

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

Interim       Final

Date of Report    May 14, 2019

### Auditor Information

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Telephone: 707-249-1800	Date of Facility Visit: 3/13/19 – 3/15/19

### 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: Same as Above		City, State, Zip:	
Telephone: 936-295-6371		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: Provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.			
Agency Website with PREA Information: <a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a>			

### Agency Chief Executive Officer

Name: Bryan Collier	Title: TDCJ Executive Director
Email: Bryan.Collier@tdcj.texas.gov	Telephone: 936-437-2121

### Agency-Wide PREA – Correctional Institutions Division Director

Name: Lorie Davis	Title: Director, Correctional Institutions Division
Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170

PREA – Correctional Institutions Division Director Reports to: Executive Director Bryan Collier	Number of Compliance Managers who report to the PREA – Correctional Institutions Division Director 92
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### Facility Information

Name of Facility: Daniel Webster Wallace Unit	
Physical Address: 1675 S. FM 3525 Colorado City, Texas 79512	
Mailing Address (if different than above): Same as above	
Telephone Number: 325-728-2162	
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: Dedicated to the mission of providing a safe, secure and sanitary correctional environment for all staff members and the convicted adults offenders to both live and work.	
Facility Website with PREA Information: <a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a>	

### Warden/Superintendent

Name: Linda Gonzales	Title: Senior Warden
Email: Linda.Gonzales@tdcj.texas.gov	Telephone: 325-728-2162 ext. 4100

### Facility PREA – Unit Safe Prisons / PREA Manager (USPPM)

Name: Steven Boyd	Title: Unit Safe Prisons PREA Manager
Email: Steven.Boyd@tdcj.texas.gov	Telephone: 325-728-2162 ext. 4323

### Facility Health Service Administrator

Name: Beverly Cogburn	Title: Facility Health Service Administrator
Email: Beverly.Cogburn@ttuhsc.edu	Telephone: 325-728-2162 ext. 4265

### Facility Characteristics

Designated Facility Capacity: 1448	Current Population of Facility: 1364
Number of inmates admitted to facility during the past 12 months	1038
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	898
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1026

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		76	
Age Range of Population:	Youthful Inmates Under 18:	Adults: 18 - 62	
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:		0	
Average length of stay or time under supervision:		3 Yrs. 7 Mos.	
Facility security level/inmate custody levels:		G1, G2, G4	
Number of staff currently employed by the facility who may have contact with inmates:		215	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		64	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
<b>Physical Plant</b>			
Number of Buildings: 17		Number of Single Cell Housing Units: 7	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		7	
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.):			
Wallace Unit has a total of Fifty (50) camera's and associated monitors. These cameras are placed in various locations through-out the facility ensuring coverage of the perimeter, housing units, as well as other internal and external common areas.			
<b>Medical</b>			
Type of Medical Facility:		Ambulatory Medical, Dental, and Telemedicine Services	
Forensic sexual assault medical exams are conducted at:		Hendrick Medical Center, Emergency Room, Abilene, TX	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		40 / 16	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		17	

# Audit Findings

## Audit Narrative

The Daniel Webster Wallace Unit (Wallace Unit) (also known as “80 John” Wallace Unit) is located at 1675 South FM 3525, off Interstate Highway 20 in Colorado City, Texas, located in Mitchell County. Adjacent to the Wallace Unit is the “Dick” Ware facility, which was deactivated and taken off-line in 2017, no longer being utilized to house offenders. The Wallace Unit is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified Auditor. The on-site portion of the audit was conducted at the address stated above during the period of March 13 - 15, 2019. The assigned PREA Auditor is an independent sub-contractor, working for the primary contract holder from the Texas Department of Criminal Justice. Following coordination preparatory work and collaboration with management staff at the Wallace Unit, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

### PRE-AUDIT PHASE

On December 17, 2018, an initial conference call with the Warden and her executive staff was conducted from the Wallace Unit. Following brief introductions, an overview of the PREA audit was discussed, along with a brief outline of the timelines and audit expectations. On January 4, 2019, the Auditor provided the audit notice, in both English and Spanish, to the agency’s representative from the Administrative Review & Risk Management (ARRM) Division, along with instructions to post copies in the housing units, and other places deemed appropriate by facility Staff. The audit notices advised the inmate population, both in English and Spanish, that a PREA audit had been scheduled. The notice provided the dates of the intended audit, as well as a mailing address for the Auditor in the event that an individual wishes to contact the Auditor prior to arriving at the facility. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the Legal Mail process at the facility. The legal mail process at Wallace Unit allows the offender to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring that information is relayed confidentially. During subsequent conversations with the PREA – Unit Safe Prisons / PREA Manager (USPPM), who indicated that any outgoing correspondence to the Auditor would be treated in the same confidential manner as legal correspondence.

Notices were posted throughout the facility, in areas that were accessible to both offenders and staff. The Wallace Unit staff forwarded the Auditor ten (10) time/date stamped pictures of different locations within the facility to include general areas, housing units, Medical/Mental Health Clinics and dayrooms. The pictures reflected a date stamp on each audit notice, indicating that the audit notices had been posted on January 15, 2019. On February 4, 2019, the Auditor received photos of each audit notice, reflecting the upcoming audit information. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

On January 29, 2019, the Pre-Audit Questionnaire, audit process map, checklist of policies/procedures and other documents were received from the Texas Department of Criminal Justice (TDCJ). Following a review by the Auditor, a PAQ Issue log was created that identified items that had not been included, or needed further clarification from the previously received documents. The PAQ Issue log was submitted to Wallace Unit, with instructions to provide all requested items to the Auditor upon arrival at Wallace Unit. A copy of all requested items was received on January 29, 2019.

On February 28, 2019, an update call was conducted with the Wallace Unit management team, including the USPPM. During the call numerous logistical items were discussed in regard to the upcoming on-site portion. The Auditor advised that an extremely comprehensive tour will be conducted, with un-impeded access to all areas of Wallace Unit. Further discussion related to a quiet and private location where offenders & staff could be interviewed, as well as institutional guidelines for clothing, personal cellphones, laptop, etc.

On January 15, 2019 the Auditor contacted Just Detention International (JDI) to identify if any allegations regarding the Wallace Unit have been received by their agency. A response was received that advised a review of their database indicates that they had not received any information or complaints regarding the Wallace Unit facility in the past 12 months. In addition, on January 17, 2019 the auditor also contacted the RAINN (Rape, Abuse & Incest National Network), and was advised that there have not been any complaints or concerns received regarding any issues at Wallace Unit. The Auditor also spoke with a representative from the Texas Association Against Sexual Assault (TAASA), who indicated that the last complaints that they had received relating to the Wallace Unit occurred in 2017. The auditor received the names of the offenders who had alleged the complaints, and confirmed that the offenders were no longer at the Wallace Unit, and had not been housed at the facility since late 2017, early 2018.

An extensive amount of internet research was conducted regarding the Daniel Webster Wallace Unit (Wallace Unit), little information relating to news articles, editorials, inmate stories, lawsuits. No negative information was developed relating to any Sexual Abuse history with the Wallace Unit.

As a result of the audit notices, the Auditor did not receive any letters from any offenders at the facility prior to arrival.

Prior to conducting the onsite visit to the facility, the Auditor requested that the facility identify a comprehensive list of inmates staff, volunteers and contractors long with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these listing, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The listings requested by the Auditor in the pre-onsite audit phase included:

1. Complete alpha listing of all offenders assigned to Daniel Webster Wallace Unit
2. Roster of offenders with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, & cognitive disabilities)
3. Roster of offenders who are Limited English Proficient (LEP)
4. Roster of offenders in segregated housing
5. Roster of offenders who are or perceived as Gay, Lesbian, or Bisexual
6. Roster of offenders who are or perceived Transgender or Intersex
7. Roster of offenders who are in segregated housing for high risk of sexual victimization
8. Roster of offenders who reported prior sexual victimization during risk screening
9. Roster of offenders who reported sexual abuse that occurred in Daniel Webster Wallace Unit or occurred in a different facility
10. Complete staff roster
11. Complete alpha roster of staff promoted over the past 12 months
12. Complete list of Investigative staff who conduct sexual abuse investigations
13. Complete roster of contractors who have contact with offenders assigned to Daniel Webster Wallace Unit
14. Copies of all files of all Sexual Abuse and Sexual Harassment Investigations conducted over the past 12 months in the Daniel Webster Wallace Unit
15. Copies of all grievances submitted over the past 12 months which claim allegations of sexual abuse, sexual harassment or retaliation
16. List of all 3<sup>rd</sup> party reports of inmate sexual abuse, harassment or retaliation made over the past 12 months
17. Copies of all incident review team cases conducted over the past 12 months

Pre-Audit Section of the compliance tool: On January 28, 2019, the representative from TDCJ – PREA HQ provided the completed pre-audit questionnaire, including supporting documentation, to the Auditor. The Auditor then completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool.

It should be noted that Wallace Unit received their Final Report on April 18, 2016, for their last PREA on-site that occurred March 9 – 11, 2016.

## ON-SITE PHASE

On March 13, 2019, the Auditor arrived at the Wallace Unit and met with the Warden, assistant director, assistant Warden, Major, Region V PREA Coordinator, and the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM). During the meeting the agenda was discussed, specifically the facility tour, staff & offender interviews, as well as document reviews. In addition, the audit process, timelines and expectations were discussed, which included the implementation and utilization of the newly established PREA Auditor handbook.

Upon arrival at the Wallace Unit the Auditor received a copy of each shift roster, including those staff in both management, and specialized positions. As well as a copy of the current roster of all offenders presently at the facility, including their identification numbers, and their bed/housing assignments.

Wallace Unit custody staff work a twelve (12) hour shift, with an alternating work week. Each roster was utilized to create a list of both staff and offenders, selected randomly, by housing unit, for interviews. The list that was created did not specifically identify offenders according to each of the seven categories.

The Auditor had previously requested, and had been provided a listing of offenders classified into any of the following categories:

- Disabled Offenders
- Limited English Proficient Offenders
- Offenders identified as LGBTI
- Offenders in Segregated Housing or Isolation
- Offenders who Reported Sexual Abuse
- Offenders who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have contact with Offenders

In addition to the offender and staff lists, the Auditor also requested and subsequently received the following listed items:

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, whether Substantiated, Unsubstantiated, or Unfounded, and

The PREA – Unit Safe Prisons / PREA Manager (USPPM) provided the information requested, and a review of all information was conducted by the Auditor. During the past 12 months there have been a total of 522 grievances filed. Of those grievances, none (0) alleged Sexual Harassment, and three (3) were related to Sexual Abuse. All three (3) grievances were investigated and discovered to be unfounded.

There were only four (4) investigations conducted within the time frame. All administrative investigations were referred to Office of the Inspector General (OIG). The OIG only investigates those cases that may have criminal intent. Of the four (4) cases referred to the OIG, only two (2) were investigated. The unit administrative investigations of the four (4) was considered Unfounded. The two (2) cases that were referred to OIG for investigation were considered Unsubstantiated.

Further information received indicated that a total of four (4) Incident Reports were generated in the past 12 months. A total of four (4) Incident Reports have been generated in regard to Sexual Abuse, none were generated in regard to Sexual Harassment. Each of these was investigated and determined to be unsubstantiated.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility. There are several housing areas that contain two-person cells, four (4) open dormitory style housing units, seven (7) administrative and transition cells, in addition to the medical, mental health, main kitchen, intake processing area, the laundry, educational areas, recreation yard, visiting area, chapel. The facility maintains a

camera monitoring system, with over 50 individual cameras, which cover all numerous areas of the facility, with the other areas either covered by mirrors, and/or custody staff.

During the tour of the facility, the Auditor noted the Grievance and PREA boxes located in the facility, near the dining hall, as well as each housing area. The boxes have been placed in proximity to each other, so that other offenders could not differentiate which mailbox was utilized. Each mailbox was distinctly marked with either PREA or Grievance (I-60) in bold letters on the front of each mailbox. The PREA boxes located throughout the facility are secured with a padlock, the only person that has a key to the PREA box is the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM). When asked how often he checks these boxes, he indicated that he checks them at least once daily as he makes his rounds throughout the institution.

During the discussion with the institutional grievance coordinator, she indicated that she was the only one with the key to access the grievance boxes. She advised that she checks the grievance boxes every business day. The grievance coordinator advised that she will process grievances according to their priority: PREA related items are referred immediately to the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM), Emergency grievances are initially responded immediately, and handled by the Captains, and regular grievances are resolved within 40 calendar days.

During the tour of the entire facility, the Auditor asked impromptu questions (informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. The Auditor considered all possible observation points during the tour, and discovered that the Wallace Unit staff had ensured that all angles had been considered, included those observation points from the second floor.

In all offender areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post/picket or staff position, reviewing staffing rosters, and asking questions (informal interviews) to determine whether offenders are in lead positions over other offenders. When opposite-gender staff were observed entering into a housing area, an announcement was made by the respective staff member.

During the on-site tour, the Auditor was able to sit with the staff member responsible for the classification process, who provided the auditor with an overview of how the staff conduct the intake screening and classification process at the Wallace Unit. Because the Wallace Unit is not a reception center or intake facility, the offenders that arrive at the Wallace Unit have already been processed through the intake process prior to their arrival. At the other facility each offender was classified for appropriate housing classification, potential work, education/vocational assignments, and then transferred to the Wallace Unit. The classification staff discussed the various documents and assessments that are utilized during the intake classification process, prior to the offenders arrival at the Wallace Unit.

Upon arrival at the Wallace Unit, a file review of each offender is conducted. In addition, within 72-hours of arrival at the Wallace Unit each offender is re-screened for their risk of victimization or abusiveness. It should be noted that the immediately upon arrival at the Wallace Unit, each offender meets with the PREA – Unit Safe Prisons / PREA Manager (USPPM), who provides the required PREA orientation training and materials, ensures that all PREA documentation is signed and accounted for, and discusses any concerns that each offender may have.

The Auditor also noted the placement of PREA audit notices in various locations through-out the facility. Notices were observed at the entrances of each housing unit, counseling offices, education, visiting, as well as numerous other locations.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed as we moved throughout the facility. During the on-site review there were no issues or concerns identified. If there were any concerns or questions, the Auditor would seek clarification, with appropriate responses being provided, either through discussion or demonstration of proper procedures.

PREA Management Interviews: During the audit period, the Auditor conducted on-site interviews with the following members of the management team:

- Warden
- Major
- Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM)

As a result of logistics, the Auditor conducted telephonic interviews with the following members of the management team:

- Director, Correctional Institutions Division
- Agency Contract Administrator
- PREA Director
- Office of the Inspector General Investigator
- SAFE/SANE Nursing staff
- Victim Advocates

Each of their remarks and documentation presented are in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were recorded by hand.

The Auditor conducted the following number of Staff interviews during the onsite phase of the audit:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	13
Specialized Staff (Total)	15
Total Interviewed	<b>28</b>
<b>Breakdown of Specialized Staff Interviews</b>	
• Agency Contract Administrator	1
• Intermediate or Higher Level Staff	3
• Line staff who supervise youthful inmates	N/A
• Education staff who work with youthful inmates	N/A
• Medical Staff	2
• Mental Health	1
• Non-medical staff involved in cross-gender strip or visual searches	N/A
• Administrative (human resources) staff	1
• SAFE / SANE Nursing Staff	1
• Investigative Staff – Agency Level	1
• Investigative Staff – Facility Level	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Sexual Abuse Incident Review Team Member	2
• Supervising Staff Segregated Housing	1
• Designated staff member charged with monitoring retaliation	1
• First Responders staff	16
• Intake Staff	1
• Incident Review Team Members	2
• Grievance Coordinator	1

Note: in several instances a single person was responsible for covering two (2) separate protocols; i.e.. First responder/Supervising staff, segregated housing, intermediate or higher staff/first responder, sexual abuse incident review team/incident review team, etc. In addition, while the auditor was on-site the educational area was on break, as a result interviews of the educational staff could not be conducted.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA – Unit Safe Prisons / PREA Manager (USPPM), the staff met with the auditor in a central location where all staff interviews were conducted.

During interviews with investigative staff, the Auditor learned that PREA investigations are initiated in several ways; the PREA complaint box which are located in various locations throughout the facility, "confidential" letters mailed to either the PREA Director or the USPPM, or the Office of the Inspector General, PREA Ombudsman. Depending on whether the PREA complaint is classified as Administrative or Criminal determines who will be assigned to investigate.

Additionally, any grievance that is received by the Grievance Coordinator that makes an allegation of PREA, is removed from the grievance process, and handled similar to all other PREA allegations. When the circumstances dictated, the Auditor would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the respective standard. During these interviews, the Auditor based the line of questioning on the interview protocols, and recorded the responses by hand.

Random Staff Interviews: There are 215 staff assigned to the Wallace Unit. Utilizing the shift rosters, the variety of work assignments & locations, and the various shifts, the Auditor identified random staff to be interviewed, A total of fifteen (15) formal and (7) seven informal random staff interviews were conducted from various categories of staff from both shifts. The Auditor interviewed all staff (one-on-one) in the Wardens Office. The Auditor would introduce himself, communicate the advisory statement to the staff, and then proceed to ask the line of questions from the interview protocols for random staff, recording the answers by hand. The Auditor would provide clarification as needed, in order to ensure the response were clear enough to make a determination of compliance with applicable standards.

During the on-site tour, the Auditor would also stop, and briefly speak to numerous staff (Informal Interviews) in all categories, asking 2 to 3 questions about PREA issues, including, training, actions taken, response, communications, etc. These conversations did not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit information gathering process.

Work shifts for custody staff are as follows:

- 1<sup>st</sup> Shift: 0600 – 1800 hours
- 2<sup>nd</sup> Shift: 1800 – 0600 hours

Non-custody staff worked similar variations of the three shifts.

At the present time, the Wallace Unit offers the offender population many volunteer program services, ranging from Narcotics Anonymous, Support Groups, to numerous community church organizations, with a statewide list of over 21,728 volunteers. The TDCJ clears volunteers for access to all facilities, and are not specific to Unit or Location. The schedule for volunteers coming into the facility varies upon whether their program is scheduled daily, weekly, bi-monthly, to monthly. During the tour the Auditor, there were no volunteers on site; however, a formal telephonic interview was conducted with (3) three volunteers, who indicated that they had been trained in PREA prior to entering into the institution, and are aware of their responsibilities in the prevention of, and reporting requirements relative to PREA.

The only contractors that have any contact with the offender population are directly associated with the Medical and Mental Health services provided at the facility. At the present time, there are approximately 16 contract employees, with various classifications such as: Registered Nurses, Licensed Vocational Nurses, Nurse Practitioners, Mental Health Practitioners, Dental Staff, Mental Health Registered Nurses, etc. These contract staff are provided specific PREA training relative to health care providers, in addition they are provided TDCJ specific PREA training. Two (2) formal interviews with contract medical/mental health staff, as well as an informal interview (1) with medical staff in the infirmary occurred, all of which provided this Auditor with a comprehensive and complete understanding of the medical/mental health screening and classification process the offenders are subject to not only upon arrival at the

facility, but any subsequent screenings that might occur during their incarceration, in addition those instances when an offender reports a PREA specific item.

The Auditor conducted the following number of Offender interviews during the onsite phase of the audit:

Category of Inmates	Numbers of Interviews Conducted
Random Offenders (Total)	25
Targeted Offenders (Total) (31)	20
Total Offenders Interviewed	<b>45</b>
<b>Breakdown of Targeted Offender Interviews</b>	
• Offenders who reported sexual abuse (4)	4
• Offenders who disclosed prior sexual victimization during risk screening (2)	3
• Offenders who identify as Lesbian, Gay, or Bisexual (15)	7
• Offenders who identify as Transgender or Intersex **	0
• Offenders in segregated housing for his risk of sexual victimization **	0
• Offenders with physical disability, blind, deaf, hard of hearing, LEP (5)	2 LEP 2 Physical Disability
• Offenders with cognitive disability (5)	2

\*\* Offenders who are Youthful, Transgender/Intersex or at high Risk of Sexual Victimization are not housed at Wallace Unit.

Random Offender Interviews: The institutional count on the first day of the on-site was 1,364. The Auditor used the alphabetical roster of offenders to randomly select those offenders, from the various age groups, ethnicities, races, and assigned housing units. The Auditor also determined that at least one offender from each housing unit would be interviewed. Each offender chosen was selected randomly by housing area, while also ensuring that there was a diversity of age, and race. The Auditor was placed into the Visiting Room, located centrally within the facility, with each of the identified offenders being escorted to that location for their interviews.

During the on-site tour, the Auditor would stop, speak to various offenders (Informal interviews), and ask (2) two to (3) three questions about PREA issues, which included training, actions taken, responses, communications etc. These conversations did not take the place of the formal process of questions, they were only used as an additional tool to supplement the overall audit information gathering process.

In regards their personal safety at the Wallace Unit, every one of the offenders that was interviewed indicated that they felt safe from Sexual Harassment & Sexual Abuse.

Targeted Offender Interviews: The Auditor also conducted a total of twenty (20) interviews of those offenders who had been identified for interviews based upon their relevance to specific PREA standards.

The Auditor selected offenders from the list received from the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM). Each of the offender’s housing location was determined from the alphabetical roster, and offenders were chosen at random from the respective listing, each offender was escorted to the visiting room where the Auditor was located.

At the beginning of each interview the Auditor would tell the offender why he was at the institution, what the role was in the PREA Audit process, explain why the interviews were necessary. The Auditor would also explain that the offender’s participation, although helpful, was also voluntary and that they could stay or leave at their convenience.

The Auditor would then ask if the offender wanted to participate, and if so, would begin to ask the series of questions in the respect interview protocols. The Auditor would also conduct additional interview questions if a random

offender interviewee also disclosed information suggesting that one of the above categories of PREA interested applied to them.

In regards their personal safety at the Wallace Unit, every one of the offenders that was interviewed advised that they felt safe from Sexual Harassment & Sexual Abuse.

Document Reviews:

A thorough review of the Texas State Policies, along with facility specific policies were included in all three phases of the audit: Pre-Audit, On-site portion, and the Post-Audit.

The facility provided the Auditor the requested listings of personnel and offender documents, files and records. After identifying the sampling size required for the review process. the Auditor selected and reviewed the identified files, records and documents as summarized in the following table and discussed in detail below:

<b>Name of Record</b>	<b>Total Number of Records</b>	<b>Number Sampled and Reviewed</b>
Personnel Records	215	12
Training Files	215	12
Offender Records	1,364	17
Grievance Forms	522	3
Incident Reports	4	4
Investigation Records (SA and SH)	4	4

**Personnel and Training Files:**

There was a total of twelve (12) records reviews conducted on staff from the various categories, while also ensuring that the files reflected new employees, employees who were promoted, and those who have been at Daniel Webster Wallace Unit for longer than 12 months, as well as Volunteer and Contractors. All of the files contained all of the required documentation, with the exception of the initial criminal history check. Of the 12 files that were chosen, all contained verification of the original criminal history check, when the staff were initially hired.

**Offender Records:**

Additionally, there were (17) seventeen offender records reviewed, chosen randomly from the master roster, reflected through their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure, and viewed the PREA either upon their arrival at the Wallace Unit or when the offender population was provided the PREA training, and viewed the PREA video.

**Grievances:**

In the 12 months, the facility received a total of 522 grievances, the facility identified that a total of three (3) grievances had PREA overtones. Of those grievances, none (0) alleged Sexual Harassment, and three (3) were related to Sexual Abuse. All three (3) grievances were investigated and discovered to be unfounded.

**Incident Reports:**

The Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM) provided the Sexual Incident Reports (SIR) for the four (4) allegations received during the previous 12 months. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The Auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case # / ID
- Date of Allegation

- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officers
- Notice Given to Inmate

### **Investigation Files:**

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there have been a total of four (4) allegations of Sexual Abuse (four Staff-on-Inmate & no Inmate-on-Inmate), and no (0) allegations of Sexual Harassment. Each of these allegations was investigated and determined to be unfounded.

During the past 12 months there have been a total of four (4) cases; four (4) Administrative Cases, each of which were closed, and no (0) Criminal Cases. The Auditor received copies of all documentation for each of these cases. All documentation was in order, with no noted discrepancies.

The Auditor scheduled the exit briefing with the Warden, assistant director, assistant Warden, Major, Region V PREA Coordinator, and the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM), which was conducted on the last day of the audit, March 15, 2019. During this exit briefing the staff were provided with an overview of what had been observed.

### **POST-AUDIT PHASE**

Following the on-site portion of the audit, all items were reviewed (tour notes, interview notes, additional documents, etc.), and utilized in the compilation of the completed report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3 year audit cycle. It is expected that if an Auditor determines that a facility does not meet one or more of the standards, this report will be considered and “interim report,” triggering a 180-day corrective action period, and the Auditor will include in the report recommendations for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of a facility.” At the completion of the corrective action period, the Auditor has 30 days to issue a “final report” with final determinations. Section 115.404 (d) states that, “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website, or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

This information was discussed with the Wallace Unit Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM) and Warden.

Completion of the Auditor Compliance Tool: The Auditor reviewed onsite document review notes, staff and offender interview notes and site review notes, and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable sub-section of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceeds, meets or does not meet standard.

Final Audit Report: Following completion of the compliance tool, the Auditor started completing the final report. The final report identified which policies and other documentation were reviewed, which staff and/or offender interviews were conducted, and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The Auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies, procedures and practice exceeds, meets, or does not meet the standard.

## Facility Characteristics

The Texas Department of Criminal Justice Daniel Webster Wallace Unit located in Colorado City, Texas opened in May 1994, and is currently classified as a Medium security facility. The facility's current Warden III is Linda Gonzales. The Unit capacity is 1,448 inmates, on the first day of the on-site there was 1,364 inmates incarcerated at the facility. There are currently 215 staff assigned to the Wallace Unit, with 64 having been hired within the last 12 months. The Wallace Unit serves as a General Population facility for Male offenders incarcerated within the Texas Department of Criminal Justice.

The Wallace Unit is located on 779 acres, sharing the property with the decommissioned Ware facility, that closed in mid/late 2017. The Wallace unit is contained within a security perimeter, surrounded by reinforced fencing topped with razor wire, with two manned towers and one roving perimeter patrol that patrols 24/7.

The Wallace Unit has five (5) General Population offender housing units designated as J1 through J5. Four (4) of the housing units each contain two (2) tiers/pods with two-man cells that can house up to 252 offenders. The J5 Unit is an open-bay dormitory housing unit that can house up to 334 offenders in cubicles. There are officer control picket/stations located in each of the housing unit. The Wallace Unit has an additional seven (7) bed individual cell segregation unit located in the security center, and houses prehearing and transit offenders on a temporary basis.

The Wallace Unit has a special Faith Based Dormitory in a section of the J5 Open Bay Dormitory. The purpose of the Faith Based Dormitory is to provide a safe, secure, humane environment for its offenders, in which faith-based programing is the tool for rehabilitation.

Located within the Wallace Unit, the Windham School District (WSD) provides educational opportunities at all levels of the offender population. The offenders are assigned treatment programs, education goals and jobs according to their skills, program needs, substance abuse screening and assessment, re-entry planning, and the Windham School District CHANGES-Pre-release Program.

The Wallace Unit also operates an Industries program that operates a Garment Factory which produces offender boxer shorts, sheets, pillow cases, bags, towels and offender uniforms.

The average length of stay for offenders at the Wallace Unit is three (3) years and seven (7) months. There were 1038 offenders admitted to Wallace Unit during the last 12 months that received training on 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 upon arrival at the facility. Additionally, every offender is assessed during intake screening for their risk of being sexually abused by other inmate or sexually abusive toward other inmates within 72 hours of their arrival at the Unit.

During the audit, documentation reviewed confirmed that 100% of the staff at the Wallace Unit have received the original PREA training. A review of files confirms that staff have signed forms confirming they have received and understood the PREA training, as required by standards.

There have been no expansion, renovations or changes at the Wallace Unit since August 20, 2012. The facility maintains a camera monitoring system, with 56 individual cameras, which cover all numerous areas of the facility,

with the other areas either covered by mirrors, and/or custody staff. The facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit in 2016.

The Wallace Unit has controlled security and offender movement. Offenders wear an identification bracelet that designates their classification status and are also required to carry an identification card, which was presented to the auditor prior to each offender interview. The Complex has implemented policies and procedures that enable offender to shower, perform bodily functions and change their clothing without non-medical staff of the opposite gender viewing, in addition privacy screens have been added to all shower stalls, and toilets. The Wallace Unit took a very strategic approach to the incorporation of these screens, and ensured that even privacy was still ensured even when viewing from the 2<sup>nd</sup> floor of the dormitories. Observations during tours of the housing units confirm staff of the opposite gender announces their presences when entering an offender housing unit.

The Wallace Unit contracts for medical and dental services which are managed by Texas Tech University. Basic medical services are provided on-site, including telemedicine services and CPAP housing.

All reports of sexual abuse, sexual harassment, and retaliation are thoroughly investigated, and if there is evidence of a crime, it will be prosecuted by the State of Texas Special Prosecution Unit.

## Summary of Audit Findings

### Number of Standards Exceeded:

**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:

### Summary of Corrective Action (if any)

N/A

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA – Correctional Institutions Division Director

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 – Correctional Institutions Division Director?  Yes  No
- Is the PREA – Correctional Institutions Division Director position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA – Correctional Institutions Division Director 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 – Unit Safe Prisons / PREA Manager (USPPM)? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA – Unit Safe Prisons / PREA Manager (USPPM) 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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation.
- TDCJ Executive Directive, Number ED-03.03 (rev. 3)
- TDCJ Organizational Chart
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018

- TDCJ Post Order, Number PO-07.150 (rev. 4)
- Daniel Webster Wallace Unit Organizational Chart
- Interviews with the following:
  - PREA – Correctional Institutions Division Director
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)

Provision (a)

The agency has numerous policies and procedures relative to this provision. TDCJ Executive Directive, Number ED-03.03 (rev. 3), as well as the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, reference to the departments zero-tolerance policy against sexual abuse, harassment and sexual misconduct. Any sexual conduct, whether inmate-on-inmate or employee-on-inmate, whether consensual or forced, is strictly prohibited.

Outlined in the SAFE Prisons / PREA Plan is an outline of the administration and designated staff. The plan also provides an outline of the Offender Management and Services, Offender Screening and Assessment, Reporting Allegations, and Investigations. Each of these sections further details key components required of provision, which includes; definitions, staff responsibilities, Screening requirements, handling and response to allegations of Sexual Abuse and Sexual Harassment, Disciplinary Sanctions, and Training and Education.

Each of the reviewed documents are consistent with PREA standards.

Provision (b)

The agency has numerous policies and procedures relative to this provision. TDCJ Executive Directive, Number ED-03.03 (rev. 3), as well as the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, both identifies the roles and responsibilities of the PREA Director, and relate directly to the implementation, management, and monitoring of the TDCJ's compliance with PREA standards, including collaboration with the various levels of management. The reviewed policies are consistent with the PREA standards and outlines the agency's approach to sexual safety.

The TDCJ PREA Director is classified at the Director level as confirmed through a review of the Department's organizational chart, as well as the designation letter signed 8/1/16 by the TDCJ Executive Director. During the interview with the PREA Coordinator, she advised that the agency has six (6) regionally based Safe Prisons/PREA managers who are dual supervised by the TDCJ Safe Prisons/PREA Manager and the Regional Director. There are also ninety-nine (99) Safe Prisons/PREA Managers within the agencies operated facilities; five (5) handle co-facilitated facilities. The interaction is typically conducted through the TDCJ Regional Safe Prisons/PREA Managers and the Regional Director offices. The interaction occurs through regular conference calls, meetings, memos, and during policy reviews. If needed, there is communication directly with the warden or staff on the facility.

Provision (c)

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, establishes, identifies, and outlines the roles and responsibilities of the Daniel Webster Wallace Unit Safe Prisons/PREA Manager (USPPM), which includes the collaboration with various levels of institutional management. In addition, TDCJ Post Order, Number PO-07.150 (rev. 4), establishes and identifies the responsibilities and procedures for the USPPM to assist the Unit Warden with monitoring of the Safe Prisons/PREA Program, as well as coordinate and maintain compliance with PREA standards at the Unit Level.

The Wallace Unit USPPM is classified at the level of Correctional Officer, which was confirmed following a review of the Institutional organizational chart. A review of the organization chart also reflects that the USPPM reports directly the Warden of the Unit. Through interview, it was confirmed the USPPM has no other responsibilities other than to ensure the institutions compliance with the PREA standards, and has the authority to make changes as needed to address any PREA issues.

During interviews with the USPPM, he indicated that he has been given sufficient time to complete his responsibilities. It is evident that he is very knowledgeable with the expectations, and is able to implement in his daily responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard regarding a zero tolerance for sexual abuse and sexual harassment; PREA coordinator. No recommendations or corrective actions are required.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- "Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - PREA – Correctional Institutions Division Director

#### Provision (a)

*During the interview with both the PREA – Unit Safe Prisons / PREA Manager (USPPM) and the Agency's contract administrator, they advised that the Daniel Webster Wallace Unit does not independently contract with any private agencies or entities; therefore this provision is not applicable.*

Provision (b)

*During the interview with both the PREA – Unit Safe Prisons / PREA Manager (USPPM) and the Agency’s contract administrator, they advised that the Daniel Webster Wallace Unit does not independently contract with any private agencies or entities; therefore this provision is not applicable.*

Conclusion:

*Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard contracting with other entities. No recommendations or corrective action is required.*

## 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 – Correctional Institutions Division Director, 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 – Correctional Institutions Division Director, 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 – Correctional Institutions Division Director, 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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Security Operations Procedures Manual, # 07.02 (rev. 4)
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Post Order, # PO-07.002 (rev. 10)
- TDCJ Security Operations Procedures Manual, # 08.01 (rev. 3)
- TDCJ Executive Directive, # PD-22 (rev. 15)
- TDCJ Security Operations Procedures Manual, # 08.06 (rev. 1)
- TDCJ Post Order, # PO-07.003 (rev. 10)
- TDCJ Post Order, # PO-07.004 (rev. 10)
- TDCJ Post Order, # PO-07.005 (rev. 9)
- TDCJ Administrative Directive, # AD-11.52 (rev. 6)
- Assorted Daniel Webster Wallace Unit shift documents
- Interviews with the following:
  - Warden or Designee
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - PREA – Correctional Institutions Division Director
  - Intermediate-or-Higher Level Facility Staff

### Provision (a)

TDCJ Administrative Directive, # AD-11.52 (rev. 6), states that the Texas Department of Criminal Justice (TDCJ) deploys adequate staff to provide safety and security to employees and offenders and to accomplish the mission of each unit.

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, states that the TDCJ shall ensure each unit develops, documents, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. TDCJ documentation also advises that in calculating adequate staffing levels and determining the need for video monitoring, units shall take into consideration TDCJ policies and procedures, and:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacy from federal investigative agencies;
- Any findings of inadequacy from internal or external oversight agencies;
- All components of the unit's physical plant, including "blind spots" or areas where staff or offenders may be isolated;
- The composition of the offender population;
- The number and placement of supervisor staff;
- Institutional programs occurring on a particular shift;
- Any applicable state or local laws, regulations, or standards;
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

The TDCJ Security Operations Procedures Manual, # 07.02 (rev. 4), identifies that prior to the installation of new video surveillance equipment the Surveillance Systems Coordinator will coordinate with the agency safe prison / PREA compliance manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator, the Unit Warden, and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the Unit's ability to protect offenders from sexual abuse.

The TDCJ Security Operations Procedures Manual, # 08.01 (rev. 3), Priority 1, is a position that because of its responsibility will be filled before Priority 2 position. In the event that a Priority 1 positions cannot be filled, the duty warden will contact the Regional Director for guidance to determine if staff overtime or other operational considerations are warranted. Priority 2: the Warden or designee may staff within Priority 2 as needed to allow for unit activities that are deemed necessary based upon availability of staff.

TDCJ Security Operations Procedures Manual, # 08.06 (rev. 1), states that prior to the meeting Security Operations staff shall collect relevant information from the agency safe prisons / PREA compliance manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for each facility under review. The manual further states that a request for revision may be submitted by the unit warden at any time when there has been a mission change, or a housing scheme change on the unit. However, a review must be conducted annually as designated.

In addition, the Auditor reviewed copies of three (3) annual PREA staffing plans (2016, 2017 & 2018). Each of the plans provided were comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to insure compliance with the established staffing model. The staffing plan was predicated upon an average daily offender population of 1448, on the first day of the audit, the offender population was 1356.

During the Interviews with both the Warden and the USPPM, they indicated that they regularly conduct random reviews of staffing levels, how they affect the offender programming, various classification amounts, as well as any changes or modifications to the video monitoring. They will also review other concerns which include, physical plant configuration, internal or external oversight bodies, offender population configuration, placement of supervisor staff, line-staff needs, and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden stated that during her regular staff meetings, staffing plan compliance and any deviations from the staffing plan is a frequent topic.

#### Provision (b)

According to TDCJ Administrative Directive, # AD-11.52 (rev. 6), states that "Position Deviation" is when a staff member is deployed to a position that is not allocated on the unit staffing plan. "Priority 1 Position" is a priority level assigned to a security position that has been identified on a shift turnout roster to meet the basic security and operations needs of the unit, whereas a "Priority 2 Position" is a priority level assigned to a security position that the warden or designee may staff as needed to allow for unit activities that are deemed necessary based on the availability of the staff. It is the shift Lieutenants responsibility to document these instances.

It has been documented that in the past 12 months, there have been numerous reasons that have required the Wallace Unit to deviate from the staffing plan such as:

1. Staffing
2. Medical Transports
3. Vacant Positions
4. Military leave
5. Staff illness
6. Staff shortages

The Auditor reviewed ten (10) randomly chosen rosters over a ten (10) month period, each roster reflected various position deviations. During this period, there were various instances when staff where voluntarily overtime, or staff diversions were utilized to cover any vacant Priority one positions. As indicated in the documentation, normal unit operations occurred.

An interview with the Warden indicated she regularly reviews the rosters, ensuring that any deviation from the established staffing plan is appropriately documented in the respective shift roster, as well as any necessary explanations for non-compliance

The Auditor could not find an occurrence when offender education or program time was shut down as a result of staff shortage in the past 12 months.

Provision (c)

TDCJ Administrative Directive, # AD-11.52 (rev. 6), indicates that an annual review of staffing plans and shift turnout rosters will be conducted in accordance with *Security Operations Procedures Manual SOPM-08.06*, "Security operations Annual Review of Turnout Rosters procedures," and in consultation with the *Prison Rape Elimination Act* (PREA) coordinator. The review team consists of members from Security Operations, the regional director, and unit administration, and must assess, determine, and document whether adjustments to the unit staffing plan are needed and review the resources the facility has available to ensure adherence to the staffing plan.

Further language provides for further requirements that the shift supervisor must fill Priority 1 and 2 positions as indicated by the unit's staffing plan and shift turnout rosters, and that in any instances when a Priority 1 position is not filled approval must be received by the regional director, and noted in the turnout roster next to the position. In the event that that a position is expected to be idled or vacant for a period to exceed thirty (30) days, then an idled Position or Position Deviation Form must be submitted to Security Operations.

In accordance with TDCJ Security Operations Procedures Manual, # 08.06 (rev. 1), indicates that Security Operations shall conduct an annual review of each unit's turnout rosters in consultation with the regional director and safe prisons / PREA compliance manager to assess, determine and document whether adjustments are needed to the unit turn out roster.

In accordance with TDCJ Security Operations Procedures Manual, # 07.02 (rev. 4), indicates that Security Operation is responsible for updating and maintaining the "Equipment Status Report". The quantity of cameras allocated may be increased or decreased as required by unit mission changes, staffing changes, offender security designation or to protect offenders against sexual abuse. The procedure then outlines the process required to submit for any adjustments/additions to the Unit's camera system.

This Auditor was provided with copies of the 2016, 2017 and 2018 staffing plan reviews that had been forwarded to the TDCJ PREA – Correctional Institutions Division Director, and had been completed by the Warden, as required. This review discussed the staffing plan, video monitoring and the resources required to adhere to the staffing plan.

The Wallace Unit has minimum staffing requirements, in the event that a mandatory post is vacant for whatever reason, that position is filled with overtime staff or staff redirected from non-mandatory positions. The Auditor reviewed ten (10) random shift rosters, and was able to verify that each of the mandatory positions was covered by an assigned staff member, whether it be their assigned shift, or on an overtime basis.

An interview with the PREA Coordinator advises that the staffing plan is reviewed annually for each facility/unit which includes video monitoring staff, and resources available to commit to the staffing plan.

Provision (d)

According to TDCJ Executive Directive, # PD-22 (rev. 15), general rules of conduct and disciplinary action guidelines indicate misconduct, violation level 4, which states that an employee shall not engage in any action that would have an adverse impact upon the integrity or productivity of the employee or the TDCJ. This includes "...alerting other staff members when supervisor rounds are being conducted, unless otherwise instructed....."

In accordance with TDCJ Post Order, # PO-07.004 (rev. 10), Lieutenant of Correctional Officers, TDCJ Post Order, # PO-07.003 (rev. 10), Captain of Correctional Officers, as well as TDCJ Post Order, # PO-07.002 (rev. 10), Major of Correctional Officers, addresses their requirement to supervise correctional staff by frequently conducting and appropriately documenting unannounced inspections of all of the buildings on the unit to include perimeter pickets, mobile patrol, back gate, offenders housing, and other offender work areas;

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, requires that security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders. In addition the plan advises staff that they are prohibited from alerting other staff members when these rounds are occurring.

Interviews conducted with intermediate or higher level staff, these interviews affirmed that staff are making unannounced rounds and documenting these rounds on the shift turnout rosters. During random informal interviews and discussions with staff, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the logbook. This was validated by the Auditor through a review of the logbooks, during the unit tour.

Interviews with higher level staff indicate that they begin their rounds by instructing staff to not inform each other they are making their rounds, and moving throughout the facility/unit.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard regarding Supervision and Monitoring. No recommendations or corrective actions are required.

## 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**

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Statement of Fact

Provision (a)

N/A

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

*Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard regarding youthful inmates. No recommendations or corrective action is required.*

**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*)

## Instructions for Overall Compliance Determination Narrative

- “Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ SAFE Prisons / PREA Operations Manual # 02.05
- TDCJ Executive Directive # ED-01.21 (rev. 7)
- TDCJ Security Manual PO-07.006 (rev. 6), PO-07.023 (rev. 12), PO-07.027 (rev. 9)
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Security Memorandum # SM-02.25 (rev. 5)
- TDCJ Security Memorandum # SM-01.01 (rev. 7)
- TDCJ Administrative Directive # AD-03.22 (rev. 11)
- Assorted TDCJ training materials
- Interviews with the following:
  - Random Staff
  - Random Offenders
- Observations made during on-site review.

### Provision (a):

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, “Offender Searches”.

TDCJ Security Manual PO-07.006 (rev. 6), PO-07.023 (rev. 12), PO-07.027 (rev. 9), provides specific direction to the Administrative Segregation, Cellblock, and Dorm Officers identifying the various duties and responsibilities of each specific position. Such responsibilities include the officers requirements regarding searches, and announcements when assigned to various posts or positions.

Additional policy language advises that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

There were (15) fifteen formal and (7) seven informal staff questioned about cross gender search practices. All of these staff recalled having the training specific to this, and reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

### Provision (b):

*This provision is not applicable. At this time, the Daniel Webster Wallace Unit does not house female offenders. A review of the roster confirmed that there were no female offenders housed at the facility.*

### Provision (c):

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that unit staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches for male offenders, and all cross-gender visual body cavity searches or pat-down searches for female offenders. These searches shall be documented on the Inter-Office Communications containing a supervisor’s signed approval and filed with the USPPM.

TDCJ Security Manual PO-07.006 (rev. 6), PO-07.023 (rev. 12), PO-07.027 (rev. 9), relates to the Administrative Segregation, Cellblock, and Dorm Officers identifying the various duties and responsibilities of each specific position. Such responsibilities include the officers requirements regarding searches, and announcements when assigned to various posts or positions.

According to the TDCJ SAFE Prisons / PREA Operations Manual # 02.05 procedures are outlined that indicates that “Offender Searches” indicates that prior to conducting a cross-gender pat and strip searches of female offenders and cross-gender strip searches of male offenders, only a security supervisor shall approve the search under exigent circumstances. The security supervisor approving the search shall document each cross-gendered search on an Inter-Office Communication and provide the completed IOC to the USPPM. The policy then advises that the USPPM shall complete and maintain a detailed log referencing each authorized cross-gendered search

Provision (d):

The agency has numerous policies and procedures relative to this provision, in addition the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, provides that correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders. Under no circumstances shall an offender search be conducted solely for the purpose of determining an offender’s genital status.

Additional policy language requires that the facility implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

There are different housing configurations at the Daniel Webster Wallace Unit; housing varies between one (1) or two (2) person cells with individual toilets, or large dormitory settings with a bathroom area located in a centralized area of the dormitory. The dormitory bathrooms have a half/saloon type door covering each individual shower, with appropriate privacy screens shielding each individual toilet. Segregated housing cells contain toilets inside of the cells that are situated at the far end of the cell. A shower is located on the tier, with half/saloon type door. All of the showers and toilets in the housing units, dorms or segregated housing have appropriate surrounds, coverings, or are situated to ensure protection against opposite gender viewing.

During the facility tour, opposite gender staff were observed entering the various housing units, announcements of their presence was made for each occurrence.

Of the twenty (20) and twenty-five (25) informal offenders interviews, all of the offenders reported hearing opposite gender staff announce their presence when entering the housing unit. Every offender interviewed confirmed that they were comfortable dressing without being viewed by staff of the opposite gender.

There were (15) fifteen formal and (7) seven informal staff interviewed regarding the requirement for cross gender announcements, all staff reported that opposite gender staff announcements are made when entering the housing areas.

Provision (e):

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that during the intake process, non-medical staff shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender’s genital status.

Further policy states that the facility shall not search or physically examine 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.

There were (15) fifteen formal and (7) seven informal staff questioned about cross gender search practices. Each of these staff recalled having the training specific to this, and reported that cross gender strip searches or cross

gender body cavity searches do not occur at the Wallace Unit. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying the genital status.

Of the twenty (20) and twenty-five (25) informal offenders interviews, all indicated that female staff do not conduct cross-gender strip searches or cross gender body cavity searches.

Provision (f):

The agency has numerous policies and procedures relative to this provision, in addition the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that correctional staff shall be trained in the methods of conducting cross-gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs.

The Auditor reviewed copies of several separate PREA training sessions that occurred during 2018 for Wallace Unit security staff. The Auditor verified each signature on the sign-in sheet correlated to an existing Wallace Unit staff member. Each participant signed their acknowledgement of associated training materials. Training topics included the TDCJ's zero tolerance policy, characteristics and signs of potential victims of sexual abuse and harassment, security checks, contraband, as well as appropriate search techniques.

The auditor also reviewed specific training materials entitled the Constitutional Protections Module, specific to offender searches. The training details specific items outlined in Search Procedures (AD-03.22 Offender Searches), providing guidance regarding: Offender Pat-Search for male, female, and transgender offenders; Offender Strip-Search for male & female. The training materials further emphasizes that at no time will Male staff perform both Pat Searches or Strip Searches of female offenders, and that at no time will Female staff perform Strip Searches of Male offenders, unless exigent circumstances are present, and only upon supervisory approval.

During the facility tour, opposite gender staff were observed entering the various housing units, announcements of their presence was made for each occurrence.

Policy indicates that the TDCJ shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Additionally, policy requires that all TDCJ staff attend at a minimum annual in-service training that covers Pat searches of all type of offenders. In addition, on-going training is also provided by shift supervisors periodically.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard regarding the limits to cross-gender viewing and searches. No recommendations or corrective action is required.

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

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

#### **115.16 (a)**

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter

could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional managed Health Care Policy Manual # G.51.1, effective 3/7/17
- TDCJ Correctional managed Health Care Policy Manual # G.51.5, effective 3/8/18
- TDCJ Correctional managed Health Care Policy Manual # E-37.5, effective 5/20/16
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Security Manual PO-07.105 (rev. 6)
- TDCJ Intake Procedures # 1.10, dated July 2014
- TDCJ Intake Procedures # 6.05, dated June 2007
- TDCJ Administrative Directive # AD-06.25 (rev. 4)
- TDCJ Administrative Directive # AD-04.25 (rev. 5)
- TDCJ Security Memorandum # SM-05.50 (rev. 3)
- TDCJ Post Order # PO-07.105, dated 12/15/16
- TDCJ SAFE Prisons/PREA Operations Manual # 03.01
- TDCJ SAFE Prisons/PREA Operations Manual # 02.03
- Numerous memo's and training documents
- Interviews with the following:
  - Agency Head or Designee
  - Random Staff
  - Offenders with disabilities or LEP
- Observations of PREA poster locations during on-site rounds

#### Provision (a)

The agency has numerous policies and procedures relative to this provision. The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates that offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

In addition the TDCJ Correctional managed Health Care Policy Manual # G.51.1, advises that the Correctional Managed Health Care Committee, its agents, and the TDCJ Health Services Division provide service for offenders who require medical supervision and/or multidisciplinary care. The policy identifies inmates who are; chronically ill or communicable disease, require assistive disability services, frail elderly, terminally ill, seriously mentally ill, have a developmental disability, and/or pregnant.

The policy also indicates that interpreters will be provided to offenders whose primary means of communication is via American Sign Language or finger spelling, and that the policy outlines seven (7) instances when interpreters

are provided, which include: completion of the diagnostic process, disciplinary hearings, classification committee hearings, mental health appointments, case reviews, etc.

TDCJ Security Manual PO-07.105 (rev. 4), relates to post orders specific to the duties and responsibilities of those individuals assigned to the Psychiatric and Developmental Disabilities Program Officer position. Such responsibilities help to identify how the officer coordinates with the treatment team and other medical staff to ensure the safety and security of offenders assigned to the psychiatric and DDP, and maintain security and control of all assigned areas, which also includes the officers requirements regarding searches, and announcements when assigned to various posts or positions.

The TDCJ Intake Procedures # 1.10, dated July 2014 relate to the inmates initial orientation. According to item VIII, it indicates that items will be provided in both English and Spanish, and that “..... In addition, the documentation as listed in V.F. above will be provided to these offenders”.

TDCJ Intake Procedures # 6.05, dated June 2007 relates to Intake Processing of Offenders in need of an Interpreter, further requiring intake staff must utilize a qualified interpreter for the processing of any offender who is unable to communicate in English. The procedures further identify that Non-English speaking offenders who speak languages other than Spanish; in some cases an interpreter may be available at the intake facility to assist with language other than Spanish.

The TDCJ Administrative Directive # AD-06.26 (rev. 4), outlines that the TDCJ shall provide qualified interpreters in informal governmental proceedings for offenders who use American Sign Language (ASL) as their primary means of communicating. This identified directive provides detailed definitions and procedures.

The Auditor was provided written documents, training materials, as well as PREA brochures, that are provided in both English and Spanish to the offender population. During the tour, the Auditor also observed that the PREA posters were prominently displayed in each housing unit, work area, as well as numerous areas throughout the facility, in both English and Spanish.

During the interview with the Director, Correctional Institutions Division, she shared that the Department ensures that training materials are provided in different formats; written, video, English, Spanish, American Sign Language, etc. She further reiterated that policies have been established 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.

The agency has staff certified interpreters within the facilities. A database of employees that speak different languages is also maintained for the agency; these services can be utilized over the phone if necessary. Facilities that house blind and deaf offenders use an alert system of lights and bells to alert gender supervision changes in the housing area.

The Auditor interviewed four (4) offenders with disabilities, and two (2) who were LEP. The interview with the offender who was LEP was facilitated through interpretation provided by Wallace Unit staff. The offender indicated that he had been provided all of the appropriate documentation in Spanish, and felt he could make a report if he needed to. He further advised that he is able to access interpreter services when necessary to understand information or ask questions. The other four (4) offenders interviewed had either a cognitive or physical disabilities. Each of the offenders indicated they had a clear understanding of the PREA guidelines and were able to explain their rights and articulate the various methods for them to report an issue if necessary.

#### Provision (b)

The agency has numerous policies and procedures relative to this provision, the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018 is referenced in provision (a), and has application to this provision, as well.

In addition the TDCJ Intake Procedures # 1.10, dated July 2014 relate to the inmates initial orientation. According to the procedures, it indicates that intake orientation will include; a five-hour Orientation Video, the four-minute Veterans video, five hours of peer education to include sexual assault awareness and health education, and; the "Offender Grievance Procedures", as well as an Orientation Handbook in both English and Spanish.

Outlined in provision (a) is TDCJ Correctional managed Health Care Policy Manual # G.51.1, has application to this provision, as well.

TDCJ also provides access for staff with a language line for interpretation service that is available 24 hours a day, 7 days a week, 365 days a year for most languages. For those languages that are not available 24/7/365, arrangements can be made to ensure that someone is available at a specific time.

Additionally, TDCJ provided the auditor with a fourteen (14) page listing of TDCJ staff, entitled staff who speak a language other than English or Spanish, dated April 2018, broken down by facility/unit. The associated staff are listed alphabetically by name, listing their shift/work hours as well as by country association, and languages spoken.

According to TDCJ SAFE Prisons/PREA Operations Manual # 03.01 in regard to offender assessment screenings indicates that the interviewer shall ask each question in a manner, which ensures the offender, understands the questions. When necessary, the interviewer shall provide an interpreter for offenders with limited English proficiency in accordance with SM-05.50, "Qualified Spanish Interpreter Guidelines".

The Auditor also reviewed a copy of staff training that reflects numerous PowerPoint slides that are provided to staff during their required ADA training. Training materials were extensive and comprehensive advising staff of the various components of ADA including the appropriate treatment of those offenders who are covered under this act.

#### Provision (c)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates that staff shall not rely on offender interpreters, offenders readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties described within this plan, or the investigation of the offender's allegations.

During the interview with the USPPM, he indicated that there have not been any instances in the past twelve (12) months where interpreter services were required.

Of the twenty-two (22) staff that were interviewed by the Auditor, all indicated that in the event translation was required, they would try to find another staff member to provide translation, and then advise the Shift Lieutenant for further direction. Each of the staff members advised that they would not solicit the assistance of an inmate translator, nor would they utilize one past the initial introductions.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that Daniel Webster Wallace Unit meets standard regarding Inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Executive Directive # PD-27 (rev. 6)
- TDCJ Executive Directive # PD-56 (rev. 7)
- TDCJ Executive Directive # PD-73 (rev. 12)
- TDCJ Executive Directive # PD-71 (rev. 13)
- TDCJ Executive Directive # PD-75 (rev. 8)
- Pre-hire Criminal History Check Documents
- TDCJ Employment Application Supplement
- Pre-Employment Questionnaire for new applicants
- Numerous memo's, training, or criminal history documents

- Interviews with the following:
  - Administrative (Human Resources) Staff
- Personnel file reviews for current employees, new employees and employees receiving promotions.

Provision (a)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that that TDCJ shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have had contact with offenders, who previously;

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, as defined in 42 USC 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 administrative adjudicated to have engaged in the activity described in paragraph VIII.A.1.b.above.

The Auditor reviewed a random sampling of staff and contractor files. The Auditor also reviewed a total of twelve (12) files of those individuals, both staff and contractor, who were either hired or promoted within the past 12 months, including existing staff, or existing staff who had been with TDCJ for over five (5) years. Each of the files reviewed contained all items required by the standard, which included PREA documentation and Criminal History Check information. The Auditor was also able to verify that all of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

TDCJ Employment Application Supplement question # 9 b, asks the candidate if they engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. Question 9c asks the candidate if they have ever been convicted of engaging or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. In addition question 9d asks the candidate if they have ever been civilly or administratively adjusted to have engaged in sexual activity in the community facilitated by force, over or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.

Provision (b)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that the TDCJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist services of any contract, who may have contact with offenders.

The Human Resources (HR) staff interviewed regarding the hiring practices of the TDCJ, indicated that the potential hire is required to fill out all personnel documents, which requires the disclosure of the standards required items. In addition, the Director further stated that the TDCJ takes a very active and aggressive stance with the requirements of the PREA standards.

According to both the HR Staff and the Director, the TDCJ performs a criminal history background check on all employees, agency or contract, upon initial offer of employment and monitors throughout employment. The background checks include fingerprints submitted to the Texas Department of Public Safety (DPS) for enrollment into the automatic arrest notification system. This system is utilized for capturing criminal background checks through Applicant Clearinghouse of Texas (FACT). FACT is a repository of the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) fingerprint-based criminal history results. Following employment, any subsequent arrest notifications allow the TDCJ to receive automated, nationwide results pertaining to current employee's arrest and criminal history.

In addition, the DPS conducts a semi-annual background check on all employees, contractors and volunteers using the fingerprints previously submitted for warrants (Misdemeanor and Felony Offenses) during the month of the employee's birthday, and again 180 days later.

The Auditor conducted a review of the requested personnel files, as identified in provision (a), verifying that all of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

#### Provision (c)

According to the TDCJ Executive Directive # PD-71 (rev. 13), the TDCJ promotes equal employment opportunity through a selection system without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information (collectively "protected class"). In addition, the TDCJ complies with the provision of applicable federal and state laws relating to employment and reemployment entitlements for prospective, current, or former member of the uniformed services.

The TDCJ Employment Application Supplement question # 8 & 9a., requests to permission to contact the present employer for a reference. Further questions ask if the candidate has ever been fired, ask to resign, and if so the name, dates, and reasons for request.

The auditor reviewed copies of the TDCJ Record Access System Basic Inquiry responses, that reflected the various items queried when completing background/criminal history checks. Completed checks reflect a date and time of completion, with a subject line that reads: Clear for Conditional Offer, a conditional offer may not be extended to the applicant.

The Auditor interviewed the HR Staff in regard to the hiring practices of the TDCJ. See responses identified in provision (b).

In the preceding 12 months there were sixty-four (64) individuals hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of four (4) of the requested personnel files, and verified that each of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

#### Provision (d)

According to TDCJ Executive Directive # PD-27 (rev. 6), employees of the TDCJ are required to notify the department in accordance with procedures outlined in the directive upon being arrested, learning of an outstanding warrant of arrest, or when criminal charges are filed against them for a misdemeanor or felony offense. In addition, certain employees identified in this directive are required to notify the TDCJ upon being named as a responded in a protective order. The employment status of such employees shall be determined in a consistent and fair manner without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information.

According to TDCJ Executive Directive # PD-71 (rev. 13) the Employment Section shall perform a final employment clearance prior to a conditional offer to an outside or interagency applicant. The employment clearance shall include a criminal record check, verification that all required documents have been provided, verification of document authenticity, and eligibility for employment.

TDCJ Executive Directive # PD-27 (rev. 6) advises that employee relations shall conduct a semi-annual background check for each employee to ensure there are no outstanding warrants of arrest for the employee once during the month of the employee's birthday, and once every 180 days later. Policy also advises that upon receipt of an employee's fingerprints from Employee Relations, the DPS automatically notifies Employee Relations if the employee has been arrested.

#### Provision (e)

Refer to TDCJ Executive Directive # PD-27 (rev. 6) outlined in provision (d) relating to arrest notifications, semi-annual background checks, and fingerprint submissions.

In lieu of conducting background checks every five (5) years, as required by provision, the TDCJ conducts annual criminal offense background check for all agency employees. All employees are subject to an annual criminal offense check during their birth month, and every six months (180 days), to ensure there are no outstanding warrants of arrest. (Reference, PD'27, Employment Status Pending Resolution or Criminal Charges or Protective Orders, page 5, section B.).

The Auditor provided a listing of twelve (12) staff for the purposes of ensuring that the criminal history checks are being completed on various categories of staff; initial, promotion, five year review, and contractor, the auditor was also supplied verification by TDCJ reflecting the completion of the required criminal history checks.

The Auditor interviewed the TDCJ HR Staff, assigned to Wallace Unit, who stated that the department has a centralized database that tracks the completion of all background checks, and also tracks the due dates of the five (5) year criminal history check.

#### Provision (f)

The TDCJ Employment Application Supplement question # 9 b, asks if the candidate has ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution. Question 9c asks the candidate if they have ever been convicted of engaging or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Question # 9d asks if the candidate has ever been civilly or administratively adjusted to have engaged in sexual activity in the community facilitated by force, over or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.

During the interview with the HR staff, she indicated that a condition of staff employment requires that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

#### Provision (g)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, indicates that material omissions regarding misconduct of this nature, or the provision of materially false information shall be grounds for termination.

According to TDCJ Executive Directive # PD-73 (rev. 12), prior to an applicant being employed by the TDCJ, the applicant shall provide all required documentation, indicating the disqualification for providing inadequate, false, or inaccurate information or documentation. The employment section, human resources division, shall verify the authenticity of the documentation, ensuring that:

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

#### Provision (h)

According to TDCJ Executive Directive # PD-56 (rev. 7), a written request for and release of employment information or documents, may include a request sent by email or fax, and states that unless prohibited by law. The TDCJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom such employee has applied for work.

During an interview with the HR Staff, she advised that as long as the potential employer had a signed release from

the potential employee, they would provide all of the information relative to this standard.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Hiring and Promotion decisions. No recommendations or corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Security Memorandum # SM 01.14 (rev. 4)
- TDCJ Security Operations Procedures Manual # 07.02 (rev. 4)
- Interviews with the following:
  - Director, Correctional Institutions Division
  - Warden
- Observations during on-site review

#### Provision (a)

The Auditor conducted a comprehensive tour of the Daniel Webster Wallace Unit. Since the last audit there has not been any substantial expansions or additions to the prison.

According to TDCJ Security Operations Procedures Manual # 07.02 (rev. 4), it states that prior to the installation of new video surveillance equipment, the Surveillance Systems Coordinator will coordinate with the agency safe prison/PREA Compliance Manager to collect any relevant information containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse from the previous year for that unit. The surveillance System Coordinator in conjunction with the Unit Warden, and the Warden of Security Operation will deploy the surveillance equipment in an effort to enhance the agency's ability to protect offense from sexual abuse.

The policy further states that the Unit Warden shall review the deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The Unit Warden shall collect any relevant information for the agencies Safe Prison/ PREA compliance manager containing the prevalence of substantiated and unsubstantiated incidents of sexual abuse for the previous year.

The Auditor interviewed the Director Correctional Institutions Division, and the Warden both advised that all construction, renovation, or modifications are done with the full consideration of all PREA considerations. They both advised that there are safety committee meetings, camera committee meetings, etc., that are held regarding any building or construction considerations.

#### Provision (b)

The establishment of TDCJ Security Memorandum # SM 01.14 (rev. 4) establishes policy and procedures for monitoring, operating, and maintaining video surveillance systems with recording capabilities installed on units. The policy ensures that video surveillance systems are used to protect offenders against assault, extortion, and sexual abuse in accordance with the Texas Department of Criminal Justice (TDCJ) *Safe Prisons/PREA Plan*; The policy also ensures any recorded video media relevant to known investigations is mainlined in a secure manner or forwarded to the office of the Inspector General, as necessary.

Refer to policy language identified in provision (a) for TDCJ Security Operations Procedures Manual # 07.02 (rev. 4).

The unit continues to review for expansion of the units camera capabilities. At the present time there is close to fifty (50) cameras placed throughout the facility, that are monitored at various locations, 24 hours a day, 7 days a week.

The Auditor interviewed both the Director, Correctional Institutions Division and the Warden who advised that the TDCJ and the Wallace Unit are committed to the camera monitoring program, and indicated that having the cameras in place has benefited in an increased level of security and monitoring oversight

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the Upgrades to facilities and technology. No recommendations or corrective action is required.

## 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 evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

##### 115.21 (d)

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

##### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/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*)

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Texas Association against Sexual Assault, Service Directory 2016 – 2017
- TDCJ 2015 Operations Procedures Manual # OIG-04.05
- TDCJ Administrative Directive # AD-16-03 (rev. 4)
- TDCJ SAFE Prisons / PREA Operations Manual #02.02
- TDCJ SAFE Prisons / PREA Operations Manual #05.01
- TDCJ Correctional Managed Health Care Policy Manual # G-57.1
- Assorted Training Materials
- Statement of Fact
- Interviews with the following:
  - Random Staff
  - SAFE's/SANE's Staff
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Inmates who reported a Sexual Abuse

### Provision (a)

The TDCJ is responsible for conducting its own administrative and criminal sexual abuse investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. The TDCJ has one (1) Investigator from the Office of the Inspector General (OIG), assigned to conduct criminal investigations within the Daniel Webster Wallace Unit. The Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM) has also been identified, along with several other Unit Staff members to provide investigative assistance, as needed.

The TDCJ also has an established uniform evidence protocol, as outlined in TDCJ Administrative Directive # AD-16-03 (rev. 4) which indicates that the policy of the TDCJ is when a criminal act is committed on the premises of a TDCJ facility the TDCJ shall ensure that evidence handling, and crime scene protection/preservation procedures are implemented in accordance with the established guidelines. It is the employees responsibility to provide emergency responsiveness to protect life and property as well as to provide for the identification, protection, preservation and collection of physical evidence in such a manner to maintain its integrity and enhance the potential prosecution of perpetrators.

Policy language further indicates that staff are required to secure the crime scene, ensuring it is undisturbed until the arrival of TDCJ Investigators. Further language provides direction to staff in regard to the preservation of existing evidence (e.g., crime scene, photographs, sketches, video, weapons, bodily fluids, medications, items of property, or other existing evidence), as well as other identified evidence protocols.

According to the TDCJ 2015 Operations Procedures Manual # OIG-04.05, the policy was designed to outline the policy and procedures for investigating and documenting incidents of sexual assault. The policy further identifies the agency's commitment to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution. As well as, outlining the procedures that investigators must follow including the Forensic Medical Examination, sexual assault evidence kit, crime scene examination, evidence collection, and the interview process.

TDCJ has also developed a comprehensive protocol checklist (SPPMOM 05.01 Attachment G), that provides a detailed checklist for staff to utilize, entitled Initial Response Following an Allegation of Sexual Abuse, and provides columns that includes the date, time, notifications, and required procedures

The Auditor interviewed a total of nine (9) random staff in regard to the rules of evidence, and their understanding of the process, should an offender report alleged sexual abuse. Every staff member interviewed was able to articulate the basic preservation of evidence component of both victim and assailant. They were also able to explain their responsibilities up to the point where they will transfer responsibility to either investigative or medical staff.

### Provision (b)

According to the TDCJ 2015 Operations Procedures Manual # OIG-04.05, as well as the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 the protocols shall be developmentally appropriate for youth, where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office 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.

### Provision (c)

Additional policy language regarding this provision is also located in provision (a).

According to the TDCJ 2015 Operations Procedures Manual # OIG-04.05, upon notification of a sexual assault, the OIG investigator will consider the amount of elapsed time and shall request a forensic medical examination of the victim if the sexual assault occurred within 96 hours of report the assault to the OIG investigator. If the sexual assault is reported in excess of 96 hours, the OIG investigation should consider the probability of recovering

biological and physical evidence and request forensic medical examination, only if appropriate. The OIG investigator is responsible for determining if the forensic examinations appropriate, and if the victim declines the offer to submit to the examination, and document accordingly.

There have not been any forensic medical exams conducted in the past (12) twelve months. There have not been any offenders who have been transported for any reason to the any location for any SAFE/SANE services in the past (12) twelve months.

The Auditor conducted a telephonic interview with the SAFE/SANE representative. She confirmed that the exams are provided at no cost to the offender, and that all forensic services are provided when the offender is presented at the hospital for follow-up. She indicated that trained forensic nurses (SAFE/SANE) are always available 24 hours a day, 7 days a week. She further stated that during the exam process, a victim advocate is also made available to assist with any questions and to ensure that follow-up counseling is provided, before, during, and after the examination, as needed for the victim.

#### Provision (d)

As indicated in provision (c), victim advocates are provided before, during, and after the forensic medical examination.

The TDCJ SAFE Prisons / PREA Operations Manual # 02.02, establishes guidelines and procedure regarding selection, training, and functions of the Offender Victim Representative (OVR) should an offender request emotional support services following a sexual assault allegation. Policy further indicates that when an advocate from a rape crisis center is not available to provide emotional support advocacy services following an allegation of sexual assault, the TDCJ shall upon request of the offender victim, provide an OVR to support the offender victim through the forensic medical examination process and investigatory interviews. The OVR shall provide emotional support, crisis intervention, information, and referrals.

TDCJ has also established a four (4) hour training block for departmental staff. This training has been designed for Psychologists, Sociologists, Chaplains, Social Workers, and Case Workers, and focuses on providing them with the necessary tools to provide effective crisis intervention services to a sexual assault victim during a forensic medical examination and investigatory interview, as well as to provide counseling, support services, and information regarding the rights of crime victims under Article 56.02.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available qualified staff member from a community-based organization is not able to make available a qualified TDCJ staff member to provide the offender with victim advocate services.

As requested by the offender victim, the victim advocate or qualified TDCJ staff member, or qualified community-based organization staff member shall:

- 1) Accompany and support the victim through the forensic medical examination process and investigatory interview.
- 2) Provide emotional support, crisis intervention information, and referrals, and
- 3) Not delay or otherwise impeded the screening or stabilization of an emergency.

The Texas Association against Sexual Assault (TASA) provided a Service Directory for the period 2016 – 2017. Located in this directory are services that Wallace may utilize that provides sexual assault service providers, crisis centers, dual agencies, which includes satellite locations. A review of the directory revealed that there are two (2) program locations within the county, both are within 45 miles of the Unit.

During the interview with the USPPM, he indicated that victim advocacy services are offered through contract, and are built into the forensic examination process. The USPPM stated that all requirements of PREA have been incorporated into the contract. During the examination, the offender meets the victim advocate and arrangements

are made to provide any necessary counseling services. Any follow-up counseling will be coordinated in collaboration with mental health services staff located at the facility.

Of the four (4) offenders who reported sexual abuse while housed at the Wallace Unit. Each of the offenders indicated that the staff provided them immediate assistance. In each instance, staff had contacted their supervisor who ensured that the inmate was immediately taken to medical staff and received all of the treatment services that they required, including counseling services. The offenders were not transported outside of the facility for treatment services, given the amount of time between when the incident occurred and when the offenders reported it to staff.

Provision (e)

*Addressed in provisions (c) & (d)*

Provision (f)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Evidence Protocols and forensic medical examinations. No corrective action is required; however, policy reconsideration is recommended.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Board Policy # BP-01.07 (rev. 6)
- TDCJ Administrative Directive # AD-02.15 (rev. 12)
- TDCJ Administrative Directive # AD-16.20 (rev. 2)
- TDCJ SAFE Prisons / PREA Operations Manual # 05.01
- TDCJ SAFE Prisons / PREA Operations Manual # 05.05
- TDCJ Executive Directive # PD-29 (rev. 5)
- TDCJ 2015 Operational Procedures Manual # OIG-04.05
- Additional attachments and documentation
- Interviews with the following:
  - Deputy Commissioner
  - Investigative Staff

#### Provision (a)

A review of TDCJ SAFE Prisons / PREA Operations Manual # 05.05 advises that it is the policy of the TDCJ to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing the probability of a successful prosecution. The manual also indicates that an administrative and criminal investigation as appropriate, shall be completed for all allegations of sexual abuse and sexual harassment.

TDCJ SAFE Prisons / PREA Operations Manual # 05.01 provides procedures for responding to an allegation of sexual abuse and requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). The outlined procedures ensure that systematic collaboration occurs between all parties, and that notification and response process's occur following a reported sexual abuse incident.

The Auditor reviewed documentation that indicated that during the past 12 months there have been a total of four (4) total cases; four (4) Administrative Cases, two (2) of which were also referred for Criminal consideration.

TDCJ SAFE Prisons / PREA Operations Manual # 05.01 indicates that administrative investigations are conducted by staff trained in PREA investigations. The reports are to be given to a supervisor who completes the documentation requirements contained within the Safe Prisons/PREA manual and EAC requirements. Notifications

of allegations are made to the appropriate officials, such as the facility warden, the OIG, medical and mental health staff, and the unit PREA manager.

The Auditor interviewed the Director of the Institutions Division, as well as the OIG investigator, who both indicated there are multiple policies that cover both administrative and criminal investigations for sexual abuse or sexual harassment. All administrative investigations begin on the unit and follow a process of incident reviews to agency administration. All criminal investigations are referred to and conducted by the OIG, which is a separate division of TDCJ. The OIG will also assist in conducting staff-on-offender sexual abuse administrative investigations

#### Provision (b)

The policy's regarding the TDCJ's obligation to report and thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

A review of TDCJ Board Policy # BP-01.07 (rev. 6), provides that the OIG is the primary investigative and law enforcement entity of the TDCJ. Their mission is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment and certain regulations and policies of the TDCJ.

TDCJ Administrative Directive # AD-16.20 (rev. 2), indicates that the OIG investigators are commissioned Texas peace officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. The OIG has primary responsibility for communication between the TDCJ and outside law enforcement agencies. This policy further states that all incidents or allegations of serious employee misconduct, all felony offenses or allegations of felony conduct on or affects TDCJ property or interests shall be reported to the OIG.

According to TDCJ Executive Directive # P-29 (rev. 5), when an employee becomes aware of an alleged sexual abuse/assault, they must immediately report such misconduct to one or more of the following for investigation; immediate supervisor, warden, department head, second level supervisor, the OIG, or Investigations Division HQ, and/or the PREA Ombudsman Office.

According to AD-16.20 (rev. 2), Attachment A relating to Immediate reporting guidelines provide direction to TDCJ staff when they are required to report matters to the OIG, such items identified include; Incidents of sexual misconduct between and employee and offender, and all sexual assaults involving employees, visitors, volunteers, or any civilian while on state property.

The departmental website provides access to numerous methods for the public to report Sexual Abuse or sexual Harassment, such methods include telephone contact, email address information, as well as an on-line submission from to report any concerns or allegations.

During the interview with OIG investigator he advised that the Unit review every instance of Sexual Abuse or Sexual Harassment. Those incidents that were identified with criminal elements were referred to him for investigation, also outlined in provision (a).

#### Provision (c)

The Office of the Inspector General (OIG) reports outside of the Correctional Institutions Division, reporting directly to the nine (9) member board of the Texas Board of Criminal Justice (TBCJ).

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard which addresses policies to ensure referrals of allegations for investigations. No recommendations or corrective action is required.

## 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 Male inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ SAFE Prisons/PREA Operations Manual # 06.01
- TDCJ Executive Directive # ED-12.10 (rev. 2)
- TDCJ Executive Directive # PD-29 (rev. 5)
- TDCJ Executive Directive # PD-97 (rev. 7)
- TDCJ Administrative Directive # AD-12.20 (rev. 7)
- TDCJ Security Memorandum # SM-02.25 (rev. 5)
- Daniel Webster Wallace Unit Officer Orientation Handbook
- TDCJ On-the-Job Training (OJT) Program Procedures Manual
- Assorted Training Materials
- Interviews with the following:
  - Random Staff
- Observations during on-site review rounds

#### Provision (a)

Following a review of TDCJ Administrative Directive AD-12.20, as well as associated PREA training curriculum confirm that TDCJ has policies and training in place to ensure that all employees who may have contact with offenders, and have received the appropriate training on:

- 1) It's 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 confinements;

- 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.

The Department's curriculum and training materials were reviewed by the Auditor. The level/complexity of the training depends on the employee's classification, with some specialization of the training curriculum, depending on the employee's job duties and responsibilities. All training materials provided include all elements required according to PREA Standards.

The Auditor reviewed twelve (12) random staff training files. Each reviewed file contained all relevant documentation to reflect that staff had met their initial PREA requirements.

Each of the nine (9) random staff interviewed recalled attending the initial PREA training when they were hired, and each indicated that they receive annual PREA refresher training, as well as additional in-service trainings.

#### Provision (b)

The policies regarding the TDCJ's responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are referenced in Provision (a).

The Auditor reviewed the training materials utilized for the staff at Wallace Unit. The training provided for Unit staff has been tailored specifically to the Male offender population.

As stated in provision (a), the Auditor reviewed the sign-in sheets for the training that occurred at Wallace Unit, verifying attendance of the Wallace Unit staff.

#### Provision (c)

Of the 188 staff presently assigned to Daniel Webster Wallace Unit, the auditor reviewed documentation that reflected 100% of the staff have received the PREA training specific to the Male offender population in the past twelve (12) months. Wallace Unit staff also receive refresher training every two (2) years. The auditor reviewed documents that reflect the last training cycle ended in the 4<sup>th</sup> quarter of 2018, approximately two (2) years from the last training cycle. Wallace Unit also provides additional PREA training annually, as well as shift trainings.

The Wallace Unit developed a small pocket sized notebook, entitled the Officer Orientation Handbook. This handbook contains information specific to the Prison Rape Elimination Act (PREA). Key items identified in the handbook are; the PREA Compliance Audit Instrument, PREA responsibilities for security and non-security staff.

#### Provision (d)

TDCJ Executive Directive # ED-12.10 (rev. 2) indicates that training courses must be approved for registration in the TDCJ training database. The database must be used to record employees' enrollment in and completion of registered courses. Records of supplementary, pre-service (PSTA), and on-the-job (OJT) training must be maintained in accordance with applicable federal and state laws, as well as provisions in this directive. The "training database" utilized is a component of the TDCJ Payroll/Personnel System which identifies available training courses and is used to document an employee's registration, participation and completion of those courses.

TDCJ PREA training requirements mandate attendance at any required training is documented through employee signature, acknowledging that they understand the training they have received. In some instances, employees are required to complete an Acknowledgment of Receipt of Training and Brochures upon completion of the training. A copy of these training receipts was observed in every file reviewed by the Auditor. The receipts reflected various dates which reflected separate training sessions.

In those instances where a receipt of training materials was not required or provided, staff were required to sign-in on a Training Sheet, verifying their attendance at the required training. The Auditor received copies of each training session for the past twelve (12) months, reflecting training completion by Wallace Unit staff.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard for Employee Training. No recommendations or corrective action is required.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Administrative Directive # AD-07.35 (rev. 7)
- TDCJ Administrative Directive # AD-02.46 (rev. 4)
- TDCJ Correctional Managed Health Care Policy Manual # C-19.1
- TDCJ Correctional Managed Health Care Policy Manual # C-25.1
- Additional Training Forms and Materials
- Interviews with the following:
  - Volunteer(s) or Contractor(s) who have Contact with Inmates

#### Provision (a)

Identified in TDCJ Administrative Directive # AD-02.46 (rev. 4), all agreements require employees, consultants, independent contractors, agents and volunteers of such entities, to comply with certain TDCJ policies, procedures, regulations, and posted rules that the TDCJ determines are applicable to the service to be performed by such personnel.

According to the training outline, the trainers are required to advise that all Volunteer training has been mandated, and that all training materials are taught with uniformity.

In accordance with 115.32, TDCJ approved volunteers/contractors are not limited to a specific facility rather they are approved to serve at all TDCJ facilities, which includes secured facilities, parole, and/or ISF facilities. As of the writing of this report, TDCJ has 21,728 approved volunteers/contractors. Because they may have contact with inmates, they have been trained in their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

According to the provided PAQ, the agency has trained 9,850 volunteers/contractors in the past 12 months (from Sept. 2017 – August 2018) in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Volunteers/contractors are required to be provided refresher training every two (2) years to maintain their approval status.

According to TDCJ Correctional Managed Health Care Policy Manual # C-25.1, the orientation training includes: security, classification, health care needs of the offender population, offender social system, organization of Health Service and the Department of Criminal Justice, infection control, the patient liaison program, the detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the preservation of physical evidence, and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The Auditor conducted one (1) formal interview with contract staff, and three (3) informal interviews with a volunteer, each individual recalled having the PREA training. Each recalled that the level of training was specific to their roles/responsibilities in the facility. When the Auditor questioned each one about their knowledge of PREA, each was able to identify what PREA was, and what was their role/responsibility in the event that they are confronted with a situation of Sexual Abuse / Sexual Harassment.

#### Provision (b)

The level and type of training pertains to agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response is the same for all approved.

All of the volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment, and informed how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received. Each individual signs the Acknowledgment Of Training (AOT) form following each training session. The AOT form is then filed in the volunteers central file maintained at TDCJ Volunteer Services in Huntsville, Texas. However, the volunteer's electronic file, which is utilized as the primary source for the facility, and identifies the approval status of a volunteer.

The Auditor conducted four (1) formal interview with contract medical/mental health staff, as well as two (2) informal interviews with medical staff in the infirmary. During the interviews, all staff verbally demonstrated to the auditor a comprehensive and complete understanding of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment, including the process to follow when an offender reports a PREA specific item.

#### Provision (c)

As indicated in provision (b) the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

Volunteers are required to attend a refresher training session every two (2) years. An online training session is available on the Volunteer Service webpage for approved volunteers to take every other session. New applicants are required to attend an in-person training session.

Following the required training, each participant is required to complete a Volunteer Services Acknowledgment of Volunteer Training/Orientation form. This form highlights each item that was covered in the training, and re-enforces the participants responsibilities and expectations relating to numerous TDCJ policies, including security and confidentiality, as well as the PREA requirements outlined in 155.31(a). A signed copy is provided to the participant, with a copy also retained in the employee training records. Following each training session the trainer is required to forward the sign-in roster, the AOT, and Volunteer application to Volunteer services office in Huntsville, TX.

According to TDCJ Correctional Managed Health Care Policy Manual # C-25.1, all Health Services staff must attend and complete a formal orientation program within 30 days, but no longer than 90 days from date of hire.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the requirements for Volunteer and Contractor Training. No recommendations or corrective action is required.

### 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*)

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Correctional Managed Health Care Policy Manual #G-51.5
- TDCJ Correctional Managed Health Care Policy Manual #G-51.1
- TDCJ SAFE Prisons/PREA Operations Manual #02.03
- TDCJ SAFE Prisons/PREA Operations Manual #06.02
- TDCJ Unit Classification Procedure # 5.00
- TDCJ Offender Orientation Handbook
- TDCJ Daniel Webster Wallace Unit Orientation
- TDCJ Corrections Institutions Division, Intake Procedures # 1.10

- TDCJ Administrative Directive # AD-04.25 (rev. 5)
- TDCJ Administrative Directive # AD-06.25 (rev. 4)
- UTMB/CMC Nursing Services Policy Manual # E-37.5
- Additional Training Forms and Materials
- Interviews with the following:
  - Intake Staff
  - Random Offenders
- Observations during on-site review

Provision (a)

According to TDCJ SAFE Prisons/PREA Operations Manual # 02.03, states that written policy and procedure requires that offenders shall receive information explaining the TDCJ zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to providing offenders with the education, the USPPM shall ensure that the key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written material.

The Offender Handbook, the Offender Orientation packet, and PREA posters were observed during the tour by the Auditor. These written materials, in both English and Spanish, outline the departments zero tolerance for Sexual Abuse and Sexual Harassment, and are provided to each offender upon arrival at the Unit during the PREA orientation that is provided by the USPPM.

During the past twelve (12) months there have been 959 offenders who received 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. The percentage provided the information at intake vs. total offenders admitted was 100%.

During the tour of the "Intake area" at the Wallace Unit, the auditor was provided with an overview of how an offender is processed into the Unit. Any offender that arrives at the Wallace Unit has already been through the intake process at another TDCJ facility. Offenders processed into the TDCJ are initially housed at a Reception Center, where they are formally processed into the department through the classification process. Following this initial period of classification, offenders are assigned to another housing facility, known as a "Unit". Upon arrival at the Unit, the USPPM meets with each offender, providing an orientation to the Wallace Unit, including a review of the PREA relating information.

Of the seventeen (17) offender files that were reviewed, a copy of the signed acknowledgement from each offender was retained in every file. The date of the signature coincided with the date that the offender arrived at the facility. During discussions with the USPPM, he indicated that in addition to the orientation packet, all offenders coming through Intake are contacted individually. Because of the low volume of offenders that arrive at the unit, the USPPM advised that he is able to meet individually with each offender, discuss PREA and the PREA process at Wallace Unit, and provide all of the orientation paperwork.

During the interviews with Intake staff, they advised that offenders are provided an orientation packet upon arrival at Wallace Unit. The offender then signs the acknowledgement form which is retained with the offenders file.

During the interviews with the forty-five (45) offenders, all of the offenders remembered receiving written materials (offender handbook and brochure) when they arrived at the Unit, all of these interviewees indicate that the materials they received included information about the Unit's zero tolerance policy and ways to report. For those offenders that had arrived at the Unit prior to the PREA training / mandates, they do recall receiving the materials, and attending training when PREA was implemented.

#### Provision (b)

According to the PAQ, during the past twelve (12) months there have been 1,385 offenders whose length of stay at the Unit was for more than 30 days, per Unit characteristics, all of the offenders were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for responding. The percentage provided the information vs. total offenders admitted was 100%.

During the interview with the Intake staff, they indicated that immediately upon arrival in to the Unit, the offenders receive their PREA training, prior to their assignment to a housing bed, and that upon completion of the departmental PREA video, which outlines the departments zero tolerance of Sexual Abuse and Sexual Harassment, to be free from retaliation for reporting incidents, and the departments policies and procedures for reporting incidents.

During the interviews with the forty-five (45) offenders, all were asked if they could explain what they could recall from their PREA training. All offenders acknowledged receiving copies of the PREA information, and watching the departments PREA video during intake, and again when they arrived at Wallace Unit. The offenders also advised that the video is regularly played on each housing areas television monitors on a weekly basis. The general responses they provided were; right to be free from sexual harassment and retaliation for reporting, where the numbers and addresses were located, and who to speak with if they had any questions or how to report if they needed to report an incident. Every offender expressed their comfort if they needed with the existing USPPM, whom they all knew by name.

#### Provision (c)

As indicated in Provision (b) 100% of those offenders who had entered into the facility during the 12-month period had received the PREA training. At the time of PREA implementation at the Wallace Unit, all offenders who were incarcerated at the time were required to attend the PREA training, with any offenders arriving after that date they would receive the initial training at intake. The tracking of this information was documented through a signed verification of the training being retained in the offenders file, and noted in the offender tracking database.

As indicated in Provision (b), at the time the offender arrives at intake, staff provide the PREA information immediately upon arrival at the Unit. Intake staff further advised that this occurs whether it be a new intake or transfer in from other facilities.

#### Provision (d)

In the event that an offender is received at the Unit with hearing challenges, TDCJ Correctional Managed Health Care Policy Manual # G-51.5 and the TDCJ Administrative Directive # AD-06.25 (rev. 4), the TDCJ will provide qualified interpreters for offenders who use American Sign Language (ASL) as their primary means of communicating.

During the interview with the USPPM, he was asked what the process in the event was that an offender is deemed outside of the scope of these already established training items, who is limited English proficient, visually impaired, or otherwise disabled. He advised that in the event that this occurs, he will work with facility ADA coordinator to ensure that each offender is able to comprehend the PREA related items to a comfortable level of comprehension.

#### Provision (e)

As stated in provision (a), a review of seventeen (17) offender files was conducted, copies of the sign in sheets and a copy of this signed acknowledgment document were retained in every file.

In addition, the TDCJ is able to query their tracking database to ascertain if an inmate has or has not participated in the mandated PREA training. The database is capable of conducting a query by offender name and by Unit, whether or not an offender has received the training, and if the information has been documented. During the on-site, this auditor was observed a data-base demonstration on how this system performs, and was able to verify that

all of the offenders housed at the Wallace Unit had received their initial intake training, their required orientation training and any subsequent PREA training received.

Provision (f)

According to TDCJ SAFE Prisons/PREA Operations Manual # 02.03, states that the USPPM shall ensure sexual abuse, sexual harassment, and extortion awareness posters, provided in English and Spanish are displayed throughout the unit in locations accessible and visible to offenders. These posters identify key elements for each offender to ensure they are sexually safe, the posters also advise who they can contact for assistance if necessary.

The department, the facility, and the USPPM have made a significant effort to ensure that the offenders at Wallace Unit receive essential information about Sexual Abuse and Sexual Harassment. Through the use of different platforms, the offender population receives the essential information. The auditor also viewed copies of the various handouts, the Inmate Handbook, as well as the video looping on housing unit televisions.

In addition, the Wallace Unit created a unique PREA posters, in both English and Spanish, and painted them onto the walls every living area, work area, visiting room, dining area, main hallways, etc. During the on-site, the auditor observed these painted posters in the various locations throughout the facility. These posters referenced the departments commitment to providing an environment that is free from sexual abuse and sexual harassment, and provided contact points.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard for Inmate Education. No recommendations or corrective action is required.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Office of the Inspector General 2013 Operational Procedure Manual #OIG-02.15
- TDCJ Office of the Inspector General 2015 Operational Procedure Manual #OIG-04.05
- TDCJ Administrative Directive # AD-16.03 (rev. 4)
- TDCJ Executive Directive # PD-97 (rev. 7)
- TDCJ Executive Directive # ED-12.10 (rev. 2)
- TDCJ Board Policy #BP-01.07 (rev. 6)
- Additional Training Forms, Lesson Plans, and Materials
- Interviews with the following:
  - Investigative Staff

#### Provision (a)

As stated in TDCJ Executive Directive # ED-12.10 (rev. 2), the Office of the Inspector General (OIG) is the primary investigative and law enforcement entity of the TDCJ. The investigators employed by the OIG shall be certified Peace Officers.

The TDCJ Office of the Inspector General 2013 Operational Procedure Manual # OIG-02.15 mandates that the OIG establish and administer a comprehensive training program to ensure that all OIG employees are afforded necessary, appropriate, and relevant job-related training. The policy further requires that all Investigator trainee's successfully complete the Investigator Training Academy, and that all Investigator trainees shall also successfully complete a current Investigator Field Training Program.

Additional training required in addition to the sexual assault investigations training, the OIG investigators also receive in-service training that specifically relates to sexual assault within the prison facilities, as well as any modifications to the Prison Rape Elimination Act (PREA) standards.

The TDCJ Correctional Training and Staff Development lesson plan titled *Conducting a Thorough Investigation*, provides the investigator with the knowledge, components, and considerations must be used to perform successful sexual abuse or sexual harassment investigations consistent with agency policy and the PREA standards. This course also focuses on the PREA standards that are specifically related to the investigative process, the medical and mental health process, including forensic medical exams, and victims advocates.

The TDCJ OIG currently employs one-hundred thirty-seven (137) investigators statewide, as well as seventeen (17) from the Wallace Unit who have been trained to conduct investigations, as well. The Auditor reviewed various training records of several TDCJ Investigators.

At the present time, the Wallace Unit has one (1) OIG investigator assigned to the Unit. The Auditor reviewed the training record for this investigator, which reflected the required training item in addition to various other courses such as: Trauma-Informed Sexual Assault, Human Trafficking, Prison Rape and Sexual Assault Investigations.

During the interview with the Wallace Unit OIG Investigator, he confirmed his attendance at all required training, indicating that there have been other allied agency trainings that he has attended as well.

#### Provision (b)

Identified in the TDCJ Office of the Inspector General 2015 Operational Procedure Manual # OIG-04.05, is an outline of the agency's policy and procedures for investigating and documenting incidents of sexual assault. Also identified in the procedures was also the agencies requirement to assist sexual assault victims in a supportive manner, and to conduct timely, and diligent investigations, enhancing probability of a successful prosecution.

In addition to the training identified in provision (a), the TDCJ Correctional Training and Staff Development lesson plan *Conducting a Thorough Investigation*, also provided specifics relating to how investigations in a confinement setting is different. The lesson plan also outlines in detail numerous reasons for the challenges, and the considerations that must be incorporated into the investigation. The lesson plan continues to outline the goals of the investigation, report considerations, and filing strategies. The lesson plan further outlines Miranda and Garrity requirements, medical and mental health considerations, PREA standards regarding Medical and Mental Health protocols, as well as interviewing strategies that should be considered regarding special populations. The lesson also reinforces the items that must be incorporated into the investigation strategies. The auditor reviewed a copy of the OIG Training Section Lesson Plan # 2029, for Interview and Interrogation, which provides the student/investigators with various strategies for Interview and Interrogation, ensuring that not only can the investigator utilize effective strategies with suspects, but with the victims as well.

The auditor also reviewed a copy of the OIG Training Section Lesson Plan # 3201, *Sexual Assault Investigative Topics*. This course provides the investigator with a basic understanding of the Sexual Assault Investigative Topics and terminology regarding sexual assault investigations, providing guidance in the procedures for conducting investigations involving offenses that are sexual in nature.

Through the review of training records and an interview with the Wallace Unit OIG investigator, the Auditor has confirmed that all training requirements have been met.

#### Provision (c)

As addressed previously in (a) & (b).

TDCJ Office of the Inspector General 2013 Operational Procedure Manual # OIG-02.15 requires that the training department is responsible for documenting and maintaining the agency's official training records for all commissioned and non-commissioned personnel.

TDCJ Executive Directive # ED-12.10 (rev. 2) provides that records for training must be maintained in accordance with applicable federal and state laws, as well as provision in this directive, and that the database must be used to record enrollment in and completion of a registered training class.

The following types of training require documentation of completion on the training database or on the employees training record; Internal training, External training, Pre-Service and OJT training, as well as any supplemental training.

The TDCJ OIG currently employs one-hundred thirty-seven (137) investigators statewide, as well as seventeen (17) from the Wallace Unit who have been trained to conduct investigations, as well. The Auditor reviewed various training records of several TDCJ Investigators.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard for Specialized Training: Investigations. No recommendations or corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Texas Tech University Health Services Center, HSC OP # 51.03
- Texas Tech University Health Services Center, HSC OP, PREA Training
- TDCJ Executive Directive \$ PD-97 (rev. 7)
- Correctional Managed Health Care Policy Manual # C-25.1
- Correctional Managed Health Care Policy Manual # C-19.1
- Additional Training Forms, Lesson Plans, and Materials
- Statement of Fact
- Interviews with the following:
  - Medical and Mental Health Staff
- Observations during on-site review.

#### Provision (a)

According to TDCJ Executive Directive # PD-97 (rev. 7), the same PREA training expectations apply to contract employees as the TDCJ employees. Per the Directive, all unit assigned employees shall receive Safe Prisons / PREA Training.

A review of the Correctional Managed Health Care Policy Manual # C-25.1, requires all Health Services staff are required to complete a formal orientation program. Topics presented in the orientation include: security, classification, health care needs of the offender population, offender social system, organization of Health Services and the Department of Criminal Justice, infection control the Patient Liaison Program, the preservation, detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, the of physical evidence and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The contract provider for health services, Texas Tech University Health Services Center (HSC), Operating Policy and Procedures, established that the following required items are covered in the established operating policies and procedures, and also addressed in the PREA Training. The following items include:

- How to detect and assess signs of sexual abuse and harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment, and;
- How and to who to report allegations or suspicions of sexual abuse and harassment.

The auditor further reviewed the provided lesson plan/training materials which demonstrated compliance with this training requirement. In addition, the contract medical provider, Texas Tech University, Health Sciences Center, created additional PREA training items designed specifically for their staff, which must also be completed annually.

At the present time there are sixteen (16) medical and mental health staff assigned to the facility. Through staff interviews, and a review of training documents, the Auditor identified that 100% of the assigned staff members have attended the required training, and met all training requirements.

An interview with the Medical and Mental Health Director at the facility indicated that all training requirements are met through regular training conducted by Texas Tech University, Wallace Unit Staff, through in-service training documents, and video's.

Provision (b)

*N/A – all medical staff at the Wallace Unit are prohibited by procedure from performing forensic examination on sexual abuse victims. Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam. Texas state law requires that Emergency Room staff receive specialized training to complete a forensic exam. (Senate Bill 1191).*

Provision (c)

As indicated in (a), Through staff interviews, and a review of training documents, the Auditor identified that 100% of the assigned staff members have attended the required training, and met all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The Auditor reviewed copies of the sign-in sheets and training materials reflecting completion of the mandated general PREA training for TDCJ employees, contractors and volunteers, as outlined in policy and PREA standards.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding the requirements for Specialized training: Medical and mental health care. No recommendations or corrective action is required.

**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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Correctional Managed Health Care Policy Manual # A-09.1
- TDCJ Safe Prisons / PREA Operations Manual # 03.01
- TDCJ Correctional Institutions Division, Intake Procedures # 5.06
- Correctional Managed Health Care Policy Manual # E-35.1
- Assorted Classification and Assessment forms
- Interviews with the following:

- Staff Responsible for Risk Screening
- Random Offenders
- Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM)
- PREA – Unit Safe Prisons / PREA Manager (USPPM)
- Observations during on-site review

#### Provision (a)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018,, it states that all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.

A review of TDCJ Safe Prisons / PREA Operations Manual # 03.01 indicates that policy and procedure require an assessment of all offenders during an intake screening and upon transfer to another unit for his or her risk of being sexually abuse by other offenders or sexually abusive toward other offenders, and that all assessments will be conducted within 72 hours of their arrival at each facility.

Of the forty-five (45) offenders who were interviewed relative to this provision, most recalled being asked questions relative to their concerns for sexual safety, and if they felt like they were going to harm themselves. The offenders recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at Wallace Unit.

During the on-site tour the Auditor interviewed the staff member identified for conducting the Screening upon arrival at the Wallace Unit. She indicated that every offender that arrives at the Wallace Unit has already had their initial intake assessment completed at a TDCJ Reception Center. Following that reception center process, the offender is then transferred to whatever Unit they may be assigned. If the offender is sent to the Wallace Unit, she will only conduct a file review since they have already been screened and classified. She advised that even though a file review is conducted upon arrival at the Wallace Unit, she still meets with the offender to conduct the PREA re-assessment, and will follow-up if there are any additional questions or clarification required.

#### Provision (b)

As stated in (a), according to the listed policies all inmates must be screened within 72 hours.

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 also states that all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. Intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM.

According to TDCJ Safe Prisons / PREA Operations Manual # 03.01 the USPPM or designated alternate shall conduct the offender assessment-screening interview and complete the required documentation (Attachment E or E-1), no later than 72 hours of arrival at the unit for all newly assigned offenders at intake, and upon transfer at a unit for permanent assignment or for temporary assignments.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% or 1,026 offenders were screened for the risk of sexual victimization or risk of being sexually abused by other inmates within 72 hours of their entry into the facility.

A list of offenders' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed seventeen (17) random offender files to ensure that each offender had received the required PREA training upon arrival at the Unit, and when that training was completed. All of the seventeen (17) files had verification that the initial screening had occurred within 72-hours of arrival at the Wallace Unit.

As stated in (a), all required questions were asked of the classification staff member, who replied that all of the PREA related questions were asked during intake/initial, and ongoing classification screenings.

#### Provision (c)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, assignments shall be made through the collaborative efforts of intake staff, the USPPM, and medical and mental health service by using objective screening instruments.

A copy of the Risk assessment questionnaire was provided to the Auditor for review, this instrument provides the intake and classification staff with a series of standardized questions to be asked of each offender. The auditor reviewed the screening instrument, and verified that the instrument assesses all of the ten (10) required factors, identified in provision (d).

#### Provision (d)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, as well as the Offender Assessment Screening (Attachment E & E-1) indicates that the intake screening shall include, at a minimum, the following criteria to assess offender for risk of sexual victimization:

- Any mental, physical, or developmental disability;
- The age of the offender;
- The physical build of the offender;
- Previous incarceration;
- Whether the criminal history is exclusively nonviolent;
- Prior convictions for sex offenses against an adult or child;
- Perception of the offender as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Previous sexual victimization; and
- The offender's own perception of vulnerability

As stated in provision (c), the auditor reviewed the screening instrument.

The TDCJ does not house offenders being detained solely for civil immigration purposes.

The auditor interviewed the staff member responsible for conducting the Intake Screening, as indicated in provision (a), who advised that she reviews the assessment, asking each offender the series of questions that address the nine (9) listed risk factors.

#### Provision (e)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 indicates that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuses known to the TDCJ, in assessing offenders for risk of being sexually abusive.

#### Provision (f)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, within a period of time, not to exceed 30 days from the offenders arrival at the facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received but e TDCJ since the initial intake screening.

A review of TDCJ Safe Prisons / PREA Operations Manual #03.01 addresses the issue if the temporary assignment exceeds 30 days from when he or she departed the unit, and when the screening form(s) shall be completed. In addition, the Manual identifies that during the offender re-assessment, the requirement is to identify an offenders potential risk for victimization or abusiveness, no sooner than 15 calendar days, but no later than 30 calendar days

from the offenders arrival at any unit/facility, the reviewer will review available resources to determine whether any previously unknown triggering event or information has become available. The reviewer shall review the following resources: housing/job assignment history, disciplinary records, current institutional adjustment records, custody housing assignment history, grievance case tracking screening and referral to mental health services.

The Auditor reviewed the PAQ which indicated that within the past 12 months, four (4) offenders have been assessed for the risk of sexual victimization or risk of sexual abuse towards other inmates within 30 days of their entry into the Unit. These offenders were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility, based upon any additional relevant information received since intake

During the interview with the staff responsible for risk screening indicated that each offender that arrives at the Wallace Unit has already had their intake assessment completed at another TDCJ facility prior to arrival. She indicated that since the offender has already been screened and classified prior to their arrival at the Wallace Unit, she conducts a file review. She advised that even though there is a file review upon arrival at the Wallace Unit, she still meets with the offender to conduct the PREA re-assessment, and will follow-up if there are any additional questions or clarification required,

Each of the twenty-five (25) random, and twenty (20) targeted offenders interviewed relative to this provision indicated that they recall being asked similar, if not the same questions relative to this standard. The offenders recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at Wallace Unit.

A review of the seventeen (17) files by the auditor, revealed that the completed screening documents, both initial assessments, and reassessments were completed by staff at the Wallace Unit. Each instrument was completed and consistent with provision.

#### Provision (g)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, an offender's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness.

A review of TDCJ Safe Prisons / PREA Operations Manual # 03.01 indicates that when additional or new information is received that bears on the offender's risk of sexual victimization or abusiveness from other sources (e.g. mental health assessment, disciplinary reviews, or offender protection investigation reviews), this information will be used to reassess the offender's risk of victimization or abusiveness. This information is then forwarded to the unit classification to determine unit, 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.

Of the twenty-five (25) random, and twenty (20) targeted offenders interviewed, most recalled being asked questions relative to their concerns for sexual safety. The offenders recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at Wallace Unit.

Staff who conduct risk screening indicated that they conduct a reassessment following a referral, request, incident of sexual abuse, or if an additional information is received that indicates there might be a change in the risk of sexual victimization or abusiveness.

A review of the seventeen (17) files by the auditor, revealed that the completed screening documents, both initial assessments, and reassessments were completed by staff at the Wallace Unit. Each instrument was completed and consistent with provision.

#### Provision (h)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked

regarding; whether or not the inmate has a mental, physical, or developmental disability perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, whether or not the offender has experienced sexual victimization; and the inmate own perception of vulnerability.

TDCJ Safe Prisons / PREA Operations Manual # 03.01 also identifies that an offender will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions listed on the form.

The classification staff member indicated that they do not discipline any offender for their refusal to answer any of the questions on the assessment, explaining that they would explain the reason and attempt to solicit participation; however, no disciplinary action is taken should the offender choose not to participate.

#### Provision (i)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, it provides Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders.

As stated in TDCJ Safe Prisons/PREA Operations Manual # 03.01, due to the sensitive nature of the questions, the USPPM shall conduct one-on-one interviews in a confidential setting ensuring responses are not overheard by other offenders.

During interviews with medical staff and staff responsible for risk screening, the auditor was advised that access to the specific screening information contained in the database, is restricted to a very limited amount of people, which include the Medical / Mental Health Staff, Classification Specialists, and the USPPM.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

## **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 Male 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 Male 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*)

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Correctional Institutions Division Classification Plan, April 2018
- Correctional Managed Health Care Policy Manual #E-35.1
- Correctional Managed Health Care Policy Manual #G-51.11
- TDCJ Unit Classification Procedure # 4.00
- TDCJ Safe Prisons/PREA Operations Manual #03.01
- TDCJ Safe Prisons/PREA Operations Manual #03.02
- TDCJ Administrative Directive # AD-04.17 (rev. 4)
- TDCJ Administrative Directive # AD-04.18 (rev. 5)
- Additional Assessment & Classification documents
- Interviews with the following:
  - Institutional PREA – Correctional Institutions Division Director
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Staff responsible for Risk Screening
  - Offenders who identify as Lesbian, Gay, Transgender, or Intersex
- Offender Files

### Provision (a):

According to the TDCJ Unit Classification Procedure # 4.00, in order to ensure that each offender receives appropriate and adequate safety, supervision, treatment, and housing assignments, decisions shall be made on the basis of an offender's total record and as required by the offender's current needs and circumstances, as reflected in the offender's unit file, Health Summary for Classification Form, In-cell integration for, if applicable, the information contained in the offenders computerized classification record, and institutional records. Additional policy language indicates that, no offender shall be assigned into any housing area solely on the basis of race, color, ethnic origin, sexual orientation or gender identity.

Located in the TDCJ Safe Prisons/PREA Operations Manual # 03.01 is policy language that requires an assessment of all offenders during an intake screening and upon transfer to another unit for his or her risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Unit Classification Committee (UCC) or reviewing authority for units without a UCC, shall review Attachment E or E1 to facility offender housing, job placement, education and program assignments with the goal of keeping offenders with a high risk of sexual victimization separated from those with a high risk of being sexually abusive.

Identified in the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, it requires the UCC or similarly designed committee for units without a UCC, shall use information from the risk screening document required by Section IIIB of this plan to make housing, bed, work, education, and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive.

According to TDCJ Administrative Directive # AD-04.18 (rev. 5) the TDCJ shall provide work opportunities and establish offender job programs in accordance with state and federal law. Job assignments shall be based upon rational and objective criteria, and in such a manner to ensure that the safety, security, treatment, and rehabilitative needs of all offenders are met. Such information is obtained through the utilization of the various screening and risk assessments.

During the interviews process, both the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM) and the staff responsible for risk screening indicated that every assessment completed by staff is factored into the placement and programming of each offender. In addition, the offenders' risk levels, housing, and programming factors are guided through the use of these various assessments, ensuring that every offender, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

During the review of the seventeen (17) offender records, the auditor was able to verify that the various classification documents contained the required information from the various screenings, and was being utilized for the various classification decisions being made.

#### Provision (b)

Policy language identified in TDCJ Unit Classification Procedure # 4.00 provision (a), is also applicable to this provision, as well.

Policy language identified in TDCJ Administrative Directive # AD-04.18 (rev. 5) provision (a), is also applicable to this provision, as well.

Language identified in TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 requires the committee make individualized determinations, in order to ensure the safety of each offender.

According to the TDCJ Correctional Institutions Division Classification Plan, April 2018, all UCC hearings shall be conducted in a manner to ensure each offender appearing before the committee is properly classified through the consistent and objective application of classification criteria and on the basis of the offender's safety, security and treatment needs. Each offender's individual circumstances and unique characteristics shall be taken into consideration throughout the classification process.

During the interview with the staff who are responsible for risk screening, the Auditor was advised that because of the varied assessments that are being utilized, each offender is individually evaluated. Staff utilize all assessments at their disposal (Classification, Medical / Mental Health referral form, etc.), including additional consideration is also given during the discussions with each individual offender when making classification and housing decisions.

#### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 when deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management and security problems. Housing determination shall not be made solely on the basis of LGBTI status.

At the time of the on-site, the auditor reviewed the Unit roster and identified that there were not any Intersex / Transgender offenders housed at the Wallace Unit. As a result the identified interview questions could not be asked.

#### Provision (d)

Identified language in TDCJ Safe Prisons/PREA Operations Manual # 03.02 requires the placement and programming assignments for each transgender or intersex offender shall be reassessed at least twice each year to review any threats to safety experienced by the offender.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 when placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experience by the offender.

At the time of the on-site, the auditor reviewed the Unit roster and identified that there were not any Intersex / Transgender offenders housed at the Wallace Unit. As a result the identified files could not be reviewed.

During the interview with both the staff that are responsible for risk screening, as well as the PREA – Unit Safe Prisons / PREA Manager (USPPM), indicate that in the event that a Transgender / Intersex offender was housed at the Wallace Unit, consideration would be given to the offender regarding the way that each offender feels in regard to their own safety when determining housing placement and programming assignments, and that regular classification reassessments would be conducted every six (6) months, or if the offender is involved in an incident of a sexual nature.

#### Provision (e)

Additional language in TDCJ Safe Prisons/PREA Operations Manual # 03.02 advises that during the committee review for each transgender or intersex offender, the USPPM shall ask whether they have any safety concerns because of their transgender or intersex status. During the discussions, each transgender or intersex offender is asked to consider that since your last review, has anyone solicited, pressured, or forced you to engage in sexual acts; have you experienced sexual harassment by others, and for any reason do you currently feel safe in your present housing, work, and program assignment?

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 when a transgender or intersex offender's views with respect to his or her own safety shall be given serious consideration.

During the interviews with both the USPPM and with the staff responsible for risk screening, they both indicated that the Transgender / Intersex offender's view of their own safety is taken into consideration, and that they would be interviewed further to determine if there were any enemies and potential or perceived threats. They further advised that housing placement and programming assignments might also be based on this information; however, they indicated that there may be instances when institutional needs will dictate adjustments to housing placement or programming issues.

During the interview with Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM), he indicated that each Transgender / Intersex offender's view of their own safety would be taken into serious consideration when determining housing placement and programming assignments; however, they do not have any housed at the Wallace Unit. In addition, he indicated that because of the assessments that are utilized, each offender is evaluated individually.

According to the TDCJ Offender Assessment Screening, Attachment E, asks each offender if they feel at risk from assault or harassment from other offenders. If so, the offender must state in their explanation.

Because there were no Transgender / Intersex inmates housed at the Wallace Unit at the time of the audit, the interview questions could not be asked.

#### Provision (f)

Indicated in TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 is that offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) policies.

Because there were no Transgender / Intersex inmates housed at the Wallace Unit at the time of the audit, the interview questions could not be asked.

The Auditor asked both the staff responsible for risk screening and the USPPM about the showering arrangements for the Transgender / Intersex population, in the event that they were housed at the Wallace Unit. Both indicated that the offender's view of their own safety would be given serious consideration when providing showering options. In addition, the transgender / intersex offenders would be given the ability to shower separately from other offenders, whether it be at a different time, or a separate shower area.

As previously identified, there are two (2) types of toilet/shower designs at the Wallace Unit. In the housing units, each two (2) man cell has its own toilet, with the showers located towards the entrance of the housing unit, with several individual shower stalls, with a half "saloon style" shower door. The Dormitories contained a bathroom area with a line of toilets, each containing privacy screens, and a row of shower stalls that also have a half "saloon style" shower door.

The random staff who were interviewed also indicated that if a transgender or intersex offender requested to shower separately when other offenders are not utilizing the bathroom area, after they received the appropriate authorization from their supervisor, they would be allowed to shower separately. The USPPM also indicated that in those instances the offender would also be provided documentation that allowed them to use the shower area before or after the other offenders are allowed to shower.

#### Provision (g)

Identified in TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 those LGBTI offenders shall not be placed in dedicated facilities units or wings solely on the basis of this identifying or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these offenders.

During the interviews with both the Departmental PREA – Correctional Institutions Division Director and the Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM), they both indicated that agency policy is to house based on the safety, security, and treatment needs of all offenders met. Classification procedures state that no offender shall be assigned to any housing area solely on the basis of race, color, ethnic origin or sexual orientation. Each of those individuals interviewed advised that the TDCJ would house transgender and intersex offenders on a unit with single showers, which are in most units. The goal is to keep offenders at high risk of sexual victimization separated from those at high risk of being sexually abusive. Each case is evaluated individually to ensure the safest housing for that offender is provided; which is accessed and determined by trained staff.

The Auditor interviewed a total of seven (7) offenders who identified as LGB. Every LGB offender interviewed indicated that they have not been segregated or housed separately from the general offender population. As stated previously, the Wallace Unit did not have any Transgender or Intersex inmates during the audit period.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard requiring the Use of Screening Information. No recommendations or corrective action is required.

## **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*)

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Administrative Directive # AD-04.63 (rev. 5)
- TDCJ Administrative Segregation Plan
- Guidelines for Administrative Segregation Committee Members
- TDCJ Protective Safekeeping Plan, dated July 2015
- Administrative Segregation Housing / Offender Protection Documents
- Interviews with the following:
  - Warden or Designee

### Provision (a)

TDCJ Administrative Segregation, Initial Placement & Notification form provides a document for staff to complete when placing an offender into administrative segregation, by specifying the need for either Security Detention or Protective Custody, and outlining the details of the risk or threat. The form also notes that this is not to be used for those offenders being placed in temporary detention. As outlined in the interview for this provision.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

During the past twelve (12) months there have not been any offenders placed into involuntary administrative or punitive segregation at the Wallace Unit, in accordance with this standard. The Auditor interviewed the Warden and the USPPM specific to this issue, both confirmed that there have not been any offenders placed in protective custody for over a year. Both further advised that the Wallace Unit does not house administrative or protective custody offenders, and that in the instance when they are confronted with a situation requiring reclassification to this custody, the offender would be “removed” from the general population, placed into “transient offender status” pending completion of the investigation, followed by either a release back to their general population, or transferred to another facility more suitable for their classification.

### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities, to the extent possible. If the unit restricts access to programs, privileges, education or work opportunities, the unit shall document the opportunities that have been limited; the duration of the limitation; and the reasons for the limitations.

In addition, language in the Guidelines for Administrative Segregation Committee Members indicates that for those

offenders placed in to PC due to risk of sexual victimization, the I-203sv form must state that the offender has been restricted from participation in work and proctored educational programs. The form must further state the reason(s) why the restriction is imposed and the duration (30 days). Justification includes the basis for the facility's concern for the inmate's safety and why no alternative means of separation exist.

During the past twelve (12) months there have been no offenders placed into involuntary administrative or punitive segregation in accordance with this standard. See additional comments in provision (a).

As a result, no offenders could be interviewed relative to this provision.

#### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, a protective safekeeping housing assignment is made pursuant to Section III.C.3., the unit shall document the basis of the concern for the offender's safety, and the reason why no alternative means of separation can be arranged.

During the past twelve (12) months there have been no offenders placed into involuntary administrative or punitive segregation in accordance with this standard. See additional comments in provision (a).

#### Provision (d)

N/A

#### Provision (e)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

According to the Guidelines for Administrative Segregation Committee Members, a review is held every 30 days thereafter for all offenders in administrative segregation. The purpose of the hearing is also to consider the offender for a possible level change, promotion in time earning category if eligible, or recommend release from administrative segregation if the offender is on any type of restriction, i.e. property, paper gown/mask, etc. the ASC shall review the offender for continuation or removal from the restriction.

During the past twelve (12) months there have been no offenders placed into involuntary administrative or punitive segregation in accordance with this standard. See additional comments in provision (a).

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Protective Custody. No recommendations or corrective action is required.

## REPORTING

### Standard 115.51: Inmate reporting

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

##### 115.51 (a)

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

##### 115.51 (b)

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

##### 115.51 (c)

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

##### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Executive Directive # ED-02.10 (rev. 1)
- TDCJ Executive Directive # PD-29 (rev. 5)
- TDCJ Administrative Directive # AD-14.09
- TDCJ Board Policy # BP-03.91 (rev. 3)
- TDCJ General Information Guide for Families of Offenders, dated April 2016
- TDCJ Offender Orientation Handbook, dated Feb. 2017
- TDCJ PREA Ombudsman Office Brochure
- Statement of Fact
- Interviews with the following:
  - Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Random Staff
  - Random Offenders
- Observations during on-site review

### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence, including; retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation or responsibilities that may have contributed to the incidents. The plan further states that offenders may report allegations directly to the Major, the Office of the Inspector General (OIG), or the PREA ombudsman, and that staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.

According to the TDCJ Board Policy # BP-03.91 (rev. 3), offenders may send sealed and uninspected letters directly to special and media correspondents.

Identified in the general information guide for families of offenders, the PREA Ombudsman was created to provide offenders, and the public, with an independent office to report sexual assaults. The PREA ombudsman provides a confidential avenue for offenders to report sexual abuse and sexual harassment, as well as investigating and responding to PREA complaints and inquiries received from elected officials, the public, and offenders.

A review of the TDCJ PREA Ombudsman Office Brochure advises the departments “zero-tolerance” policy concerning the detection, prevention, and punishment of the sexual abuse, including consensual sexual contact of offenders in the custody of the department. The brochure further identifies situations, and provides methods of reporting for staff, offenders, as well as for family and friends.

According to the Offender Orientation Handbook, in both English & Spanish, in the event that an offender feels he is being pressured for sexual favors or to violate any institutional rule, the offender shall refuse to do the prohibited act and either; file a formal grievance; contact a ranking correctional officer; contact classification staff; contact the warden; contact the Chaplain; contact the Office of the Inspector General; Contact any staff member with whom he feels comfortable enough to let the know and request their help; or write a family member and urge the family member to call the Ombudsman Office immediately. In addition the handbook further identifies that the TDCJ prohibits retaliation for reporting allegations and/or cooperating with investigations related to sexual abuse and sexual harassment.

During the formal and informal interviews of Wallace Unit Staff, each staff member interviewed indicated that they would accept a report from the offender, and provide it to their supervisor for further direction. They also shared that the offenders can report several different ways which includes telling a staff member, telling their family, or by

submitting it in writing either in the grievance box or the PREA box. Staff who were interviewed state that if the offenders reported sexual abuse or harassment, they would immediately contact their supervisor, followed by a documented report.

Of the twenty-five (25) random and twenty (20) targeted offenders interviewed, all reported that they were aware of several methods to report incidents of Sexual Abuse or Sexual Harassment. Their responses included contacting the USPPM, notifying a third-party (family), contacting another staff member with whom they felt comfortable with, and put a note into the mail-box (Grievance or PREA). Most indicated that they would tell family or tell staff.

During the on-site portion of the audit, the Auditor observed numerous PREA posters, in both English and Spanish, painted onto the walls throughout the facility, that provided guidance to offenders on their rights and responsibilities relative to Sexual Abuse and Sexual Harassment. These posters were observed in every housing area, common area, main hallway, library, intake holding area, visiting, etc. In addition, the Auditor located the PREA and Grievance mailboxes marked clearly, located in front of the dining hall.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, there is a method for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented.

Referenced in TDCJ Board Policy # BP-03.91 (rev. 3), offenders may send sealed and uninspected letters directly to special and media correspondents.

In the TDCJ PREA Ombudsman Office Brochure identified in provision (a), identifies methods for offenders to report.

According to the Offender Orientation Handbook, in both English & Spanish, the PREA Ombudsman is a point of contact for offenders who have complaints or inquiries regarding any allegations of sexual abuse or sexual harassment. Offenders may contact the PREA Ombudsman in writing; however, offender family member and friends may contact the PREA Ombudsman in writing or by phone. The handbook further states that each offender may privately and confidentially report incidents of sexual abuse to the agency PREA Ombudsman, who shall initiate an investigation into the claim.

According to the TDCJ Statement of Fact dated October 24, 2018 the TDCJ does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

A review of TDCJ Administrative Directive # AD-14.09 requires that each TDCJ Unit make available to offenders (including offenders in any custody level or on commissary restriction) supplies necessary and appropriate for processing written correspondence for those offenders who are indigent, damaged or misplaced ID cards, or offenders on lock-down.

All of the offenders interviewed were able to identify the methods that they could report sexual abuse or sexual harassment that had either happened to them, or to someone else, and that they did not need to provide their name if they did not wish to. Each offender was also able to articulate that they would contact friends or family outside if they needed to contact someone about an incident that occurred at the Unit.

The USPPM was interviewed regarding the TDCJ's process for providing one way for the offender population to privately report abuse or harassment, he indicated that one of the methods provided is for the offender to contact the State PREA Ombudsman's office.

### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders may report allegations verbally or in writing to any staff member pursuant to all standards.

According to the Offender Orientation Handbook, in both English & Spanish, the offenders are advised that staff have been trained on what to do when they receive reports concern an offenders safety. The handbook further identifies that staff are instructed to maintain confidentiality by not discussing reports with officials, only supplying information on a need to know basis.

All of the staff interviewed (formal, informal, and random) indicated that if they received a complaint of Sexual Abuse or Sexual Harassment, whether it is made verbally, in writing, anonymously, or from a third party, they would ensure to document the report, and relay the information to the immediate supervisor.

Of the twenty-five (25) random inmates that were interviewed regarding this provision, each of them indicated that they were aware that they are able to make reports of sexual abuse or sexual harassment either in person or in writing, and in some instance the offender indicated that they would contact their family members, so that their family could make the report for them.

### Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, family members or other individuals may report verbally or in writing to Unit administration, the TDCJ Ombudsman office, the OIG, or PREA ombudsman office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed, or requires protection.

Referenced in TDCJ Executive Directive # PD-29 (rev. 5) the TDCJ has zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigations of alleged sexual misconduct with offenders. The directive further provides guidance regarding the steps when both an employee, and/or a supervisor becomes aware of alleged sexual misconduct, and their requirements to immediately report, and who they may report the incident to.

During the interviews with staff, every staff member advised that there are several methods for them to privately report sexual abuse of inmates. All staff indicated that they may choose to make a private report to their supervisor, another supervisor, the PREA Ombudsman, or the PREA – Unit Safe Prisons / PREA Manager (USPPM).

### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Inmate Reporting. No recommendations or corrective action is required.

## **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*)

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Board Policy # BP-03.77 (rev. 9)
- TDCJ administrative Directive # AD-03.82 (rev. 8)
- OGOM 9.00 Third Party Grievances, September 2014
- OGOM 1.04 PREA Allegations, September 2014
- OGOM 4.00 Grievance Time Limits, September 2014

- OGOM 1.01 Step 1 Grievances, September 2014
- Offender Grievance Operations Manual, Appendix B, July 2016
- Offender Grievance Operations Manual, Appendix U
- TDCJ Offender Orientation Handbook, February 2017
- Daniel Webster Wallace Unit Orientation Handbook
- Interviews with the following:
  - Inmates who Reported Sexual Abuse
- Observations during on-site review

Provision (a)

A review of the TDCJ Board Policy # BP-03.77 (rev. 9) the Texas Board of Criminal Justice encourages the resolution of grievances at the lowest possible level. The purpose of this policy is to enable the development, implementation, and operation of a grievance program for offenders within the TDCJ, and to provide appropriate documentation to the courts.

Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, a time limit shall not be imposed when an offender is allowed to submit a grievance regarding an allegation of sexual abuse. Time limits to any portion of a grievance that does not allege an incident of sexual abuse shall be managed in accordance with the TDCJ *Offender Grievance Operations Manual*; Offenders shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

According to the Daniel Webster Wallace Unit Offender Orientation Handbook, the section entitled *Grievance Procedure*, an offender can submit a written grievance through the Texas Department of Criminal Justice. It further provides the steps, corresponding timeframes, appeal process, and who to direct any questions.

Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, TDCJ *Offender Grievance Operations Manual*: any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.

In accordance with the TDCJ *Offender Grievance Operations Manual*: A grievance of this nature shall not be referred to a staff member who is the subject of the complaint.

Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, a final decision shall be made on any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, a computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal; if the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The offender shall be notified in writing of the extension and a date by which the decision will be made.

Additionally, at any level of the grievance process, including the final level, if the offender does not receive a response within the allotted time, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level. A response shall be provided to the offender in accordance with the TDCJ *Offender Grievance Operations Manual*.

In the past 12 months, there has been a total of three (3) grievances with identifying PREA subject matter. The auditor was provided copies of each Grievance for review. One (1) grievance filed that alleged sexual assault by Wallace Unit staff, one (1) grievance alleged sexual contact by staff, and one (1) alleged extortion. Each grievance

was handled as an emergency grievance, meeting all of the required deadlines. Each grievance was determined to be unfounded.

The Auditor interviewed four (4) offenders who had previously reported sexual abuse. Each of the offenders who reported abuse indicated that their grievance has since been resolved.

#### Provision (e)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, all staff members shall immediately report, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Additional language in the SAFE Prisons / PREA Plan indicate that a method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request (I-60), a sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented. And lastly the plan provides for family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman office, OIG, or PREA ombudsman office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed, or requires protection.

According to the PAQ submitted, during the twelve (12) months preceding the audit there have not been grievances filed alleging sexual abuse in which the inmate declined third-party assistance.

#### Provision (f)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ *Offender Grievance Operations Manual*, and that when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response to the emergency grievance shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. Information related to this item may be found in the TDCJ *Offender Grievance Operations Manual*.

A review of TDCJ administrative Directive # AD-03.82 (rev. 8) indicates that every grievance shall be reviewed by the unit grievance investigator, at which time the determination shall be made as to the appropriate category of the complaint. Any grievances alleging sexual abuse shall be coordinated with the unit warden, major, chief of unit classification Unit Safe Prisons/PREA Program manager, Office of the Inspector General (OIG), and the Prison Rape Elimination Act (PREA) ombudsman as provided for the TDCJ Safe Prisons/PREA Plan.

Further AD-03.82 (rev. 8) indicates that unit grievances staff shall immediately notify designated Unit administration, via email, of any sexual abuse allegations. Unit administration shall respond to the email within five days describing the action taken.

According to Offender Grievance Operations Manual (OGOM) 4.00, Grievance Time Limits, dated September 2014, establishes procedures and guidelines for grievance time limits. Procedures indicate that emergency grievances are not eligible for extensions and shall be completed within the 40-day time limits.

Outlined in OGOM 01.04 PREA Allegations, dated September 2014, provides that grievance staff shall read, and code sexual abuse/harassment grievances based on definitions and the nature of the incident presented. All sexual abuse/harassment grievances shall be reported in accordance with the Safe Prisons / PREA Compliance Plan. The document further provides direction to the Unit Grievance Staff, and to whom all of the notifications are made: Unit wardens, majors, Safe Prisons / PREA Compliance staff, and medical department.

According to the PAQ submitted, during the twelve (12) months preceding the audit, there have been any emergency grievances filed alleging sexual abuse by staff.

Provision (g)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith.

According to the submitted PAQ, there were two (2) instances in the past twelve (12) months when an offender was disciplined for filing a grievance in bad faith.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Exhaustion of Administrative Remedies No recommendations or corrective action is required.

## **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*)

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Offender Orientation Handbook, February 2017
- TDCJ Executive Directive # ED-02.10 (rev. 1)
- TDCJ Board Policy # BP-03.91 (rev. 3)
- Statement of Fact
- Modification of Contract, dated November 1, 2016
- Sample template letters submitted to all Rape Crises Centers in Texas
- Texas Association against sexual assault – Service Directory - 2015
- TDCJ Correction Institution Division Safe Prisons/PREA Program - Pamphlet
- Interviews with the following:
  - Random Offenders
  - Offenders who reported a sexual abuse
- Observations during on-site review

### Provision (a)

The Auditor was provided a county listing from the Texas Association Against Sexual Assault (TAASA), Sexual Assault Service Directory, dated 2015. This listing breaks down the contact information of service providers by city and by county for utilization by the respective facility. Offenders are advised during unit orientation, and in the Offender handbook, that this directory is made available to the Wallace Unit offender population through the Unit's law library.

According to TDCJ Executive Directive # ED-02.10 (rev. 1), the Texas Board of Criminal Justice (TBCJ) established the PREA ombudsman's office to investigate and process PREA complaints and inquiries in accordance with the Prison Rape Elimination Act Ombudsman Policy Statement. The PREA ombudsman serves as an independent office to monitor and conduct administrative investigations of allegations of sexual abuse and sexual harassment, as well as provide a point of contact for elected officials, the public, and offenders regarding allegations of sexual abuse and sexual harassment, or inquiries related to PREA.

As stated in the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders shall be provided access to victim advocate for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communications between offenders and these organizations and agencies, in as confidential manner as possible.

According to the TDCJ Statement of Fact dated October 24, 2018 advises that the TDCJ does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

Of the twenty-five (25) random and twenty (20) targeted offenders, that were interviewed regarding this provision, including those offenders who had previously reported sexual abuse, all responded that they were able to articulate their knowledge on how to report incidents of Sexual Abuse or Sexual Harassment.

During the on-site portion, the Auditor observed PREA posters throughout the facility, in both English and Spanish, and was painted onto the walls in every living area, work areas, visiting room, dining area, main hallways, etc. during the on-site, the auditor observed these painted posters in the various locations throughout the facility. These posters referenced the departments commitment to providing an environment that is free from sexual abuse and sexual harassment.

#### Provision (b)

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 indicates that offenders shall be informed, that any reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Offenders are also advised that their conversations with outside support services are confidential in nature, and that information will be kept in the strictest confidence.

Of the twenty-five (25) random and twenty (20) targeted offenders that were interviewed regarding this provision, all offenders indicated that even though they believed that the information would be kept in the strictest confidence, they were aware that if security needs were present, some of the information might be given to facility staff.

The Auditor spoke with a representative from Hendrick Medical Center in Abilene Texas, who indicated that a victim advocate will be made available for the offender before, during and following the examination. She advised that in addition to providing for any emotional support issues, another one of the responsibilities of the advocate is to inform the victim that some of the issues that are discussed will either need to be provided to the facility staff, both medical and non-medical, for the purposes of institutional security, the PREA investigation, and further medical and mental health services.

#### Provision (c)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018 offenders are to receive services from the victim advocate from a rape crisis center available. If a rape crisis center is not able to provide victim advocate services, the unit shall attempt to make available a qualified staff member from a community-based organization. However, if a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall provide a qualified TDCJ staff member to provide the offender with victim advocate services.

The auditor was provided with copies of sixty-eight (68) letters that have been sent to the various service providers that were identified in the Texas Association Against Sexual Assault (TAASA), Sexual Assault Service Directory, dated 2015. The letters advised that the TDCJ was working to eliminate sexual abuse of incarcerated offenders, and was seeking to establish a collaborative relationship with each provider to offer treatment and counseling support services to inmate sexual assault victims. At the present time, there is one (1) MOU that provides service for the Texas Department of Criminal Justice. The Families in Crises, Inc. is located in Killeen, Texas has an MOU for service to the TDCJ offender population, through August 2019. In the event that an offender housed at Wallace Unit is in need of additional counseling services, TDCJ will transfer that offender to the unit closest to the Families in Crisis for follow-up treatment .

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Inmate access to outside confidential support services. No recommendations or corrective action is required.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ General Information Guide for families of Offenders Pamphlet – April 2016
- TDCJ Executive Directive # ED-02.10 (rev. 1)
- TDCJ Executive Directive # ED-02.03 (rev. 6)
- TDCJ Safe Prisons / PREA Operations Manual # 04.02
- TDCJ Offender Orientation Handbook, February 2017
- TDCJ webpage links

#### Provision (a)

The TDCJ provided access for a third party reporting process through their departmental website. In accordance with Section 501.172 of the Texas Government Code, the Prison Rape Elimination Act (PREA) Ombudsman coordinates the agency's efforts to eliminate sexual abuse and sexual harassment of offenders in TDCJ correctional facilities. The PREA ombudsman serves as an independent office to review or conduct administrative investigations of allegations of sexual abuse and sexual harassment, as well as provide a point of contact for elected officials, the public, and offenders to report allegations of sexual abuse and sexual harassment, or inquiries related to the PREA. To contact/request the ombudsman regarding a PREA matter, utilize the link: [prea.ombudsman@tdcj.texas.gov](mailto:prea.ombudsman@tdcj.texas.gov). This link allows for the initiation of a third party request.

According to the TDCJ Safe Prisons / PREA Operations Manual # 04.02 upon receipt of written notification from an outside agency that an offender in their custody alleged they were a victim of sexual abuse while confined in the TDCJ, the warden or department heard receiving the notification shall report the allegation to the PREA Ombudsman and the Office of the Inspector General.

Indicated in the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an Offender Protection Investigation (OPI) may be requested by anyone who has information that an offender may be in need of protection. This information can come from the offender in need of protection, other offenders, the offender's family, TDCJ staff, or others. An OPI shall be conducted in accordance with the procedures outlined in the SPPOM.

According to the TDCJ Executive Directive # ED-02.03 (rev. 6) the TDCJ established guidelines for the management of the Ombudsman Program and procedures for responding to complaints or inquiries regarding the TDCJ, both through the Ombudsman Program and TDCJ staff.

As outlined in the TDCJ Executive Directive # ED-02.10 (rev. 1), the Texas Board of Criminal Justice (TBCJ) established the PREA ombudsman's office to investigating and process PREA complaints and inquiries in according the Prison Rape Elimination Act Ombudsman Policy Statement.

The TDCJ General Information Guide for families of Offenders Pamphlet – April 2016 emphasizes the TDCJ's "zero-tolerance" for all forms of sexual abuse and sexual harassment of offenders. The pamphlet further details the PREA Ombudsman's role, and how to contact them.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Third-party reporting. No recommendations or corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Correctional Managed Health Care Policy Manual, # G-57.1
- Correctional Managed Health Care Policy Manual, # E-35.2
- TDCJ Safe Prisons / PREA Operations Manual, # 05.01, July 2014
- TDCJ Administrative Directive # AD-16.20 (rev. 2)
- TDCJ Executive Directive # PD-29 (rev. 5)
- CPOM 02.05 (rev. 1) – January 2010
- Interviews with the following:
  - Random Staff
  - Warden
  - PREA – Correctional Institutions Division Director

#### Provision (a)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, all staff members shall immediately report, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

According to TDCJ Administrative Directive # AD-16.20 (rev. 2) employees shall report occurrences or allegations of administrative violations, criminal offenses, and other incidents required to be reported by the directive immediately upon becoming aware of such conduct or as soon as practical. Reports may be made directly to the OIG or through the employee's supervisor. Supervisor staff shall ensure that incidents reported to them are also reported to the OIG.

The TDCJ Executive Directive # PD-29 (rev. 5) outlines reporting responsibilities and providing direction when an employee becomes aware of alleged sexual misconduct that they should immediately make their report. The policy then outlines the next level of reporting, indicating that the supervisor or other individual should make their contacts to. The policy then provides direction to the Warden, Department Head, or PREA Ombudsman, and outlines their

reporting structures.

The TDCJ provides all first responders a pocket booklet entitled *Daniel Webster Wallace Unit, Officer Orientation Handbook*. This booklet provides a quick reference guide to all aspects of the PREA investigation, ranging from detection, response, and reporting. The booklet also provides direction to staff regarding who is to be notified of the incident.

Identified during the interviews with the seven (7) random staff and fifteen (15) specialized staff, all of the staff interviewed were aware of this requirement, and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant to the policy. They further indicated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff. Interviews with the random and specialized staff at all levels of the facility indicated that all PREA related allegations/reports go to the USPPM and to the investigative staff.

#### Provision (b)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

According to TDCJ Safe Prisons / PREA Operations Manual, # 05.01, dated July 2014 states that apart from reporting to designated supervisor 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 the TDCJ policy, to make treatment, investigation, and other security and management decision.

As indicated in provision (a) the TDCJ provides all first responders a pocket booklet entitled *Daniel Webster Wallace Unit, Officer Orientation Handbook*.

Responses from the seven (7) random staff and fifteen (15) specialized staff, are consistent with the answers provided in provision (a).

#### Provision (c)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA dated Plan, March 2018, unless otherwise precluded by federal, state, or local law, as well as the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality.

As indicated in provision (a) the TDCJ provides all first responders a pocket booklet entitled *Daniel Webster Wallace Unit, Officer Orientation Handbook*.

As identified in the Correctional Managed Health Care Policy Manual, # G-57.1, all offenders with complaints of sexual assault/ abuse will immediately be evaluated, examined, and appropriately referred for required services. A brief history may be conducted by nursing staff. The facility physician/mid-level practitioner and ranking security officer are to be notified. The policy further states that if an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, health care staff may only report to the OIG if the offender provides consent.

During the interviews with the medical and mental health staff, it was confirmed that she was aware of this requirement, and was able to explain how they would immediately report an allegation of sexual abuse, she was also able to articulate her understanding of the policy, and their rights and obligations, and that even though there was a consent waiver signed, her staff are obligated to advise the offender of the limitations of confidentiality prior to the initiation of services.

Provision (d)

The Correctional Managed Health Care Policy Manual, # G-57.01 states that if an offender who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required. If reporting the prior assault/abuse in the interest of initiating an investigation into the incident, health care staff must obtain consent from the offender.

The Auditor interviewed both the Warden and the PREA – Correctional Institutions Division Director, who both indicated that they do not have anyone under the age of 18 housed at the Wallace Unit, nor are they responsible to house juvenile offenders. However, they both indicated that in the event that they did have a youthful offender, the facility would report any abuse allegation to the appropriate agency, as required by law, and that any allegations of sexual abuse or harassment would be reported to both the USPPM and the designated institutional investigator.

Provision (e)

According to TDCJ Administrative Directive # AD-16.20 (rev. 2) certain alleged administrative violations, criminal offenses, and emergency incidents as defined in the directive, which occur on TDCJ property or affect TDCJ interests shall be reported to the Office of the Inspector General (OIG).

Additional language in the policy authorizes the OIG’s broad investigative responsibilities and designates the OIG as the primary investigative organization within the TDCJ. The OIG has primary jurisdiction for the investigation of criminal offenses occurring on TDCJ property or affecting TDCJ is the victim or has an authorized agent.

The Auditor interviewed the Warden who stated that any allegations of sexual abuse or harassment are reported to both the USPPM, and the designated OIG investigator.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding staff and agency reporting duties. No recommendations or corrective action is required.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided

- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Administrative Directive # AD-02.15 (rev. 12)
- TDCJ Safe Prisons / PREA Operations Manual # 05.01, dated July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 05.03, dated July 2014
- Interviews with the following:
  - Agency head or designee
  - Warden or designee
  - Random Staff

Provision (a)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision must be rendered within five calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken information related to this item may be found in the TDCJ Offender Grievance Operation Manual.

A review of TDCJ Safe Prisons / PREA Operations Manual # 05.03, dated July 2014, indicates that upon receipt of a request for offender protection, the unit major or highest-ranking security supervisor on duty shall determine the type of housing required for the alleged offender victim pending completion of the investigation.

The TDCJ Safe Prisons / PREA Operations Manual # 05.01, dated July 2014, requires that immediately upon notification of an alleged sexual abuse of an offender, the first security officer to respond shall immediately separate the alleged victim from the alleged assailant(s), in order to eliminate the potential for additional violence.

According to TDCJ Administrative Directive # AD-02.15 (rev. 12) after reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, through investigation, as well as completing an Administrative Incident Review of the circumstances; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with TDCJ policies and procedures; a review or whether lesser alternative means of managing the situation were available; identification of actions that could avoid future incidents of a seminal nature and identification of training needs; a determination of whether Incident Command System levels or response levels were used during the incident; a determination of whether employee action or inaction was a factor in the incident; corrective action taken; alleged sexual abuse and alleged staff sexual harassment information.

According to the PAQ submitted, during the twelve (12) months preceding the audit there have not been any instances when the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

During the interview with the Director of the Institutions Division, she advised that the agency takes immediate action in order to protect the offender. This can be done by placement into an investigative status, and removing the offender from general housing, and placing them into *transient housing* during the investigation. Policy and practice ensure that investigations are timely and thorough. A committee reviews housing, job changes, unit transfers, and placement in safekeeping housing as several of the intervention strategies designed to separate the victim from the predator. Through the investigation process and committee review; responsible parties, if known, are held accountable for their action.

During the interview with the Warden, she stated that if she received an allegation she would take immediate action to protect the offender. This may require that they move the offender into *transient housing* until the investigation can be concluded. Because of the availability of numerous male facilities in Texas, it may mean that the offender and/or victim is relocated to another facility upon conclusion of the investigation.

Through the random staff interviews, all staff indicated that if they received an allegation from an inmate, they would immediately separate the victim and suspect, preserve any evidence, and contact their supervisor.

All staff stated that they would determine if the offender or suspect required medical or psychological attention. After dealing with any immediate issues, all custody staff interviewed indicated that they would make sure that all evidence protocols were followed such as not allowing the victim to shower, appropriate collection of physical evidence, obtaining any video, identifying witnesses, and then documenting all items into the report.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding agency protection duties. No recommendations or corrective action is required.

### 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 04.01, dated July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 04.02, dated July 2014

- TDCJ Safe Prisons / PREA Operations Manual # 05.01, dated July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 05.05, dated July 2014
- TDCJ Administrative Directive # AD-16.20 (rev. 2)
- TDCJ Board Policy # BP-01.07 (rev.6)
- Copy of Reporting to other confinement facilities memo
- Interviews with the following:
  - Agency head or designee
  - Warden

Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, after receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report must immediately notify the USPPM. The USPPM shall provide the Safe Prisons Program Management Office (SPPMO) with the details of the alleged incident, in order for the SPPMO to initiate notification to the appropriate office of the outside agency where the alleged abuse occurred. Following a review of TDCJ Safe Prisons / PREA Operations Manual # 04.01, dated July 2014, upon receiving an allegation that an offender was sexually abused while confined at an outside agency facility, the SPPMO will notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation at the TDCJ.

According to the completed PAQ, during the preceding twelve (12) months, the Wallace Unit has not received any notifications of incidents from other confinement facilities.

Provision (b)

Located in the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, it states that the SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation.

Provision (c)

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, states that the SPPMO must document the notification.

Even though there had not been any incidents during the preceding twelve (12) months, the auditor was provided an example of a notice that had been provided from another confinement facility. This documented was reviewed by the Auditor, which determined that it was within 72 hours requirement for notification.

Provision (d)

According to TDCJ Safe Prisons / PREA Operations Manual # 05.05, dated July 2014, following a request for offender protection, a complete and thorough investigation shall be conducted to determine the validity of the allegation and whether the offender requires protection, and if so, the degree of protection required as outlined in policy.

According to the completed PAQ, during the preceding twelve (12) months, the Wallace Unit has not received any notifications of incidents from other confinement facilities.

During the interview with the Director of the Correctional Institutions Division, she indicated that the facility that receives the allegation from an outside source is responsible for forwarding the complaint to the OIG, and the Office of the PREA Ombudsman for investigation and response to the inquiry. She further indicated that if one of the facilities receives information that an offender was sexually abused while assigned in an outside agency or facility, the unit notifies the Safe Prisons Program Management Office (SPPMO), and that office is responsible for

notification to the outside agency/facility within 72 hours. Any assistance that can be provided for investigation is completed and forwarded, i.e. offender written statement and notifications are provided to OIG

During the interview with the Warden, she indicated once an allegation of sexual abuse is received from another agency, it is assigned to the OIG to conduct the investigation. She further stated that additional contact is made to the PREA Ombudsman. She further stated that she will also make notifications up her chain of command, and that all of this must occur within the first 72 hours following receipt of the information.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding reporting to other confinement facilities. No recommendations or corrective action is required.

### Standard 115.64: Staff first responder duties

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

##### 115.64 (a)

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

##### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 05.01
- TDCJ OIG, 2015 Operational Procedures Manual, # OIG-04.05
- TDCJ Administrative Directive # AD-16.03 (rev. 4)
- PREA Pocket Guide for First Responders
- Daniel Webster Wallace Unit Officer Orientation Handbook
- Interviews with the following:
  - Custody Staff (First Responders)
  - Non-Security First Responders
  - Offenders who reported a Sexual Abuse

### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

- a) Notify a security supervisor;
- b) Separate the alleged victim and assailant;
- c) Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence;
- d) Monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the a occurred within a time period that still allows for the collection of physical evidence.
- e) Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff. The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G of this plan.

A review of TDCJ Administrative Directive # AD-16.03 (rev. 4) advises staff that they must ensure that evidence handling, and crime scene protection/preservation procedures are implemented in accordance with the established guidelines identified in this policy.

According to TDCJ OIG, 2015 Operational Procedures Manual, # OIG-04.05, the purpose of this policy is to outline the agency's policy and procedures, as it relates to the Office of the Inspector General, for investigating and documenting incidents of sexual assault.

A review of TDCJ Safe Prisons / PREA Operations Manual # 05.01 reflects procedures and guidelines related to the initial notification and response following a report offender-on-offender or staff-on-offender sexual abuse incident, the utilization of the Sexual Abuse Investigation Checklist.

The Auditor provided a copy of the pocket booklet entitled *Daniel Webster Wallace Unit, Officer Orientation Handbook*. This booklet was provided to custody staff, giving them an overview of all aspects related to PREA. The sections of the booklet are: the various PREA Components, PREA Security/Non-Security, and Summary/Resources.

In the past twelve (12) months there have been a total of four (4) allegations of Staff-on-Inmate Sexual Abuse, and no Inmate-on-Inmate allegations of Sexual Abuse. There have not been any allegations of Sexual Harassment,

either staff-on-inmate or inmate-on-inmate. All of the investigations exceeded the evidence collection time period. Because of when the offender notified staff, none of the evidence collection protocols could be utilized.

The Auditor's review of the PREA training curriculum reflected that all staff, volunteers and contractors receive this essential training which provides the first responder responsibilities, and obligations of any staff, volunteer or contractor, whoever receives the information first. As a First Responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved offenders, and relay observations.

During the interview with the Warden, she indicated that First Responder staff have been trained on the PREA processes, and participate in regular on-going training, conducted to ensure competency and compliance.

During the interview with the Shift Commander, she outlined for this Auditor, how the Wallace Unit responds to a PREA incident. She further advised that in order to ensure that she completes all required items, she utilizes the TDCJ Sexual Abuse Investigation Checklist (SPPOM 05.01 Attachment G). A copy of this checklist was provided to the auditor for review which outlines all of the required notifications in one column, and the required procedures in another column, as well as a corresponding date/time completion.

All of the staff, volunteers, and contractors knew to keep separate the suspect from the victim, preserve the crime scene and other physical evidence, seek medical aid (if needed), and report the incident.

During interviews with non-custody staff First Responders, all indicated that they would first notify custody staff, directing the alleged victim to not destroy evidence, and secure the scene as best as they could. They all further stated that all information they obtained would be kept confidential except for the staff that needed know. They further advised that they were also trained in the PREA process from In-Service Training, On-the-Job training, and during shift briefings, reminding them of their actions and the importance of both the immediate and long-term PREA process.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if the first staff responder is not a correctional officer, the responder shall monitor the alleged victim to ensure physical evidence is not destroyed, and shall immediately notify a correctional officer.

According to the completed PAQ, during the preceding twelve (12) months, the Wallace Unit has not had any instances when a non-security staff member was the first responder.

In speaking with random Non-Custody Staff First Responders, all indicated that they would first notify custody staff, directing the alleged victim to not destroy evidence. Additionally, all non-custody staff interviewed stated they would attempt to protect the offender to the best of their ability, by separating him from the alleged perpetrator if they could safely do so, and immediately notifying custody staff. Each staff indicated that they would keep all of the information confidential except for those staff that had a need to know.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Staff first responder duties. No recommendations or corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 05.01, July 2014
- Interviews with the following:
  - Warden

#### Provision (a)

A review of TDCJ Safe Prisons / PREA Operations Manual # 05.01 indicates that the response to an allegation of sexual abuse requires a coordinated effort between unit security staff, the OIG, medical and mental health services, and victim advocate (where available), or an Offender Victim Representative (OVR). The procedures further identified in this policy a systematic notification and response process following a reported sexual abuse incident. The policy further advises that the first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor is then required to provide notification and response procedures by first notifying the highest-ranking security supervisor on duty, and then following the established notification protocols.

During the interview with the Warden, she stated that the coordinated response has been identified in the provided policies. She further indicated that all her staff have to do is follow the Sexual Abuse Investigation Checklist, and this will provide them with the requirements and expectations, and who they are required to contact. Training is provided regularly with staff through In-Service Training, On-the-Job training, and through shift briefings.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding coordinate response. No recommendations or corrective action is required.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Executive Directive # PD-29 (rev. 5)
- TDCJ Executive Directive # PD-35 (rev. 3)
- TDCJ Executive Directive # PD-22 (rev. 14)
- Interviews with the following:
  - Personnel Director

#### Provision (a)

Language identified in TDCJ Executive Directive # PD-22 (rev. 14) indicated that the guidelines and procedures were adopted in order to guide the internal operations of the TDCJ, and do not create any legally enforceable interest or limit the executive director's, deputy executive director's, or division director's authority to terminate an employee at will.

The TDCJ Executive Directive # PD-35 (rev. 3) advises that an employee who has been recommended for dismissal shall be given the opportunity to have the dismissal recommendation mediated through a voluntary independent dismissal mediation session. The policy further advises that an employee is not eligible to participate in the process if they have been dismissed for administrative purposes.

According to TDCJ Executive Directive # PD-29 (rev. 5), the TDCJ has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. Additionally, an employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders.

An interview with the Director, Correctional Institutions Division, confirmed that the TDCJ has not entered into or

renewed any collective bargaining agreements or other agreements since August 20, 2012.

Provision (b)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  Yes  No

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Executive Directive PD-29 (rev. 5)
- TDCJ Executive Directive PD-22 (rev. 14)
- TDCJ Safe Prisons / PREA Operations Manual # 05.08, July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 02.04, July 2014
- Various Retaliation Tracking Forms
- Statement of Fact

- Interviews with the following:
  - Deputy Commissioner
  - Warden
  - Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Offenders who reported Sexual Abuse

#### Provision (a)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, Offenders and staff who report sexual abuse or sexual harassment who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff.

According to TDCJ Executive Directive PD-29 (rev. 5), the TDCJ has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM.

The Daniel Webster Wallace Unit USPPM has been identified as the primary source for monitoring possible retaliation. At the time of this report, the Daniel Webster Wallace Unit, Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM) is Officer Steven Boyd.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, as appropriate, multiple protective measures may be taken, including housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

During the interview with the Director of the Correctional Institutions Division, she advised that they have several policies in place that have been designed to prevent and monitor retaliation against offenders and staff. Any offender or staff who reports, witnesses, or cooperates with investigations is monitored once every 30 days, for a 90 day period. If there are no more reported problems, the monitoring stops after 90 days; however, if there are reported concerns, then the monitoring continues until the monitored individual no longer experiences retaliation and/or the follow-up investigation is determined unfounded. If there is evidence of retaliation, unit administration takes immediate action to prevent retaliation. These actions can include work and housing assignment changes, unit transfers, services of CRISP or referrals to Workers Assistance Program for staff, or mental health services for offenders.

During the interview with the Warden, she indicated that there are numerous strategies used to protect offenders and staff from retaliation, which includes monitoring to ensure that appropriate changes in housing or work assignment, and if any disciplinary actions are occurring.

During the interviews with the offenders who reported sexual abuse, each inmate told the Auditor that they recalled a staff member formally or informally checking with them every few weeks. They further indicated to the Auditor that even though these incidents occurred, at the present time they felt safe at the facility.

#### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, that for at

least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders and staff who reported the sexual abuse, including offenders who were reported to have been victims of sexual abuse for changes that may indicate possible retaliation by offenders or staff, and shall act promptly to address any retaliation issues. Monitoring shall include a review of offender disciplinary reports and housing or program changes; and negative performance reviews and reassignments of staff. The monitoring shall continue beyond 90 days if circumstances dictate the need.

A review of TDCJ Safe Prisons / PREA Operations Manual # 05.08, dated July 2014, following a report of sexual abuse or sexual harassment, the warden or USPPM shall monitor and document the conduct and treatment of staff and offenders who reported the incident cooperated with the investigation as a witness to the allegation, and of offenders who suffered as the victim of sexual abuse or harassment to determine potential risk or acts that may suggest possible retaliation.

The manual further states that the warden or USPPM shall act promptly to remedy any such indication of retaliation. The warden and USPPM shall monitor staff and offenders for at least 90 days following an allegation of sexual abuse or sexual harassment, and shall continue beyond the initial 90-days, on a case-by-case basis when the initial monitoring period indicates a continuing needs.

Additional language in the policy indicates that upon discovery when a monitored offender victim, reporter, or witness is experiencing retaliation from another offender because of the report, the USPPM shall promptly initiate an OPI pursuant to SPPOM 05.05 and continue with the monitoring process.

A review of the TDCJ Safe Prisons/PREA Program Staff 90-Day Monitoring Form, provides information pertinent to the Incident Information and name of Staff to be monitored. The form then provides three (3) sections for monitoring follow-ups, with an attached "additional comments" page.

A review of the TDCJ Safe Prisons/PREA Program Offender 90-Day Monitoring Form, provides information pertinent to the Incident Information and name of Staff to be monitored. The form provides three (3) sections for monitoring follow-ups, with an attached "additional comments" page.

The auditor was provided a statement of fact from the Warden of the unit who advised there has not been a need for any Staff or Offender retaliation or protective measures in the past 12 months.

During the Auditor's interview with the Warden, she stated that retaliation will not be tolerated in her facility, and that the staff have been trained to understand that they are able to speak out without fear of retaliation. She further stated that if retaliation does occur, those staff members that participating in the retaliation will go through an investigation, which includes the disciplinary process, if necessary.

#### Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, monitoring shall also include periodic status checks of offenders.

A review of TDCJ Safe Prisons / PREA Operations Manual # 05.08, dated July 2014, indicates that there shall be a minimum of three status checks completed during the 90-day monitoring period, at least once per month. If the monitored staff member or offender requires additional monitoring beyond the initial 90-day period, utilize an additional attachment, as needed.

A review of the TDCJ Safe Prisons/PREA Program Staff 90-Day Monitoring Form, provides information pertinent to the Incident Information and name of Staff to be monitored. The form then provides three (3) sections for monitoring follow-ups, with an attached "additional comments" page.

A review of the TDCJ Safe Prisons/PREA Program Offender 90-Day Monitoring Form, also provides information pertinent to the Incident Information and name of Staff to be monitored. The form then provides three (3) sections for monitoring follow-ups, with an attached "additional comments" page.

During the interview with the USPPM, he indicated that any time he conducts his monitoring, he is looking at numerous items relative to retaliation. His first approach begins with the victim, observing his behaviors, his demeanor, his overall appearance, and how he is interacting with the population. The USPPM indicated that he will also be asking the victim various wellness questions, as well. When it comes to the aggressor, he would be watching the same items, and documenting interactions with all parties.

#### Provision (e)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation.

During the Interviews with both the Director of the Correctional Institutions Division and the Warden they advised that If there is evidence of retaliation, the administration takes appropriate action immediately. These actions can include work and housing assignment changes, unit transfers, no offender contact position, services of CRISP or referrals to Workers assistance program for staff, or mental health for offenders. If the retaliation is staff on staff; an investigation is initiated, and remedial action is started immediately. The administration evaluates each situation and ensures immediate action is taken to prevent retaliation.

#### Provision (f)

N/A

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard for Agency Protection against Retaliation. No recommendations or corrective action is required.

## **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**

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Protective Safekeeping Plan, July 2015
- TDCJ Administrative Directive, AD-04.63 (rev. 5)

- TDCJ Administrative Directive, AD-03.50 (rev. 13)
- Guidelines for Administrative Segregation Committee Members
- TDCJ Administrative Segregation Plan
- Various Administrative Segregation Forms
- Statement of Non-Occurrence / Non-Applicable memo's
- Interviews with the following:
  - Warden
  - Institutional PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Staff who Supervise Inmates in Segregated Housing
- Observations during on-site review

Provision (a)

According to TDCJ Administrative Directive, AD-03.50 (rev. 13) it is the policy of the TDCJ to provide a non-punitive status involving separation of an offender from general population for the purpose of maintaining safety, security, and order among gender population offenders and staff. An offender may only be placed in administrative segregation pursuant to the term of the *TDCJ Administrative Segregation Plan*. Administrative segregation shall consist of the following: security detention; prehearing detention; protective custody; and temporary detention.

Outlined in the guidelines for Administrative Segregation Committee members indicate the purpose of classification is to provide a comprehensive system which evaluates and accurately groups offenders on the basis of numerous characteristics including; age, type of offense, prior criminal record, medical and mental health needs, educational, vocational and work related needs, and finally institutional adjustment.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, those offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for a period no longer than 24 hours.

Offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for a period no longer than 30 days.

If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document:

- a) The basis of the concern for the offender's safety; and
- b) The reason why no alternative means of separation can be arranged.

Every 30 days, the Unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

There are numerous procedures and process's identified in the TDCJ administrative Segregation Plan, in addition, the plan also outlines that all administrative segregation offenders initially placed in administrative segregation, except for offenders placed in PHD and temporary detention shall be afforded an initial hearing within seven (7) days and shall undergo a subsequent paper review by the ASC every seven (7) days for the first 60 days, and at least every 30 days thereafter.

Included in the plan is an Administrative Segregation Reference Chart, is a detailed breakdown of the classification boundaries and conditions for those offenders in Security Detention and Protective Custody.

According to the PAQ, the Wallace Unit had no offenders who were held in involuntary segregation from one to 24 hours awaiting completion of assessment, and that there were no offenders held for longer than 30 days while awaiting alternative placement.

During the Auditor's interview with the Warden, she indicated that she has not placed any offenders into involuntary segregation as a result of risk of victimization during the past 12 months. She further indicated that in those instances where offender safety considerations are required, she stated that they take immediate action to ensure the safety and security of the offender, staff, and the facility.

As it relates to segregated housing, the Daniel Webster Wallace Unit does not have any Segregated housing. The facility will only place offenders into "transitional" housing until other arrangements can be made to move them to a more appropriate facility that can address the specific custody/classification requirements.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Post-allegation protective custody. No recommendations or corrective action is required.

## 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*)

## Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 05.05, dated July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 05.11, dated July 2014
- TDCJ Administrative Directive # AD-16.03 (rev. 4)
- TDCJ Administrative Directive # AD-02.15 (rev. 12)
- TDCJ Administrative Directive # AD-16.20 (rev. 2)
- TDCJ Board Policy 3 BP-01.07 (rev. 6)
- TDCJ Executive Directive # PD029- (rev. 5)
- TDCJ Records Retention Schedule, 6<sup>th</sup> Edition, May 2014
- TDCJ OIG 2015 Operational Procedures Manual # OIG-05.15, dated 08/14/2013
- TDCJ OIG 2013 Operational Procedures Manual # OIG-03.72, dated 08/10/2013
- TDCJ OIG 2015 Operational Procedures Manual # OIG-04.05, dated 11/10/2015
- Assorted Training Materials
- Interviews with the following:
  - Investigative Staff
  - Inmates who reported Sexual Abuse
  - Warden
  - PREA Director
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)

### Provision (a)

According to TDCJ OIG 2015 Operational Procedures Manual # OIG-04.05, dated 11/10/15, it is the policy of the TDCJ to assist sexual assault victims in a supportive manner, and to conduct timely and diligent investigations enhancing the probability of a successful prosecution.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

A review of TDCJ Administrative Directive # AD-16.20 (rev. 2) authorizes the OIG's broad investigative responsibilities, and designates the OIG as the primary investigative organization within the TDCJ. The OIG has primary responsibility for the investigation of criminal offenses occurring on TDCJ property or affecting TDCJ property or pecuniary interest, including criminal offenses where the TDCJ is the victim or has an authorized interests. Within respective jurisdiction, local state, and federal law enforcement agencies have concurrent investigative and law enforcement authority with the OIG. Generally, outside law enforcement agencies defer criminal jurisdiction to the OIG with regard to matter relating to the TDCJ.

At the present time there is one (1) investigator assigned to the Daniel Webster Wallace Unit, from the Office of the Inspector General. The USPPM conducts the preliminary investigative efforts relative to administrative

investigations.

During the past 12 months there have been a total of four (4) Administrative Cases. Utilizing a checklist, the Auditor reviewed each investigative file looking for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines. Through these file reviews, Investigative staff have shown that each case followed the objective protocols, and that investigators treat each allegation on a case-by-case basis.

During the interview with the Investigator from the Office of the Inspector General (OIG), he indicated that he begins his investigations immediately following the notification from either the Wallace Unit or his supervisor. Further he indicated that he does not follow any different protocols when he receives third-party or anonymous reports of sexual abuse or sexual harassment, rather he will conduct all of the investigations very similarly in that he just follows the facts of the case, following all leads to conclusion.

In the past twelve (12) months there have been a total of four (4) allegations of Sexual Abuse Staff-on-Inmate, and no allegations regarding Inmate-on-Inmate or allegations of Sexual Harassment. All of these allegations were investigated and determined to be unfounded. Utilizing a checklist, the Auditor looked for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines.

#### Provision (b)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, Investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

OIG Investigators receive additional training related to their roles, which includes interviewing sexual abuse victims, conducting sexual abuse investigations in a confined setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The required training has been documented, and verified through the employee signature on various sign-in sheets.

During the interview with OIG Investigator, he confirmed attending these training sessions, as well as numerous other inter-agency trainings. The Auditor also reviewed the Investigators training records, verifying his attendance and participation at all required trainings.

#### Provision (c)

According to TDCJ Administrative Directive # AD-16.03 (rev. 4), states that when a criminal act is committed on the premises of a TDCJ facility, the TDCJ shall ensure that evidence handling, and crime scene protection/preservation procedures are implemented in accordance with the guidelines outlined. It is incumbent upon all employees to take steps necessary to provide emergency responsiveness to protect life and property as well as to provide for the identification, protection, preservation, and collection of physical evidence in such a manner as to maintain its integrity and enhance the potential prosecution of perpetrators. Conviction of those who omit crimes must be based on admissible, relevant, and material evidence.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, advises Investigations shall include, at a minimum, interviews with alleged victims, suspected assailants, and witnesses; a review of prior complaints and reports of sexual abuse involving the alleged assailant; review of video surveillance where available; and any evidence, including physical evidence.

According to TDCJ OIG 2015 Operational Procedures Manual # OIG-04.05, dated 11/10/2015, provides some guidance to investigators regarding crime scene examination and evidence collection.

During the interview with the OIG Investigator, he indicated that during the normal course of his investigation, he will interview the victim first, then witnesses, and last the offender. He stated that most of his investigations follow the same protocols, unless it's Sexual Assault/Harassment that has occurred within the first 96 hours, which

necessitate the SART/SANE protocols. Further, all evidence removed from the victim will be collected by nurse during the SART exam. The investigator further revealed that he will collect all evidence as trained through their agency's investigator training and policies.

#### Provision (d)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, when the evidence supports criminal prosecution, the OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.

The Auditor asked the OIG Investigator how he proceeds when he discovers that a prosecutable crime has occurred. He indicated that he will treat it as any other criminal case; which includes Mirada and/or Garrity issues. He indicated at that point he would begin to collaborate with the "special prosecution unit", which is utilized as the prosecution authority for the TDCJ, in collaboration with the various counties throughout Texas. He further stated that they agency will only conduct compelled interviews after consultation with prosecutors, and a determination is made as to whether it will be an obstacle for subsequent criminal prosecution.

#### Provision (e)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member.

The Auditor asked the OIG Investigator how he evaluates the credibility of the witness, victim or suspect? He indicated that he does not make that assessment, rather credibility is determined through the investigative process, and that no preconceived credibility decision is made. Witness, victim and suspects statements are determined to be credible unless the investigation proves otherwise. He further stated that he does not utilize a polygraph for any Sexual Assault or Sexual Harassment cases.

#### Provision (f)

The Auditor asked the OIG Investigator assigned to the Daniel Webster Wallace Unit what steps he takes when conducting the administrative investigations. He indicated that he actually allows the investigation to follow its natural course from what happened, how it happened, and will include an effort to determine whether actions or failures to act contributed to any sexual abuse allegation. All of his findings are documented in the investigation report.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.

During the past 12 months there have been a total of four (4) Administrative Cases, all of which have been closed, and unfounded. Utilizing a checklist, the Auditor reviewed each file looking for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines. Through these file reviews, Investigative staff have shown that each case followed an objective protocol, and that investigators treat each allegation on a case-by-case basis.

#### Provision (g)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, administrative investigations shall; include an effort to determine if staff actions or inactions contributed to the abuse; and be

documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings..

When asked about his process's when handling criminal investigations, the OIG investigator advised that all steps of the investigations are thoroughly documented, including all investigative steps, interviews, facts and findings.

In the past twelve (12) months there have been a total of four (4) allegations of Sexual Abuse, Staff-on-Inmate, and no Inmate-on-Inmate or allegations of Sexual Harassment. Utilizing a checklist, the Auditor reviewed each file for offender rights, safety and security of the offender, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines.

#### Provision (h)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.

During the past 12 months there have been a total of two (2) Criminal Case referrals, each of the cases was unfounded, and could not be referred for prosecution.

The investigator was asked at what point are the cases presented to the District Attorney for prosecution, to which he replied that once the investigation is completed, the cases are presented for prosecution.

#### Provision (i)

TDCJ OIG 2015 Operational Procedures Manual # OIG-04.05, dated 11/10/2015, relates to crimes records management system. The manual identifies that the records department must maintain these records for at least ten (10) years. As well as, all administrative and criminal investigations shall be retained in accordance with the TDCJ *Records Retention Schedule*.

For investigative file reviews, see notes in provisions (a), (d), (f), and (g).

#### Provision (j)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation.

The Auditor asked the OIG Investigator the steps that he addresses the investigation when either the abuser or victim leaves the jurisdiction, he advised that it does not alter his investigation as he will follow thorough every investigation to conclusion.

#### Provision (k)

N/A

#### Provision (l)

The Warden was asked how she endeavors to remain informed about outside agency investigations. She advised that she remains in regular contact with the OIG Investigator, who keeps her apprised of the matter, and informed of the progress.

Both the PREA Director and the PREA – Unit Safe Prisons / PREA Manager (USPPM) were asked how they monitor cases if they were being investigated by an outside agencies. Both indicated that to their knowledge there has not been an instance where they have had to monitor any such case.

The OIG Investigator was asked what role he plays when an external agency conducts a sexual abuse investigation inside of the facility. He advised that the facility and TDCJ are self-contained regarding their investigations, and that the TDCJ handles all of its own Criminal and Administrative Investigations.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Criminal and Administrative agency investigations. No recommendations or corrective action is required.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 05.05, dated July 2014
- Training Materials
- Interviews with the following:
  - Investigative Staff

#### Provision (a)

According to TDCJ Safe Prisons / PREA Operations Manual # 05.05, dated July 2014, based on the preponderance of evidence contained in the investigative report, the UCC determine the allegations of this investigations to be: the committee shall review the totality of the investigation including facts, evidence, and any other pertinent information to determine whether the allegations (incident being investigated) are substantiated, unsubstantiated, or unfounded.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, that no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

Identified in the training materials, that when determining a finding on an OPI, there is a prescribed standard that TDCJ employees and is subsequently required by PREA standard. This standard states that “the agency shall impose no standard higher than a preponderance of the evidence in deterring whether allegations of sexual abuse or sexual harassment are substantiated”. According to the supplied materials, the preponderance of the evidence means that more than 50% of the evidence supports the allegation.

The Auditor spoke with the investigative staff who indicated that during an investigation, all available evidence is collected (physical, interviews, etc.), and submitted to both facility Administration and the Special Prosecution Unit for their review and consideration.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding the Evidentiary standard for administrative investigations. No recommendations or corrective action is required.

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the 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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 05.10, dated July 2014
- Statement of Fact
- TDCJ UCC Notification of OPI Outcome SPPOM 05.05, Attachment M
- TDCJ Safe Prisons / PREA Program Offender Notification Brochure, SPPOM, Attachment U
- Staff-on-Offender Sexual Abuse Investigative Worksheet, SPPOM 05.11, Attachment F
- Safe Prisons / PREA Program Offender Protection Investigation, Attachment J
- Interviews with the following:
  - Warden
  - Investigative Staff
  - Inmates who reported Sexual Abuse

#### Provision (a)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders shall be notified of relevant information regarding criminal investigations, in accordance with the SPPOM.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offender following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated, or unfounded.

The auditor was provided a statement of fact dated 05//26/16 that advises that the Safe Prisons Program Management Office (SPPMO) is responsible for providing offenders with notification of the Office of the Inspector General (OIG) criminal investigative outcomes. The completion time for investigations vary, and may take up to two years.

TDCJ UCC Notification of OPI Outcome, provides a formalized document that is provided to the offender, advising them of the completion and outcome of each investigation.

The Auditor asked the OIG Investigator what was the final step of his investigation, he indicated that at the conclusion of his investigation he always submits a close out letter to the offender, advising of the conclusion. The Warden was asked this question as well, and her response was very similar, in that the closure letter is always sent out to both the aggressor, and victim advising of the investigations conclusion.

During the interviews with the offenders who reported a sexual abuse, they advised the Auditor that they could not recall if they received a letter or not; however, they all recalled being advised of the conclusion of the investigation somehow.

During the past 12 months there have been a total of four (4) cases Sexual Abuse and no cases of Sexual Harassment, each of which have been unfounded and subsequently closed.

#### Provision (b)

N/A

#### Provision (c)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when:

- a) The staff member is no longer assigned to the offender's unit; or
- b) The staff member is no longer employed by the TDCJ.

If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the Safe Prisons Program Management Office (SPPMO) shall inform the offender when:

- a) The staff member has been indicted on a charge related to sexual abuse within the unit; or
- b) The staff member has been convicted on a charge related to sexual abuse within the unit.

The Auditor was provided a Statement of Fact for the preceding twelve (12) months, indicating that there have not been any incidents of Staff-on-Inmate Sexual Abuse, nor was there any instances of a staff member being indicted or convicted of the charges of sexual abuse.

#### Provision (d)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will inform the alleged victim when:

- a) The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
- b) The alleged assailant has been convicted on a charge related to sexual abuse within the unit.

TDCJ Safe Prisons / PREA Operations Manual # 05.10, dated July 2014, indicates that following an investigation into offender allegations that he or she was victim of any criminal sexual assault offense or civil rights violation

defined in the Texas Penal Code, the offender shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not-sustained), or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge.

The Auditor was provided with a Statement of Fact for the preceding twelve (12) months indicating that there have not been any incidents of Inmate-on-Inmate Sexual Abuse that was determined through an investigation to be either substantiated or unsubstantiated.

Provision (e)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, all offender notifications or attempted notifications shall be documented.

TDCJ UCC Notification of OPI Outcome, provides a formalized document that is provided to the offender, advising them of the completion of the investigation, including the outcome.

The Auditor was provided a Statement of Fact for the preceding twelve (12) months, indicating that there have been four (4) notifications to inmates required during this period of review.

Provision (f)

N/A

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency meets standard regarding Reporting to Inmates. No recommendations or corrective action is required.

<b>DISCIPLINE</b>
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**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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Windham Board Policy # WBP-07.15 (rev. 1), dated October 15, 2015
- Windham Board Policy # WBP-07.44 (rev. 2), dated October 10, 2013
- TDCJ Executive Directive # PD-22 (rev. 14), dated January 1, 2017
- TDCJ Executive Directive # PD-29 (rev. 5), dated March 1, 2017
- TDCJ Administrative Directive # AD-16.20 (rev. 2), dated July 19, 2010
- Statement of Fact

#### Provision (a)

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

According to the Windham Board Policy # WBP-07.15 (rev. 1), dated October 15, 2015, the Windham School District (WSD) has a zero tolerance for an employee's or other individual's sexual misconduct with offenders. Supervisors who receive notification of alleged sexual misconduct or abuse, and other individuals who become aware of alleged sexual misconduct or abuse shall immediately report such misconduct or abuse.

According to TDCJ Executive Directive # PD-29 (rev. 5), dated March 1, 2017, the TDCJ has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperative with an investigation of alleged sexual misconduct with offenders.

As stated in the Windham Board Policy # WBP-07.44 (rev. 2), dated October 10, 2013, employees are representatives of the WSD, and are expected to adhere to the highest standards of professional conduct on and off duty, including but not limited to the adherence to the rules of conduct described in this policy. Employees shall comply with standard practices and ethical conduct toward students, colleagues, school officials, and members of the Texas Department of Criminal Justice (TDCJ) community. Employees who allegedly commit a rule violation

shall be subject to disciplinary action. Due to the unique environment of correctional education, it is the policy of the WSD to terminate employment for misconduct that jeopardizes the security of facilities or safety of personnel. Termination may also occur in other instances of misconduct, depending on the facts and circumstances.

Provision (b)

TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The Auditor a Statement Fact for the preceding twelve (12) months, indicating that there has not been any terminations, resignations or other sanctions against staff for violation of the Department's sexual abuse or harassment policies.

Provision (c)

As identified in provision (a) the Windham School District (WSD) has a zero tolerance for an employee's or other individual's sexual misconduct with offenders.

As identified in provision (a), the WSD employees are expected to adhere to the highest standards of professional conduct.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The Auditor was provided a Statement Fact for the preceding twelve (12) months, indicating that there had not been any terminations, resignations or other sanctions against staff for violation of the Department's sexual abuse or harassment policies.

Provision (d)

As identified in provision (a), the Windham School District (WSD) has a zero tolerance for an employee's or other individual's sexual misconduct with offenders.

As identified in provision (a), the WSD employees are expected to adhere to the highest standards of professional conduct.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, all terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Auditor was provided a Statement Fact for the preceding twelve (12) months, indicating that there has not been any terminations, resignations or other sanctions against staff for violation of the Department's sexual abuse or harassment policies.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Disciplinary Sanctions for Staff. No recommendations or corrective action is required.

## 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*)

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Volunteer Services Plan
- TDCJ Executive Directive # PD-29 (rev. 5), dated March 1, 2017
- Training Materials / Lesson Plans
- Statement of Fact
- Volunteer Services Acknowledgement of Volunteer Training / Orientation
- Interviews with the following:
  - Warden

#### Provision (a)

According to TDCJ Executive Directive # PD-29 (rev. 5), dated March 1, 2017, the TDCJ has zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders. Further stated in this directive, the OIG will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders, and shall be

reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

According to the provided lesson plan, in addition to being identified as a felony offense, and the TDCJ is required by law to report anyone at a TDCJ facility, including a volunteer, violates the rights of a person in custody or engages in sexual contact or sexual intercourse with a person in custody.

The Volunteer Services Acknowledgement of Volunteer Training / Orientation provides a section that reflects that the TDCJ has a zero tolerance policy for sexual misconduct. Individuals who violates the rights of an offender or engage in sexual misconduct will be referred for prosecution. The acknowledgment form also indicates that it is a felony offense if a volunteer violates the rights of a person in custody or engages in sexual contact, sexual intercourse, or deviant sexual intercourse with a person in custody. The volunteer is required to sign the document, verifying this acknowledgment.

The Auditor was provided a Statement Fact for the preceding twelve (12) months, indicating that there has not been any allegations of sexual abuse / harassment / assault involving contract personnel or volunteers.

Provision (b)

According to the TDCJ Executive Directive # PD-29 (rev. 5), dated March 1, 2017 the TDCJ indicates that an individual who commits an act of sexual misconduct with an offender will not be allowed to continue to perform services for the TDCJ, and will be denied access to the TDCJ premises.

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the unit shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.

The Auditor interviewed the Warden regarding any misconduct relating to contractors or volunteers. She advised that when an issue is brought to her attention, she immediately will refer the matter to the Office of the Inspector General (OIG) for follow-up. During this time, the contractor or volunteer is not allowed access in to the facility pending investigation and review of this matter.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Corrective Action for Contractors and Volunteers. No recommendations or corrective action is required.

**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**

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Disciplinary Rules and Procedures for Offenders, February 2015
- TDCJ Sex Offender Rehabilitation Programs, # SOTP 01.01, dated February 2013
- Correctional Managed Health Care Policy Manual, # E-35.1, dated 5/25/2017
- Statement of Non-Occurrence / Non-Applicable memo's
- Interviews with the following:
  - Warden
  - Medical and Mental Health Staff

#### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders shall be subject to any disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ *Disciplinary Rules and Procedures for Offenders*.

According to the TDCJ Disciplinary Rules and Procedures for Offenders, dated February 2015, addresses Sexual Abuse, where sexual abuse of an offender by another offender includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats or violence, or is unable to consent or refuse:

- a) Contact between the penis and vulva or the penis and anus, including penetration, however, slight;
- b) Contact between the mouth and penis, vulva, or anus; or
- c) Penetration of the anal or genital opening of another person, however, slight, by a hand finger, object, or other instrument.

According to the submitted PAQ, there have been no administrative findings of inmate-on-inmate sexual abuse that have occurred at the Wallace Unit, in the past 12 months.

According to the submitted PAQ, there have been no criminal findings of inmate-on-inmate sexual abuse that have occurred at the Wallace Unit, in the past 12 months.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, sanctions shall be appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.

The Auditor interviewed the Warden regarding disciplinary sanctions for inmates, she advised that offender discipline is based on the level of the violation, and penalties are imposed comparable to other offenders' penalties. Penalties might include placement in restricted housing, loss of good time credit, and possible prosecution. If the offender has a mental health history, mental health staff will be involved to assist in determining appropriate sanctions.

#### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

#### Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits.

According to the Correctional Managed Health Care Policy Manual, dated 5/25/2017, further decisions regarding treatment plans, housing, work assignment, disciplinary restrictions and TDCJ programming are based upon the comprehensive Mental Health Evaluation (MHE).

During interviews with Medical and Mental Health staff, the Auditor was informed that the facility offers limited therapy, counseling and other interventions to address/correct the underlying reasons or motivations for abuse. The offender's issues would be addressed during regular counseling sessions or group counseling sessions. The offenders do not require participation in interventions as a condition for access to other programming or benefits.

Provision (e)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

Provision (f)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the TDCJ *Disciplinary Rules and Procedures for Offenders*.

According to the TDCJ Disciplinary Rules and Procedures for Offenders, dated February 2015, Rule # 29.0 states that knowingly making false statement for the purpose of harming another person or during an official investigation. Offenders may not be punished for filing a grievance or lawsuit, participating in a lawsuit or discussion with other or writing to other about actual or potential legal action or other forms of grievance or complaint.

Provision (g)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, Sexual misconduct between offenders is prohibited, and shall result in disciplinary sanctions in accordance with the TDCJ *Disciplinary Rules and Procedures for Offenders*. However, sexual misconduct between offenders shall not constitute sexual abuse if it is determined the activity is consensual.

According to the TDCJ Disciplinary Rules and Procedures for Offenders, dated February 2015, Rule #29.0 & Rule #20.3 states that engaging in consensual sexual acts with others. Intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants. Additional rules address various items; Rule # 20.0 addresses Sexual Misconduct where engaging in sexual acts with other, engaging in sexual acts, etc. Rule # 20.2 references Sexual Abuse-Fondling, regarding intentional touching, etc.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standards regarding Disciplinary Sanctions for Inmates. No recommendations or corrective action is required.

**MEDICAL AND MENTAL CARE**

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

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

**115.81 (a)**

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

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the 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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- Correctional Managed Health Care Policy Manual, # H-61.1, dated 11/14/2017
- Correctional Managed Health Care Policy Manual, # H-57.1, dated 3/8/2018
- Correctional Managed Health Care Policy Manual, # H-35.1, dated 5/25/2017
- Correctional Managed Health Care Policy Manual, # A-09.1, dated 04/07
- Correctional Managed Health Care Policy Manual, # 1-70.1, dated 8/23/2016
- TDCJ Safe Prisons / PREA Operations Manual, #05.05, dated July 2014
- CPOM 02.05 (rev. 1)
- TDCJ Mental Health Referral form, # -214 (03-2016)
- TDCJ Offender Assessment Screening, Attachment E

- Statement of Non-Occurrence / Non-Applicable memo's
- Interviews with the following:
  - Medical and Mental Health Staff
- Observations during on-site review

Provision (a)

As indicated in Correctional Managed Health Care Policy Manual, # H-57.1, dated 3/8/2018, all offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may also be obtained by nursing staff.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

According to the Correctional Managed Health Care Policy Manual, # H-35.1, dated 5/25/2017, all incoming offenders admitted into TDCJ will undergo an Intake Mental Health Appraisal by appropriately trained personnel. They will complete the Mental Health appraisal process within 14 days of admission to an intake facility.

The Auditor also interviewed staff who perform risk screening relative to offenders who disclosed sexual victimization at screening. These staff confirmed that the inmates who identify are offered a follow-up meeting with a medical and/or mental health practitioner. Documentation is maintained in the automated system, and access is limited only to staff in certain classifications.

During interviews with staff who conduct the risk screening in those instances when an offender discloses prior victimization during the intake screening, the offender is immediately referred to Mental Health for assessment, and additional follow-up services, as necessary.

Of the Four (4) offenders who disclosed sexual victimization at screening, each advised that they were seen by a mental health practitioner within one (1) week of advising staff.

Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The Auditor reviewed an example of a completed assessment that reflected the initial assessment was completed on 04/23/18, a Mental Health follow-up and referral to a Mental Health practitioner was made on 04/26/18. Records reflect that the inmate was seen and assessed by the Mental Health practitioner on 5/02/18.

See interview notes with Mental Health Professional in Provision (a)

Provision (d)

According to the Correctional Managed Health Care Policy Manual, # H-61.1, dated 11/14/2017 the requirements for proper disclosure of offender protected health information (PHI). PHI includes confidential communication between a patient and the patients' health care providers. This policy also defines the appropriate procedures for an offender to obtain access to his or her own medical record information. Exceptions to the privilege of confidential exist in the following circumstances:

1. When a valid written authorization for release of information has been received from the offender or the offenders legally authorized representative;

2. When state or federal laws permit or require release of PHI without patient authorization; or
3. When a valid subpoena or court order is issued requiring release of the PHI

Unless specifically stipulated otherwise, the provisions in the document apply to all offender whether they are currently incarcerated or have been released from incarceration.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During the on-site, the Auditor met with staff who conducted risk screenings, and was advised that all medical and mental health records are contained in a separate and secure database, and are accessed only through medical and mental health staff, and that information is only provided to a classification on a need to know basis.

#### Provision (e)

As outlined in provision (d), language relevant to Correctional Managed Health Care Policy Manual, dated 11/14/2017, the requirements for proper disclosure of offender protected health information (PHI).

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, in accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

As indicated in Correctional Managed Health Care Policy Manual, dated 3/8/2018, if an offender who is less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting in the community, health care staff must report the incident to OIG. Patient consent is not required.

According to the Correctional Managed Health Care Policy Manual, # 1-70.1, dated 8/23/2016, the treating physician, mid-level practitioner, dentist, or his/her designee, must obtain informed consent for any surgical or invasive procedure. Other approved consent forms are to be used in specific situations as determined by various Correctional Managed Health CARE or department policies (e.g. consent for Mental Health, Telemedicine, or Hospice Services, consent for Pre-Release HIV testing, consent for HCV or TB treatment, etc.). Prior to initiating a specific form of mental health assessment and/or treatment, the provider will obtain the offender's informed consent.

#### Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Medical and Mental Health Screenings; History of Sexual Abuse. No recommendations or corrective action is required.

## **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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual, # 05.01, dated July 2014
- Correctional Managed Health Care Policy Manual, # A-01.1, dated 03/7/2017
- Correctional Managed Health Care Policy Manual, # G-57.1, dated 03/8/2018
- TDCJ Mental Health Referral Forms
- Interviews with the following:
  - Medical and Mental Health Staff
  - Inmates who Reported a Sexual Abuse
  - Security Staff and Non-Security Staff First Responders
- Observations during on-site review

### Provision (a)

As identified in the Correctional Managed Health Care Policy Manual, dated 03/7/2017, all policies and procedures for access to care to be developed to ensure there are no unreasonable barriers to an offender's access to health services.

Language contained in the Correctional Managed Health Care Policy Manual, dated 03/8/2018, all offenders who present complaints of sexual assault/ abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed

in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination,

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement in accordance with CMHC policies.

Outlined in the TDCJ Safe Prisons / PREA Operations Manual, dated July 2014, states that immediately upon receiving knowledge of an alleged sexual abuse of an offender, the security supervisor responsible for notifications shall ensure the following individuals are notified, one of which is the Health Services/Mental Health staff member who will initiate the medical assessment of the offender. Security staff shall ensure the medical staff conducting the assessment fully understands the assessment is for a sexual abuse allegation.

Medical and Mental Health staff interviewed by this Auditor indicate that the treatment they provide is immediate and based on their professional judgement. Medical and Mental Health work together to ensure the offender receives the appropriate treatment. Information about and access to sexually transmitted infection prophylaxis, would be offered in accordance with professionally accepted standards of care and where medically appropriate.

When interviews were conducted by the Auditor with offenders who reported sexual abuse, all offenders stated that they were escorted to and seen by medical staff right after they made their allegation, even though the timeframes had been exceeded.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, correctional staff first responders shall take preliminary steps to protect the victim, and immediately notify the appropriate on-call medical and mental health practitioners.

Outlined in the TDCJ Safe Prisons / PREA Operations Manual, dated July 2014, security staff shall escort the alleged offender victim to the unit medical department for an examination. For units without a 24-hour medical department, the security supervisor shall coordinate transportation to a local medical facility with the on-call medical personnel.

Located in the Correctional Managed Health Care Policy Manual, # G-57.1, dated 03/8/2018, in the event that a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ OIG investigator for processing.

The TDCJ has developed a Referral to Medical / Mental Health Services for the offender population. The form is divided into four (4) sections: Offender/Housing Information, Reason for Referral (2 boxes are specific to PREA: Medical & Mental Health), Medical / Mental health Staff Response to Referral, Warden acknowledgement

Interviews conducted by the Auditor with custody staff, non-custody staff, and First Responders stated that notifications are made via the telephone or institutional radio to the medical staff who are on duty when they are informed of an incident of sexual abuse.

#### Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018, offenders who become victims of sexual abuse while incarcerated shall be offered timely information about the access to emergency contraception and sexually transmitted infection prophylaxis, according to professionally accepted standards of care, where medically appropriate in accordance with CMHC policies.

Located in the Correctional Managed Health Care Policy Manual, dated 03/8/2018, is language that requires prophylactic treatment of venereal diseases (syphilis, gonorrhea) will be offered to the victim on the facility the offender is currently housed. For HIV or HEP B exposure, education and testing should be scheduled. When indicated prophylactic medications will be offered.

Note interviews in Provision (a) regarding: Medical & Mental Health Staff, Inmates who reported a S/A

Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

According to the Correctional Managed Health Care Policy Manual, dated 03/8/2018, treatment services associated with sexual assault/abuse will not result in the application of the Health Services to the victim.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Access to Emergency Medical and Mental Health Services. No recommendations or corrective action is required.

**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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual, # 05.01, dated July 2014
- Correctional Managed Health Care Policy Manual, # E-44.1, dated 10/30/2013
- Correctional Managed Health Care Policy Manual, # G-57.1, dated 03/8/2018
- Interviews with the following:
  - Inmates who reported sexual abuse
  - Medical and Mental Health Staff
- Observations made during on-site review

#### Provision (a)

Language contained in the Correctional Managed Health Care Policy Manual, dated 03/8/2018, all offenders who present complaints of sexual assault/ abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

The Auditor's review of records produced by the facility reflect an established community standard of care, evidence of STI testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention and coping skills interventions. These services are free of charge to inmates, regardless of whether the abuser is named or whether the inmate cooperates with an investigation

Provision (b)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their release from custody.

Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, Offender victims shall be provided medical and mental health services consistent with the community level of care.

Through their documentation practices, the reviewed records demonstrate attentiveness to follow-up services and treatment plans. The files detailed, professional notes on the evaluations conducted by medical and mental health staff, as well as their follow-up appointments with the inmates. Follow-up appointments consisted of routine visits with inmates during module rounds as well as office visits with medical and mental health practitioners, including psychologists and psychiatrists.

Interviews with medical and mental health staff further reflected their compliance in the area of evaluation, follow-up care, treatment plans, and referral for services. The statements from medical and mental health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral.

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

The Wallace Unit Medical/Mental Health Staff advised the auditor that during the last 12 month period there have not been any offenders who were referred for a medical examination, relative to a claim of sexual abuse/assault.

Provision (g)

Located in the Correctional Managed Health Care Policy Manual, dated 03/8/2018, is language regarding treatment services associated with sexual assault abuse or alleged sexual assault/abuse will not result in the application of the Health Services Fee to the victim.

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names

the abuser or cooperates with any investigation arising from the incident.

The Wallace Unit Medical/Mental Health Staff advised the auditor that during the last 12 month period there have not been any offenders who were referred for a medical examination, relative to a claim of sexual abuse/assault.

Provision (h)

Located in the Correctional Managed Health Care Policy Manual, dated 03/8/2018, a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. No recommendations or corrective action is required.

## 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 – Unit Safe Prisons / PREA Manager (USPPM)?  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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Administrative Directive # AD-02.15 (rev. 12)
- TDCJ Safe Prisons / PREA Operations Manual # 02.01, dated July 2014
- Daniel Webster Wallace Unit Safe Prisons Unit Investigative Team
- Instructions for Submitting reports of alleged sexual abuse and sexual harassment
- Interviews with the following:
  - Warden
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)
  - Incident Review Team

#### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The Unit Warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review.

Of the PREA related investigations that were completed by staff during this review period, four (4) required committee review. All of the documentation regarding these investigations, and subsequent review paperwork was forwarded to the Auditor. All of the four (4) cases reviewed were in compliance with TDCJ policy and PREA requirements.

Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the review shall be conducted in accordance with "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents."

According to the staff Instructions for Submitting reports of alleged sexual abuse and sexual harassment the Administrative Incident Review shall be forwarded the appropriate regional director, deputy director of operations, or department head no later than 10 working days following the notification to the EAC, which occurs no later than 3 hours following notice of the incident.

In the past twelve (12) months, four (4) cases were scheduled for the review committee. The Auditor reviewed each case and determined that in every instance, the committee met within the required 30-day review period. Each of the four (4) cases submitted for review were in compliance with TDCJ policy and PREA requirements.

Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

According to the Instructions for Submitting reports of alleged sexual abuse and sexual harassment the regional director, Private Facility Contract Monitoring/Oversight Division (PFCMOD) Deputy Director of Operations, or department head shall review the Administrative Incident Review and document any comments in the final portion of the Administrative Review section. The completed Administrative Incident Review shall be forwarded to the EAC no later than 20 working days following the notification to the EAC.

The Auditor's interview with the Warden confirmed the Warden's understanding relating to the composition of the committee, and her willingness to consider and incorporate any recommendations of the committee into Daniel Webster Wallace Unit operations.

Each of the cases referred for review by the committee was reviewed by the auditor. All of the four (4) cases reviewed were in compliance with TDCJ policy and PREA requirements. The cases were thorough, and answered all relevant questions.

Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the review shall be conducted in accordance with "Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents."

Following a review of each of the four (4) submitted cases, numerous factors were included in the summary of findings. Items that are required to be considered according to TDCJ policy, and PREA guidelines are:

- 1) Consider whether the allegation or investigation indicates a need to change policy or practice.
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTQI identification; gang affiliation; or was motivated by group dynamics at Wallace Unit.
- 3) Examination of area where incident occurred to assess need for enhancements.
- 4) Assess the adequacy of staffing levels in the area during the different shifts.
- 5) Review of the personnel file of any involved employees (background screening, training, etc.).
- 6) Assess whether additional monitoring technology should be employed, enhanced, etc.
- 7) Prepare a report of the findings for submission to facility administrator, Unit Safe Prisons / PREA manager

The Auditor interviewed the Warden, the USPPM, and other members of the Incident Review Team. Each of the members interviewed indicated that the Review Team considers all criteria identified in PREA Policy (noted above).

All documentation was reviewed by the Auditor for each of the four (4) cases and it was noted that some included recommendations.

Provision (e)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the unit shall implement recommendations that result from the review, or document the reasons for not doing so.

Each of the four (4) cases submitted contained a section that would address any needed recommendations or improvements, if required.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Sexual Abuse Incident Reviews. No recommendations or corrective action is required.

## 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

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / PREA Operations Manual # 08.01, dated July 2014
- TDCJ Safe Prisons / PREA Operations Manual # 01.01, dated July 2014
- TDCJ OIG, 2015 Operational Procedures Manual, # OIG-04.05, dated 11/10/2015
- TDCJ Administrative Directive # AD-02.15 (rev. 12)
- TDCJ Board Policy # BP-02.09 (rev. 1), dated June 10, 2015
- 2014 Survey of Sexual Victimization (Form SSV-2)
- 2015 Survey of Sexual Victimization (Form SSV-2)
- 2016 Survey of Sexual Victimization (Form SSV-2)
- Interviews with the following:
  - PREA Director

### Provision (a/c)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates that the facility is required to collect accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.

The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

According to TDCJ Safe Prisons / PREA Operations Manual # 08.01, dated July 2014, the USPPM shall complete the Monthly Safe Prisons/PREA Report (MSPPR), at the end of each month, with the assistance from the Unit Investigation Team (UIT) utilizing the UIT Meeting flow sheet. The MSPPR provides documentation of Safe Prisons/PREA activity related to offender sexual abuse training; frequency of Offender Protection Investigations (OPI); and disciplinary violations involving offender aggression and allows for analysis of patterns and trends associated with incident locations and times, as well as groups involved in incidents. Further the USPPM will compare the level of activity for the reporting month with the previous month's activity and provide an explanation of the differences in activity levels on the MSPPR. The USPPM will discuss and document appropriate action places as determined by the UIT on the MSPPR.

In addition to the required data above, the Wallace Unit is required to compile additional data for completion of the U.S. DOJ Survey of Sexual Victimization.

### Provision (b)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, indicates Incident-based sexual abuse data shall be aggregated at least annually.

The TDCJ aggregates all of its data, submitting all required items according to the U.S. Department of Justice SSV-2 (Survey of Sexual Victimization), and submits all information annually to the U.S Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2014, 2015 & 2016, which reflected completion of all data fields within the required timeline .

Provision (d)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, requires that all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be collected, reviewed, and maintained, as needed to complete the SSV.

The PREA policies mandate the agency to collect, review, and maintain data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The Auditor was provided copies of 2016 and 2017 annual reports which identified relevant areas of concern, and noted corrective action items.

Provision (e)

N/A

Provision (f)

The TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, requires that once requested, the TDCJ shall provide all relevant data from the previous calendar year to the Department of Justice.

The TDCJ aggregates all of its data submitting all required items according to the U.S. Department of Justice SSV-2 (Survey of Sexual Victimization), and submits all information on June 30 from the previous calendar year to the U.S Department of Justice.

The Auditor reviewed the submitted SSV-2 for 2014, 2015 & 2016, which reflected completion of all data fields within the required timeline .

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency Meets Standard regarding Data Collection. No recommendations or corrective action is required.

## 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*)

#### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, August 2016
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, July 2017
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, October 2018
- TDCJ Board Policy # BP-02.09 (rev. 1), dated June 10, 2015
- Interviews with the following:
  - Director – Correctional Institutions Division
  - PREA Director
  - PREA – Unit Safe Prisons / PREA Manager (USPPM)

#### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the TDCJ shall review data collected in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by:

- a) Identifying problematic areas;
- b) Taking corrective action on an ongoing basis; and
- c) Preparing an annual report of findings and corrective actions for each unit, as well as the TDCJ as a whole, in collaboration with the OIG and PREA ombudsman.

The PREA Director indicated during her interview that the agency reviews data collected pursuant to 115.87, and assesses the effectiveness of the departments sexual abuse prevention, detection, and response policies, practices, and training. The agency then prepares an annual report and posts the information on the website. She

further stated that the only information redacted from the agency report is any personal identifying information, all other information is included in the annual report.

Through an interview with the Warden, the auditor was informed that each allegation is reviewed by the Facility PREA Committee, and that the information is provided to the PREA Director for the annual review. Any issues or concerns identified during the Facility PREA Committee are addressed at that time.

Provision (b)

According to TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.

Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018 the TDCJ annual reports shall be approved by the TDCJ executive director and made readily available to the public through the TDCJ website.

As required by standard, the TDCJ places all annual reports onto its website, accessible for public review as required. Attached weblink will allow access to TDCJ PREA webpage which contains each annual report since 2014. See attached link: [https://www.tdcj.texas.gov/divisions/arm/rev\\_stan\\_prea.html](https://www.tdcj.texas.gov/divisions/arm/rev_stan_prea.html)

During the interview with the Director of the Correctional Institutions Division, she advised that she approves every annual report.

Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, the TDCJ 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.

During the interview with the PREA Director she indicated that the agency reviews the data collected pursuant to 115.87, she further indicated that the only information redacted from the agency report is personal identifying information. All information is included in the annual report.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Data Review for Corrective Action. No recommendations or corrective action is required.

## **Standard 115.89: Data storage, publication, and destruction**

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

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  Yes  No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

- Daniel Webster Wallace Unit completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, March 2018
- TDCJ Records Retention Schedule, 6<sup>th</sup> edition, May 2014
- TDCJ Executive Directive # Ed-02.29 (rev.1)
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, August 2016
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, July 2017
- TDCJ Safe Prisons / Prison Rape Elimination Act (PREA) Program, October 2018
- Texas Department of Criminal Justice Public accessible website (<https://www.tdcj.texas.gov/>)
- Interviews with the following:
  - PREA Director

#### Provision (a)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, all of the data collected is pursuant to Section VII.A, and shall be securely maintained.

Through the interview with the PREA – Correctional Institutions Division Director, the auditor was informed that the PREA Ombudsman, Safe Prisons/PREA Office, and the Office of the Inspector General collaborate to compile the Annual Report. The data collected through the Emergency Action Center reporting process and independent reports submitted directly to the OIG is sent monthly / annually. All the data is integrated and reviewed for usefulness, and is reviewed by the agency leadership, and the Safe Prisons/PREA Managers office.

Additional data is retained at the Agency/Department level as required for completion of the SSV-2, and retention within the TDCJ website for public access.

#### Provision (b)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, aggregated sexual abuse data, from all TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually, through a website or other means.

The TDCJ PREA webpage provides numerous reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at the attached web address: <http://www.doc.state.al.us/PREA>

Provision (c)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, 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.

Through an interview with the PREA Director, the auditor was informed that the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. The agency reports reviewed by the auditor meet PREA compliance standards.

Provision (d)

According to the TDCJ Correctional Institutions Division SAFE Prisons / PREA Plan, dated March 2018, 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.

Conclusion:

Based upon the review and analysis of all available evidence, the Auditor has determined that the agency Meets Standard regarding Data Storage, Publication and Destruction. No recommendations or corrective action is required.

<b>AUDITOR CERTIFICATION</b>
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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.

Rick Winistorfer  
**Auditor Signature**

May 14, 2019  
**Date**