telford Unit during the audit process.

In accordance with the review of: OM 03.02 P: 1; PREA Plan P: 19; it was determined TDCJ policies ensure placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year to review any threats to safety experienced by the inmate. During an interview with the Chief Unit Classification Officer, she stated she receives and reviews the risk assessment screening form from the Safe Prisons PREA Manager along with all pertinent documents or records of the offender prior to his appearance before the committee. During her review, she confirmed she performs a second risk assessment soliciting any safety concerns before determining the offenders housing, bed, work, and education or program assignments. She indicated the committee's primary goal was keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. She also stated that when a transgender or intersex offender appears at the committee they take into consideration any safety concerns voiced by them prior to making any assignments. An auditor observed staff complete a risk assessment completed with a transgender inmates and the PREA

requirements were met for this standard. There has been 0 intersex inmates designated at the facility in the past 12 months.

In accordance with the review of: SPPOM 03.02 P: 1-2; I-5.06 P: 1; it was determined that a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Interviews with PREA Compliance Manager and Chief of Unit Classification, transgender and intersex inmates' views of his safety are given serious consideration in placement and programming assignments. During interviews with 7 transgender inmates, each confirmed they felt their views of safety are given serious consideration in their placement and programming assignments.

In accordance with the review of PREA Plan P: 7 it was determined that TDCJ has policy is in place to ensure transgender and intersex inmates are given the opportunity to shower separately from other inmates. According to interviews with medical/mental health staff, PREA Compliance Manager and staff responsible for screening inmates, transgender and intersex inmates are given the opportunity to shower separately from other inmates. During interviews with the 7 transgender inmates, each confirmed they are allowed to shower separately from other inmates. The transgender inmates also confirmed there has never been an issue in which they were not allowed to shower separate from other inmates. There are numerous single stall showers in each housing unit for a total of 270 showers throughout the facility.

In accordance with the review of: PREA Plan P: 19; Offender Housing Assignments P:2; it was determined that TDCJ has policies in place to ensure Barry B. Telford Unit shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. During interviews with the Senior Warden, and PREA Compliance Manager they confirmed the agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex inmates. During interviews with 7 of the 52 designated transgender inmates, and a review of the housing assignments of the confirmed transgender inmates, they have not been placed in a dedicated facility, unit or wing solely on the basis of being identified as transgender.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? 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 facility clearly document: The basis for the facility'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 facility 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 facility 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*)

In accordance with the review of: PREA Plan P: 18; SPPOM-05.05 P: 5; Ad Seg Plan P: 1, 2, 4; and I-169 Form; I-203 Placement Restriction; it was determined Barry B. Telford Unit has policies and procedures in place that ensures inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility holds the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. During an

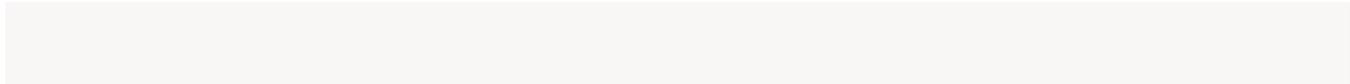
interview with the Senior Warden, he confirmed the agency's policy prohibits placing inmates at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers (last resort). He added, due to the facility layout to include the separation of housing units, security controls, and availability of other TDCJ facilities options are always available prior to the inmate's placement in involuntary segregated housing. During the last 12 months there have been no inmates held in involuntary segregated housing due to a risk of sexual victimization.

In accordance with the review of: PREA Plan P:18; SPPOM-05.05 P:5; Ad Seg Plan P:1,2,4; it was determined Barry B. Telford has policies in place that ensures inmates who are placed in segregated housing due to a high risk of sexual victimization shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: 1) The opportunities that have been limited; 2) The duration of the limitation; and 3) The reasons for such limitations. During an interview with staff who supervises inmates in segregated housing for protection from sexual abuse or after having alleged sexual abuse they would have access to: programs; privileges; and education. Due to the security requirement in the segregated housing, work opportunities are limited and are not accessible to the inmates assigned there. The supervisor interviewed confirmed the facility has not placed an inmate in involuntary or voluntary protective custody due to being high risk for sexual victimization during the last 12 months. Therefore, due to no inmate placement in protective custody for a high risk for sexual victimization at the Barry B. Telford Unit during the audit visit, the auditor was unable to conduct an interview with an inmate regarding this standard.

In accordance with the review of: PREA Plan P: 19; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members P: 2; it was determined by this auditor Barry B. Telford Unit has policies that ensures the facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. During interviews with the Senior Warden, and staff who are assigned to supervise inmates in segregated housing, inmates who are identified at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and is used as a last resort and for a time of less than 30 days. During an interview with the Senior Warden, he confirmed other alternatives are always available to include accessible locations of numerous TDCJ facilities available rather than the placement of such inmates in involuntary segregated housing. Due to 0 inmates having been assigned to segregated housing for high risk for sexual victimization up to 30 days, there were no inmates to be interviewed by this auditor.

In accordance to the review of: PREA Plan P: 18; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members P: 2; it was determined the agency has policies in place to ensure if an involuntary segregated housing assignment is made pursuant to the first paragraph of this section, the facility shall clearly document: 1) The basis for the facility's concern for the inmate's safety; and 2) The reason why no alternative means of separation can be arranged. During the interview process with the Senior Warden, PREA Compliance Manager, and staff supervising inmates in segregated housing, each confirmed policies are in place to identify and document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. There was zero inmates held in involuntary segregated housing for at risk of sexual victimization within the past 12 months, there were no inmate files to be reviewed by this auditor.

In accordance with the review of: Guidelines for Administrative Segregation Committee Members; AD Seg Plan; PREA Plan P: 19; and appropriate documentation, it was determined the agency has policies that ensure every 30 days, the facility affords such inmate a review to determine whether there is a continuing need for separation from the general population. Interviews with Senior Warden, PREA Compliance Manager, and staff supervising inmates in segregated housing, confirmed procedures are in place to ensure a review of the inmate every 30 days to determine whether there is a continuing need for separation from the general population. There were 0 inmates held in involuntary segregated housing for at risk of sexual victimization within the past 12 months.



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*)

In accordance with the review of: PREA Plan P: 20; BP-03.91 P:3.8; Immigration Statement of fact, 7/26/2014; SPPOM Attachment A; SPPOM Attachment AS; and TDCJ PREA Brochure; it was determined the agency has policies in place and that ensures multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Interviews with random sample of staff and inmates, they confirmed an inmate may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Staff confirmed verbal reports of sexual abuse and/or sexual harassment are promptly documented and submitted to their supervisor. During interviews with random sample inmates, each inmate confirmed awareness of ways to report sexual abuse and methods to do so privately. Inmates shared their awareness and understanding of the reporting opportunities made available to them when reporting sexual abuse and/or sexual harassment.

In accordance with the review of: AD-14.09 P; 1, 8-9; BP-03.91 P8; ED-02.10 P: 1; PREA Plan P: 23; it was determined the agency has policies in place to ensure the Barry B. Telford Unit provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Confirmation that the agency provide methods to privately report sexual abuse and sexual harassment to agency officials while allowing the inmate to remain anonymous upon request was obtained during interviews with the random sample staff, random sample inmates in conjunction with a review of documentation provided to the inmate population on how to contact the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ). Inmates are allowed to forward these letters sealed and uninspected to the Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director; PREA Ombudsman; or Senior Warden. The PREA Ombudsman contact information and a Hotline number is posted on the inmate telephones for inmate reference. Although the Hotline phone numbers are posted at every inmate phone, the inmates cannot use the number themselves due to the phone system used at this Unit; however inmates can give the telephone number to a third party to report on their behalf. During the site visit, the auditor observed PREA posters strategically posted throughout the facility in addition to being stenciled on the walls in the housing units with detailed information on methods to report abuse or harassment to a public or private entity or office that is not part of the agency. Random sample inmates confirmed their understanding of the available reporting process during interviews.

No inmates are detained at Barry B. Telford Unit solely for civil immigration purposes.

In accordance with the review of: TDCJ PREA Plan P: 21; SPPOM-05.05 P: Attachment J; SPPOM-Attachment A; General Information Guide for Families of Offenders; it was determined Barry B. Telford Unit has policies directing staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document an verbal reports. During interviews with a random sample of staff, each confirmed when an inmate report an allegation of sexual abuse or sexual harassment, the inmate may do so verbally, in writing, anonymously, and/or by third parties. Staff stated verbal reports are documented immediately and submitted to their immediate supervisor, the Senior Warden, or the on duty ranking security supervisor upon their awareness.

In accordance with the review of PREA Plan P: 23; Barry B. Telford Unit has policies and procedures in place that provides various methods for staff to privately report sexual abuse and sexual harassment of inmates. During interviews with a random sample of staff, employees stated they may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting their immediate supervisor, an on duty ranking security supervisor, OIG, the Senior Warden, PREA Ombudsman, and/or Hotline.

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 facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) 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

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*)

In accordance with the review of: AD-03.77 Offender Grievances P: 1; PREA Plan P: 21; and AD-03.82 Management of Offender Grievances it was determined Barry B. Telford Unit has policies and procedures in place that ensures the facility has an administrative procedure for dealing with inmate grievances regarding sexual abuse. During interviews with staff handling inmate grievances, random sample of staff, random sample of inmates, and PREA Compliance Manager, all confirmed administrative policies are in place for dealing with inmate grievances regarding sexual abuse.

In accordance with the review of: AD-03.77 P: 1; AD-03.82 P: 7; AD-03.82 Appendix B; PREA Plan P: 21; it was determined Barry B. Telford Unit has policies and procedures in place to ensure: 1)The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; 2) the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; 3) the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 4) nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, they confirmed the policies are in place in regards to the four requirements noted in this paragraph.

In accordance with the review of: AD-03.82 P: 8; PREA Plan P: 22; it was determined Barry B. Telford Unit has policies and procedures in place to ensure: 1) an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) such

grievance is not referred to a staff member who is the subject of the complaint. During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, it was confirmed inmates are allowed to submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member.

In accordance with the review of: Texas Government Code 501.008; AD-03.82 P:9; OGOM section 4.00 P:1; PREA Plan P: 22; it was determined Barry B. Telford Unit has policies and procedures in place to ensure: 1) the agency issues 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; 2) computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal; 3) the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made; 4) 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, the inmate may consider the absence of a response to be a denial at that level. Interviews with the staff member assigned to monitor inmate grievances, and the PREA Compliance Manager confirmed decision on merits of grievance or portion of a grievance are made within 90 days of the filing; in past 12 months there was 48 filed at Barry B. Telford Unit, however there were 0 grievance extensions requested. Therefore, notification to the inmate was not required.

In accordance with the review of: AD-03.82 P:4; OGOM section 9 P:1-2 Appendix U; PREA Plan: 21; it was determined policies and procedures are in place to ensure: 1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates; 2) if a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; 3) if the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision; During interviews with staff assigned to monitor inmate grievances, and the PREA Compliance Manager, they confirmed the procedures are available to the inmate population..

In accordance with the review of: AD-03.82 P:5; OGOM section 1.04 P:2, 7.00 P:1; PREA Plan P:22; it was determined policies and procedures are in place to ensure: 1) the agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; 2) after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion

thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. These grievances are immediately forwarded for an immediate corrective action to taken within 48 hours and the agency is required to issue a final decision within 5 calendar days.

In accordance with the review of: SAFE Prison/PREA Plan P. 22, it was determined policy and procedures are in place to ensure the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

In accordance with the review of: Safe Prison PREA Plan; P:13; SPPOM-02.02 P:1; BP-03.91 P:1,9; Offender Orientation Handbook; documentation supports the Barry B. Telford Unit has policies and procedures in place that ensures the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with random sample of inmates, they are aware of and have received material that identifies access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The inmates confirmed the facility provided mailing addresses and telephone numbers for the outside services. There were zero inmates interviewed who stated they had utilized or attempted to utilize an outside victim advocate for emotional support services related to sexual abuse.

In accordance with the review of: BP-03.91 P: 1; Offender Video Instructions P: 1; PREA Plan P: 13; SPPOM-06.02 P: 1; supports Barry B. Telford Unit has policies and procedures in place to ensure employees 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. Inmates who had made allegations of sexual abuse and were transferred outside the facility for forensic examinations were no longer at Barry B. Telford Unit. Therefore, these inmates could not be interviewed.

The facility does not house inmate who are being detained solely for civil immigration purposes. The inmates housed are serving time under the TDCJ and are provided information all required information under this standard.

In accordance with the review of: PREA Plan; documentation of the agency's attempt to enter into MOU's; and an interview with the PREA Compliance Manager, supports the agency has attempted to enter into a 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. Copies of the attempted agreements were made available for review by the auditor. However, TDCJ has been unsuccessful in obtaining an MOU for the request services. A comprehensive list of Rape Crisis Centers is available to the inmate population and is located in the law library and was made available to the auditors.

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*)

In accordance with the review of: SPPOM-04.02; ED-02.03 P1, 2, 8, 9; ED-02.10 P: 1, 3; General Information for Families of Offenders Brochure P: 32-33; and Safe Prison PREA Plan P: 23; documentation supports Barry B. Telford Unit has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. During interviews with the Senior Warden, and PREA Compliance Manager, the agency has established a Webpage that gives a link to process a third-party report of sexual abuse and sexual harassment. A review of this Webpage further confirmed compliance with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

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

115.61 (d)

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

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? 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*)

In accordance with the review of: AD-16.20 P: 1-9; CMHC-G-57.01P: 2-3; Safe Prisons PREA Plan P:23; PD-29 P:3-4; documentation supports Barry B. Telford Unit has policies and procedures in place that require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. During the interview process with the random sample staff, Safe Prisons Manager, mental health and medical staff, all were knowledgeable of their duties to report all instances outlined in this standard. Staff

stated they are required to report to their immediate supervisor on duty, ranking security supervisor on duty or the Senior Warden. Each of the employees interviewed, confirmed they would make a verbal notification and document in writing specific details any knowledge regarding the incident of sexual abuse or sexual harassment.

In accordance with the review of: CMHC g 35.2 p: 1-2; CMHC G-57.01 P: 1-3; Safe Prisons PREA Plan P: 22-23; SPPOM-05.01 P:4; documentation supports Barry B. Telford Unit has policies and procedures in place that require apart from reporting to designated supervisors or officials, staff shall not reveal 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. During an interview with the PREA Compliance Manager, and random sample staff, each acknowledged their awareness of the sensitive nature of a situation in which an inmate's report of sexual abuse or sexual threats, and the completed report are to maintained as confidential and is only to be shared with essential staff involved in the reporting investigation, discipline and treatment process, or as otherwise required by law.

In accordance with the review of: CMHC G-57.1 P: 1; PREA Plan P: 22-23; SPPOM-05.01 P: 4; documentation supports Barry B. Telford Unit has policies and procedures in place that ensures unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. During interviews with mental health and medical staff, both confirmed at the initiation of services to an inmate, they disclose the limitations of confidentiality and their professional duty to report. They each stated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

Although, Barry B. Telford Unit does not house inmates under the age of 18, in accordance with TDCJ CMHC Policy G-57.01 and CPOM 02.05 If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. Therefore, although Barry B. Telford Unit does not house any inmates under the age of 18, they would be obligated under the policy dictated by TDCJ.

In accordance with the review of: Safe Prisons PREA Plan P:22-23; SPPOM-05.01 P:4; it was determined Barry B. Telford Unit has policies and procedures in place to ensure the facility reports all allegation of sexual abuse and sexual harassment, including third-party and anonymous reports to the

facility's designated investigators. During interviews with the PREA Compliance Manager, and Senior Warden, they confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the designated facility investigators. A review of all allegations of sexual abuse and sexual harassment was made available for the auditor's review. An investigation was completed for each allegation made.

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*)

In accordance with the review of: completed PAQ; SPPOM-05.01 P: 1, 3; SPPOM-05.03 P:1; AD-02.15 P: 1, 6; and Administrative Review/Investigation; evidence supports Barry B. Telford Unit has policies and procedures in place to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Interviews conducted with the Senior Warden, PREA Compliance Manager, and sample selection of random sample staff confirmed upon staff becoming aware that an inmate is subject to a substantial risk of imminent sexual abuse, each case is evaluated by the facility or Office of Special Investigations based upon the nature of the report and the potential harm. However, all staff interviewed stated they would immediately remove the inmate from the area of potential risk. Supervisory rounds are increased as appropriate; inmate at risk or potential

predator may be moved to another housing unit or transferred. If no other options are available temporarily protective custody until other steps can be taken may be considered. There were no inmates identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at Barry B. Telford Unit.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

In accordance with the review of: Barry B. Telford completed PAQ; BP-01.07 P: 2; AD-16.20 P: 5; PREA Plan P: 24; SPPOM-04.01 P: 1-3; it was determined Barry B. Telford Unit has policies and procedures in place to ensure where upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification shall be occur as soon as possible, but no later than 72 hours upon becoming aware. The facility in which the allegation of sexual abuse and/or sexual harassment occurred is responsible for ensuring the allegation is investigated in accordance with these standards. Barry B. Telford Unit received 6 notifications from other TDCJ facilities that sexual misconduct activities had allegedly occurred at Barry B. Telford within the past 12 months of the audit. Two were reported to have occurred in 2010, one was reported to have occurred in 2015, and three was reported to have occurred in 2017. A review of investigative files revealed appropriate notification was made and a thorough investigation was conducted.

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*)

In accordance with the review of: SPPOM-05.01 P:2-3; AD-16.03 P:1-3; OIG OPM-04.05 P:4-5; it was concluded by the auditors that Barry B. Telford Unit has policies and procedures in place to ensure upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report incident shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In accordance with the review of: SPPOM-04.02 P: 1; SPPOM-05.01 P:2-3; SPPOM-05.05 P: 1; AD-16:03 P:1; it was concluded by the auditors Barry B. Telford Unit has policies and procedures in place to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. According to interviews with PREA Compliance Manager, and random sample of staff, the agency has a first responder policy (security and non-security staff) for allegations of sexual abuse and first responders are required to follow 1-4 in the first paragraph. Interviews with random sample of staff, and

a review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard as a priority, and all staff are well knowledgeable of their responsibilities in preparation to serve as a first responder per the requirements of this standard. A security and non-security staff were interviewed by the auditors and each appropriately explained their duties they were performed as a first responder.

In accordance with the review of: Barry B. Telford Unit PAQ; SPPOM-04.02 P: 1; SPPOM-05.01 P:2-3; SPPOM-05.05 P: 1; AD-16:03 P:1; it was concluded by the auditors Barry B. Telford Unit has policies and procedures in place to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

In accordance with the review of: PREA Plan P:26; SPPOM-05.01 P:1-2; it was concluded that Barry B. Telford Unit has policies and procedures that ensures the facility has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners investigators, and facility leadership. During an interview with the Senior Warden, random sample staff, medical and mental health, and PREA Compliance Manager, it

was confirmed the facility has developed specific guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among staff first responders, investigators, medical and mental health practitioners, and facility leadership. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between Administrative Staff; security staff, the Office of the inspector General, medical and mental health services and victim advocates or victim offender representatives.

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*)

In accordance to Standard 115.66 Preservation of ability to protect inmates from contact with abusers the agency or any other governmental entity responsible for collective bargaining on the agency's behalf enters into or renew any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. TDCJ to include Barry B. Telford Unit is not responsible for collective bargaining on the agency's behalf. Texas is a "right to work state" and does not have

collective bargaining that would interfere with the preservation of the agency's ability to protect inmates from contact with abusers.

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 residents 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*)

In accordance with the review of: PD-22 P: 1-2, 4-5, 8-9, 19, 27, 32-33, 43, 50, 53-54, Attachment B; PD29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM-05.08 P:1; it was determined Barry B. Telford Unit has policies and procedures in place 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, and shall designate which staff members or departments are charged with monitoring retaliation. The PREA Compliance Manager has been designated the Retaliation Monitoring Manager for the inmate population and a Major has been designated as the Retaliation Monitoring for staff. The Retaliation Monitors Managers reports directly to the Warden in regards to PREA retaliation issues.

In accordance with the review of: PD-22 P:41-42, 51, 53, Addendum PL5; PD-29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM-05.08 P:1; it was determined Barry B. Telford Unit has policies and procedures in place to ensure 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. During an interview with the Senior Warden, it was confirmed inmates and staff are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures made on a case-by-case basis. Both the facility administration and the Office of Inspector General consider whether the present inmate housing placement is appropriate and, if no, consider whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on the services provided is to the inmate. During an interview with the Retaliation Monitoring Manager/PREA

Compliance Manager, he confirmed there are a variety of protective measures to be considered that includes: housing changes; 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.

An interview with the Senior Warden, he confirmed those found to perform and/or participate in any form of retaliation would be held accountable for such actions to include disciplinary actions.

In accordance with the review of: PREA Plan P:24; SPPOM-02.4 P:1, 2,3; SPPOM-05.8 P:1,2; it was determined Barry B. Telford Unit has policies and procedures in place that the facility shall monitor the conduct or treatment of inmates or staff who report sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff for at least 90 days following a report of sexual abuse. If the initial monitoring indicates a continuing need is necessary, it will continue. During an interview with the Senior Warden, and Retaliation Monitoring Manager/PREA Compliance Manager, they confirmed monitoring is conducted for at least 90 days following a report of sexual abuse or sexual harassment that includes monitoring the conduct and treatment of an inmate or employee who reported an incident; and an inmate who reported or was reported to have suffered sexual abuse or sexual harassment. Monitoring will be for all areas in the above paragraph and will continue beyond 90 days if necessary. There were 35 inmates and 0 staff who were monitored for retaliation in the past 12 months at Barry B. Telford Unit.

In accordance with the review of: PREA Plan P: 24; and SPPOM-05.08 P:4 ; it was determined Barry B. Telford Unit has policies and procedures in place to insure in the case of inmates, such monitoring also include periodic status checks. During an interview with the Retaliation Monitoring Manager/PREA Compliance Manager, it was confirmed in the case of inmate monitoring, it includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment. However, there were 35 inmates and 0 staff reports of retaliation and or monitoring of retaliation in the past 12 months at Barry B. Telford Unit.

In accordance with the review of: PREA Plan P: 24; it was determined Barry B. Telford Unit has policies and procedures in place to ensure if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. During an interview with the Senior Warden, all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Retaliation monitoring includes the review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments

of staff. The department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

In accordance with the review of: PREA Plan P: 24 it was determined Barry B. Telford Unit has policy and procedures in place confirm a policy is in place ensuring the agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

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

In accordance with the review of: completed PAQ; Ad Seg Plan P:2, 4, 11; AD-04.63 P:2, 4; AD-03.50; PREA Plan P:26; Guidelines for ASC P:1 Attachment 12 00B; it is determined Barry B. Telford Unit has policies and procedures in place to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interviews with the Senior Warden, and the supervisor assigned to supervise inmates in segregated housing confirmed the policies are in place to allow use of segregated housing to protect an inmate. However, alternative means of separation is always available due to the amount of facilities available in the TDCJ and having the option

to do inter-state transit if needed. It was reported that there has been no inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 month.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] 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 facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

In accordance with the review of: AD-02.15 P: 1,7-8; AD-16.03 P: 2-3; AD-16.20 P:2-3,7; BP-01.07 P: 1-2; CTSD Specialized Investigator Training; OIG-OPM-03.72 P: 1;OIG-OPM-04.05 P:1-6; OIG-OPM-05.10 P:1-6; OIG-OPM-05.15 P:1-6; PREA Plan P: 25; SPPOM-05.05 P: 6-7; SPPOM-05.11 P: 2; it was determined when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, investigators who have received special training in sexual abuse investigations will conduct the investigation pursuant to Standard 115.34.

In accordance with the review Safe Prison PREA Plan and the review of an investigative file in which the inmate reported to the PREA Ombudsman, Barry B. Telford does conduct investigations for all allegations, made by third party and anonymous reports.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, OIG conducts compelled interviews only after consulting with prosecutors.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. Neither does the Barry B. Telford Unit nor TDCJ require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. A review of the investigative files revealed there were no instances in where staff actions or failures to act contributed to the alleged sexual abuse reported by the alleged victims.

During an interview with an OIG Agent, he confirmed criminal investigations are documented, and the reports contain a description of the allegation; description of victim; witness and perpetrator interviews; description of DNA; physical, documentary and other evidence; and the cases closing summary. The file contains copies of all the witness statements, documents, reports, photos, video recordings, and any other available evidence. He confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution. A determination of the 7 inmate on inmate sexual abuse cases pending results of the forensic examination will be handled accordingly with PREA standards.

In accordance with the review of Records Retention Schedule; SSPOM 05.11; SPPOM 05.05; OIC OPM-0371; Barry B. Telford Unit retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per OIG 04.05 Offender Sexual Assault Investigations, the Records Department must maintain these records for at least ten years.

In accordance with the review of: PREA Plan P: 28; PD-29 P: 1, 5; it is determined that Barry B. Telford Unit has policies and procedures in place to ensure the departure of the alleged abuser or victim from the

employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation of the alleged incident.

In accordance with the review of: BP-01.07 P:1, 2, 3, 4, 6; it is determined Barry B. Telford Unit has policies and procedures in place to ensure any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The TDCJ is responsible for all administrative investigations and criminal investigations are the responsibility of OIG. All investigations follow TDCJ policies and the requirements of this Standard.

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The TDCJ investigates all sexual abuse allegations.

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*)

In accordance with the review of: PREA Plan P: 28; SPPO,-05.05 P:9-10; CTSD Special Investigator Training P:6; it was determined Barry B. Telford Unit has policies and procedures in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. An interview with facility investigative staff, confirmed Barry B. Telford Unit imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse of sexual harassment are substantiated. The “preponderance of the evidence” means that more than 50% of the evidence supports the allegation. An interview with the OIG Agent, confirmed criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

In accordance with the review of: PREA Plan P: 30; SPPOM-05.05 Attachment J P:5; SPPOM-05.05 Attachment M; SPPOM-05.11 Attachment F P:6; it was determined Barry B. Telford Unit has policies and procedures in place to ensure that following an investigation into an inmate's allegation he suffered sexual abuse in an agency facility, staff informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. During interviews with the Senior Warden and investigative staff, and a review of case files, it was confirmed, upon completion of an investigation in which an inmate makes an allegation of sexual abuse, inmate must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. There were 58 allegations reported under the PREA standards reported in the past 12 months. Notifications were made for each.

If the agency in which the inmate is assigned at the completion of the investigation did not complete the investigation, that agency shall request the relevant information from the agency that conducted the investigation to inform the inmate. Investigative staff at Barry B. Telford Unit provided relevant information to the reporting facility that the inmate is assigned upon completion of the investigation to inform the inmate.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.11 Attachment F P:5-6; it was determined that Barry B. Telford Unit has policies and procedures to ensure following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the inmate's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. During an interview with the PREA Compliance Manager, Investigative staff and a review of sexual abuse files, there were zero investigations that met the standard criteria for notification requirements.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.10 P: 1, 6; SPPOM-05.11 Attachment F P: 5-6; it was determined that Barry B. Telford Unit has policies and procedures in place to ensure following an inmate's allegation that he has been sexually abused by another inmate, the agency

subsequently informs the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on charge related to sexual abuse within the facility. During an interview with the PREA Compliance Manager, he confirmed that following an inmate's allegation that he has been sexually abused by another inmate, the agency informs the alleged victim whenever: agency learns alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on charge related sexual abuse in the facility. During an interview with the PREA Compliance Manager and a review of sexual abuse files, there were zero investigations that met the standard criteria for notification requirements.

In accordance with the review of: PREA Plan P: 27; SPPOM-05.11 P:5-6; SPPOM-05.05 Attachment J, Attachment M; it was determined Barry B. Telford Unit has policies and procedures in place to ensure all such notifications or attempted notifications are documented. During interviews with the Senior Warden, PREA Compliance Manager, and investigative staff, each confirmed all required notifications or attempted notification are documented showing the date and time of the notification in case chronology. If the inmate refused to discuss the outcome, it is noted the date and time of the attempted notification and the fact that the inmate refused. Case file review confirmed the completion of proper notification.

In accordance with the review of: SPPOM-05.11 P:5-6; and SPPOM-05.05; it was determined Barry B. Telford Unit has policies and procedures to ensure the agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. During interviews with the Senior Warden, PREA Compliance Manager, and agency investigative staff, it was confirmed that there is no obligation to report the case outcome to the reported victim inmate after the inmate has been released from the custody of TDCJ. However, depending on the circumstances of the allegations and findings, it may be necessary to contact the victim, such as pending criminal charges against the alleged abuser.

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

In accordance with the review of: Barry B. Telford Unit PAQ; OPD-13 P: 1, 3-5; PD-22 P: 1, 41-42, 48. Addendum P:5; PD-29 Addendum P:5; WBP-0715 P: 1,4; WBP-07.44 P: 1, 3, 7-8; it was determined Barry B. Telford Unit has policies and procedures to ensure staff is subject to disciplinary sanctions up to

and including termination for violating agency sexual abuse or sexual harassment policies. Barry B. Telford Unit has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident during the last 12 months.

In accordance with the review of: Barry B. Telford Unit PAQ; PD-22 P: 25-26 it was determined Barry B. Telford Unit has policy in place that ensures termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The facility has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident.

In accordance with the review of Barry B. Telford Unit PAQ; PD-29; PD-22 P: 19, 41-42, 48, 51, 53, 54; confirmed policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. Interviews with PREA Compliance Manager, and Human Resource Staff confirms disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, zero staff have been disciplined, nor terminated for violation of agency sexual abuse or sexual harassment policies.

In accordance with the review of: Barry B. Telford Unit PAQ; PD-29 P: 6; PD-29 Definitions; AD-16.20 P:3-4 ,7, 9; it was determined policies are in place to ensure all terminations for violations of agency sexual abuse or sexual harassment policies, and resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Barry B. Telford Unit had zero staff reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies within the past 12 months.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

In accordance with the review of: Volunteer Service Plan P: 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Training Facilitators Guide; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; and interviews with volunteers and contractors, it was determined Barry B. Telford Unit has policies and procedures are in place to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Barry B. Telford Unit has had no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

In accordance with the review of: Volunteer Service Plan P; 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Services Facilitators Guide; PD-29 P:5-6; PREA Plan P: 39; it was determined Barry B. Telford Unit has policies and procedures in place to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

During the interview process with volunteers and contractors each confirmed they have received PREA training in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure and they have a clear understanding of the completed training.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

In accordance with the review of: Barry B. Telford Unit PAQ; PREA Plan P: 30; GR-106 P:18-21, 26, Attachment A-2; Email of New Offense 20.4; Disciplinary Rules and Procedures for Offenders; it is determined Barry B. Telford Unit has policies and procedures in place to ensure inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. During an interview with the Senior Warden, he confirmed the facility's use of as a consistent, fair and reasonable disciplinary process is the facility's most valuable tool to address inmate misconduct, while ensuring the safety of all employees and inmates and the security of the facility. Barry B. Telford Unit has not had any administrative findings of inmate-on inmate sexual abuse within the past 12 months. Additionally, there have been no findings of guilt for inmate-on-inmate sexual abuse.

In accordance with the review of: TDCJ Disciplinary Rules for Offenders P:25-26; it was determined Barry B. Telford Unit has policies and procedures in place to ensure sanctions are 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. During an interview with the Senior Warden, he confirmed policies are enforced to ensure the disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse are progressive disciplinary system based on guidelines. The sanctions are to be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.

In accordance with the review of: PREA Plan P: 30; TDCJ Disciplinary Rules and Procedures for Offenders P:25-26; CMHC E-35.1 P:1, 2; it was determined Barry B. Telford Unit has policies and procedures in place to ensure the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. During an interview the Senior Warden, he confirmed the inmate's mental disability and mental illness is considered when determining sanctions.

In accordance with the review of: PREA Plan P: 30; CMHC E-35.1 P: 1-2, SOTP-01.01 P:1; TDCJ Disciplinary Rules and Procedures for Offenders P:25-26; it was determined TDCJ has policies and procedures in place to ensure if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

In accordance with review of PREA Plan P: 31; it was determined Barry B. Telford Unit has policy in place to ensure the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In accordance with the review of: GR-106 P: 18-21, 26; PREA Plan P: 31; it was determined Barry B. Telford Unit has policies in place to ensure that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In accordance with the review of: GR-106 P:18-21 Attachment B-2-1; PREA Plan:31; TDCJ Disciplinary Rules for Offenders P:25-26; it was determined Barry B. Telford Unit has policies are in place to ensure the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates

for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Two cases involving sexual harassment were found to be substantiated within the past twelve months. These inmates received discipline actions. Additionally, 7 inmates were escorted to outside medical facilities for a forensic examination due to allegations of sexual abuse/sexual assault. Due to the administrative investigation must be completed within 72 hours and may be extended for another 72 hours longer, findings in their investigations can differ from the OIG investigations. OIG investigators are currently awaiting the receipt of the 7 pending forensic lab results prior to concluding the cases.

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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

In accordance with the review of: PREA Plan P:17; SPPOM-03.01 Attachment E; CMHC E-35.1 P:1; CMHC E-35.2 P:1; CMHC G-57.1 P:1-2; it was determined TDCJ has policies and procedures in place to ensure if the screening pursuant to 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interview with staff who is responsible for risk screening confirmed if a screening indicates that an inmate previously perpetrated sexual abuse, the facility offer a follow-up meeting with a mental health practitioner. During interviews with the Senior Warden, Safe Prison Manager, and In-take Staff who is also responsible for conducting risk screening during the incoming chain interview, medical

and mental health staff confirmed that the follow-up meeting is normally offered the day the notification is made but always within 7 days. Although Barry B. Telford Unit is not an in-take facility, this section of the standard is performed by the required staff at the facility upon new information being provided by an inmate during the incoming chain interview process. The inmate is normally seen immediately but always within 7 days.

In accordance with the review of: Barry B. Telford Unit PAQ; CMHC E-35.2; Mental Health Evaluation P: 1; CMHC G-57.1 Sexual Assault/Sexual Abuse P:1-2; it was determined TDCJ has policies and procedures in place to ensure 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, staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Interview with staff who is responsible for risk screening confirm if a screening indicates that an inmate previously perpetrated sexual abuse they are offered a follow-up meeting with a medical health practitioner to be held immediately. In the past 12 months, 100 percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up with a mental health practitioner. Mental health staff maintain secondary materials (e.g. form, log) documenting compliance with the requirements of this standard.

In accordance with the review of: SPPOM-05.05 P:2-3; CMHC A-09.01 P:1; CMHC A-61.1 P:1-3; it was determined TDCJ has policies and procedures in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. During an interview with Safe Prison Manager and In-take staff, who is also responsible for risk screening, in addition to medical and mental health staff, all confirmed the release of information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to determining security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

In accordance with the review of: CMHC G-57.1 P:1-2; CMHC 1-70.1 P:1; CMHC-02.05 P:1; CMHC H-61.1 P:4; it was determined TDCJ has policies and procedures in place to ensure 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. During interviews with medical and mental health staff, each confirmed medical and mental health practitioners are required to 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.

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

In accordance with the review of Barry B. Telford Unit PQA; CMHC A-01.1; CMHC G-57.1; SPPOM-05.0; I-214 Referral to Medical/Mental Health Services and in conjunction with interviews with the PREA Compliance Manager, mental health and medical staff to include SANE Practitioner at Wadley Regional Medical Center, it was determined policies and procedures are in place to ensure compliance of allowing inmates access to emergency medical and mental health services. Policy outlines procedures staff are required to implement in providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgement. The inmate will be provided minor first aid by qualified medical staff at the agency in a manner that would not compromise the forensic examination that will occur at Wadley Regional Medical Center or one of other available hospital accessible to Barry B. Telford when a SANE Practitioner is not available. All security and non-security staff have received first responder training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners if no medical and mental health practitioner is on duty. In the event no medical staff is on duty upon staff being advised of the sexual abuse, the inmate will be immediately transported one of the other available hospitals for medical treatment. However, Barry B. Telford Unit has medical staff on duty 24 hours. The inmate victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis within a timely manner in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

In accordance with the review of: the completed PQA, Safe Prison/PREA Plan, SPPOM-05.01, CMHC G-57.1, E-44.1, CMHC G-57.01, review of medical documentation and investigative reports in addition to interviews with medical/mental health staff and PREA related incidents it was determined that Barry B. Telford Unit has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to inmates who have been victimized by sexual abuse in a correctional confinement facility. Interviews with the PREA Compliance Manager, mental health, and medical staff confirmed that the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Medical and mental health services are offered by the Barry B. Telford are consistent with the care level offered in the local community. Victims who reported allegations of sexual abuse were provided with medical and mental health services consistent with the community level care. The inmate victims of sexual abuse were offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at Barry B. Telford Unit was without cost to the victims. TDCJ policies required this includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident. Barry B. Telford Unit does not house female inmates.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? 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 facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility 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

In accordance with the review of: the Safe Prisons/PREA Plan, SPPOM-08.01, AD-02.01, Administrative Review/Investigation, a review of interviews with Senior Warden and member of the incident review team, it was determined that Barry B. Telford Unit has policies and procedures in place to ensure the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has been substantiated, unless the allegation has been determined to be unfounded. Interviews with the Senior Warden and Safe Prison Manager confirmed that the Incident Review Team conducts a review within 30 days of the conclusion of the investigation.

An administrative review is completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. Specifically, there were 56 administrative investigations alleging sexual abuse at Barry B. Telford Unit during the past 12 months. However, there were 0 investigations of sexual abuse/sexual assault cases concluded as substantiated. During an interview with the Senior Warden, he confirmed obtaining input from security supervisors, investigators, and medical practitioners during completion of the review in which. Reviews are conducted within thirty days of the conclusion of the investigation. The Barry B. Telford Unit review team includes upper-level management, with input from line supervisors, investigators, and medical or on-site mental health practitioners. The Barry B. Telford Unit implements recommendations from results of these incident

reviews. In the event recommendations made are not implemented, the review will document reason of why implementation was not done.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

In accordance with the Safe Prison PREA Plan, OIG OPM-04.05, SPPOM-01.01, BP-02.09, and Survey of Sexual Violence 2012 the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. During an interview with the Senior Warden, he stated uniform data has been collected for every incident of sexual abuse alleged to have occurred at the Barry B. Telford Unit while using a standardized instrument and set of definitions. Documentation of the standardized instrument with set of definitions utilized was reviewed by the auditor.

In accordance with the review of: AD-02.15; AD-01.01, and PREA Plan, incident-based sexual abuse data is aggregated on an annual basis. The incident-based data collected is required to include at minimum information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Ombudsman maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. TDCJ also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

In accordance with the review of: AD-02.15; AD-01.01, Department of Justice Report revealed that the agency has provided all such data from the previous calendar year to the Department of Justice no later than June 30, of each year. Calendar year reports were provided to the auditor for review.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

In accordance with the review of: Safe Prison/PREA Plan, PREA Ombudsman Safe Prison Program Annual Report SOP ; and interviews with the Senior Warden and PREA Compliance Manager it was determined that TDCJ has policies and procedures in place to ensure the agency shall review data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1) Identifying problem areas; 2) Taking correction action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. During an interview with the PREA Coordinator, she noted the agency reviews data collected and aggregated pursuant to standard 115.87. An Annual Report is compiled by the joining efforts of the Office of the Inspector, PREA Ombudsman, and Safe Prison/PREA Office.

The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly / annually as well. All the data is integrated and reviewed for usefulness. It is reviewed by agency leadership and Safe Prisons/PREA Managers office.

The report included areas identified by the facilities in need of corrective actions and a summary of any corrective action taken that was previously identified. The report also included a comparison of the current year’s data and corrective action with those from prior years while providing an assessment of the agency’s progress in addressing sexual abuse.

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*)

In accordance with the review of: the Safe Prisons/PREA Plan P. 36; TDCJ Annual Report; OIG Report and completion of an interview with the SAFE Prisons PREA Manager it was determined Barry B. Telford Unit has policies and procedures in place to ensure guidelines are followed to ensure data collected pursuant to standard 115.87 are securely retained. The PREA Coordinator confirmed during an interview that The Safe Prisons/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete

information. Mainframe data reported through the Emergency Action Center is stored on a server. Employees must have a user account to access the EAC system. There is a 2nd level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator.

A review of the PREA Plan, and interviews with the PREA Coordinator, and PREA Compliance Manager confirmed 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 annually through its agency's website and was reviewed by the auditor.

Per the agency's Safe Prisons/PREA Plan, 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 PREA Coordinator confirmed the agency does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction. However, if personal identifiers were reported, redaction would be made.

In accordance with Records Retention Schedule, PREA Plan, and ED-02.29, the agency follows the record retention scheduled for all Safe Prisons/PREA documents. 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. The agency's retention schedule for these documents is Death / Discharge plus ten (10) years. Offender Classification files retention time period is thirty (30) years. Some OIG files are permanent records. Policy and procedures are in accordance with Federal, State and local law requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 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*)

The Texas Department of Criminal Justice did not complete a PREA Audit of all of their 133 correctional facilities within the first cycle as required by the standard. However, the Agency has followed the Safe Prisons Plan since the early 2000. The Agency was notified in March 2014, they would be required to begin conducting PREA audits in August 2014. The first cycle of PREA audits were conducted August 2014 – September 2017. A PREA audit was conducted on all 133 facilities during the first cycle. The Agency is now within its second cycle of conducting PREA audits for its facilities. Therefore, although the Agency did not meet the standard in August 2014, it has met the standard of completing the first cycle and has begun the second cycle.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) 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*)

The Agency places completed audit reports on the Agency web site as required by the standard. The agency has continuously provided these documents on their web site since 2014. The completed audit reports are posted within two weeks of the final report submission to the agency by the auditor.

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson

January 13, 2018

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>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.