Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails
☐ Interim ☒ Final

Date of Interim Audit Report:  03/30/2022
If no Interim Audit Report, select N/A

Date of Final Audit Report:  03/30/2022

Auditor Information

| Name: Tracy Shumard #P3207 | Email: Tracy@preaauditing.com |
| Company Name: PREA Auditors of America |
| Mailing Address: PO Box 1213 | City, State, Zip: Lockhart, Texas 78644 |
| Telephone: 713-818-9098 | Date of Facility Visit: March 9-11, 2022 |

Agency Information

| Name of Agency: Texas Department of Criminal Justice |
| Governing Authority or Parent Agency (If Applicable): State of Texas |
| Physical Address: 861 B 1-45 North | City, State, Zip: Huntsville, Texas 77320 |
| Mailing Address: PO Box 99 | City, State, Zip: Huntsville, Texas 77342 |
| The Agency Is: ☒ State |
| Agency Website with PREA Information:  Click or tap here to enter text. |

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

| Name: Cassandra McGilbra |
| Email: Cassandra.McGilbra@tdcj.texas.gov | Telephone: 936-437-5570 |
| PREA Coordinator Reports to:  
Honorable Patrick L. O’Daniel, Chairman of the Texas Board of Criminal Justice |
| Number of Compliance Managers who report to the PREA Coordinator: 7 |
## Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>“80 John” Wallace Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>1675 S. FM 3525</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Colorado City, Texas 79512</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The Facility Is:</td>
<td>☐ Military, ☐ Private for Profit, ☐ Private not for Profit, ☒ Municipal, ☒ County, ☒ State, ☐ Federal</td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison, ☐ Jail</td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="https://www.tdcj.texas.gov/tbcj/prea.html">https://www.tdcj.texas.gov/tbcj/prea.html</a></td>
</tr>
</tbody>
</table>

### Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ☒ ACA
- ☐ NCCHC
- ☐ CALEA
- ☐ Other (please name or describe: Click or tap here to enter text.)
- ☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.

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### Warden/Jail Administrator/Sheriff/Director

**Name:** Edmundo Cueto  
**Email:** Edmundo.Cueto@tdcj.texas.gov  
**Telephone:** 325-728-2162, 4100

### Facility PREA Compliance Manager

**Name:** Steven Boyd  
**Email:** Steven.Boyd@tdcj.texas.gov  
**Telephone:** 325-728-2162, 4323

### Facility Health Service Administrator

**Name:** Beverly Cogburn  
**Email:** Beverly.Cogburn@huhsc.edu  
**Telephone:** 325-728-2162, 4265

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### Facility Characteristics

- **Designated Facility Capacity:** 1196
- **Current Population of Facility:** 1109
- **Average daily population for the past 12 months:** 1053
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☐ Females</td>
<td>☒ Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-76</td>
<td></td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>2 Years, 0 Months</td>
<td></td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>G1-G4</td>
<td></td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>898</td>
<td></td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>881</td>
<td></td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>769</td>
<td></td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>157</td>
<td></td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
### Physical Plant

**Number of buildings:**

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

| Number of buildings: | 13 |

**Number of inmate housing units:**

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

| Number of inmate housing units: | 20 |

**Number of single cell housing units:**

7

**Number of multiple occupancy cell housing units:**

9

**Number of open bay/dorm housing units:**

4

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

7

In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)

- □ Yes
- □ No
- ☒ N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?

- ☒ Yes
- □ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?

- □ Yes
- ☒ No

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

**Are medical services provided on-site?**

- ☒ Yes
- □ No

**Are mental health services provided on-site?**

- ☒ Yes
- □ No
<table>
<thead>
<tr>
<th>investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criminal Investigations</strong></td>
</tr>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

| **Administrative Investigations** |
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 12 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | ☑ Facility investigators |
| | ☐ Agency investigators |
| | ☒ An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | ☐ Local police department |
| | ☐ Local sheriff’s department |
| | ☐ State police |
| | ☐ A U.S. Department of Justice component |
| | ☑ Other (please name or describe): (Office of Inspector General (OIG) conducts Administrative Investigations on staff) |
| | ☐ N/A |
## Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.13(d), 115.21 (e), 115.42 (e-f), 115.64 (a), 115.73 (a)(c)(d), 115.86 (a)</td>
</tr>
</tbody>
</table>

### Standards Met

| Number of Standards Met: | 39 |

### Standards Not Met

| Number of Standards Not Met: | Click or tap here to enter text. |
| List of Standards Not Met:   | Click or tap here to enter text. |
### General Audit Information

**Onsite Audit Dates**

| 1. Start date of the onsite portion of the audit: | March 9, 2022 |
| 2. End date of the onsite portion of the audit:   | March 11, 2022 |

### Outreach

3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?
   - ☒ Yes
   - ☐ No
   - Memorandum of Understanding between this organization has not been established

   a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:
      - Open Arms Rape Crisis Center

### Audited Facility Information

| 4. Designated Facility Capacity:         | 1196 |
| 5. Average daily population for the past 12 months: | 1053 |
| 6. Number of inmate/resident/detainee housing units: | 20 |

DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?
   - ☐ Yes
   - ☒ No
   - ☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<table>
<thead>
<tr>
<th></th>
<th>Inmates/Residents/Detainees</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>1086</td>
</tr>
<tr>
<td>9</td>
<td>Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>92</td>
</tr>
<tr>
<td>15</td>
<td>Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>22</td>
</tr>
<tr>
<td>16</td>
<td>Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:</td>
<td>0</td>
</tr>
</tbody>
</table>
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

There were no additional populations needed for reporting. Regarding targeted population categories, the facility was prepared by the auditor for the information needed onsite, and the agency was able to provide the auditor for the information within the last 12 months and on the first day of the onsite audit.

<table>
<thead>
<tr>
<th>Staff, Volunteers, and Contractors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</td>
<td>157</td>
</tr>
<tr>
<td>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</td>
<td>38</td>
</tr>
<tr>
<td>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</td>
<td>22</td>
</tr>
<tr>
<td>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</td>
<td>Due to the pandemic, the volunteer onsite visits had been limited and the auditor was able to schedule 1 interview for the limited classes that were being held during the onsite audit phase.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interviews</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</td>
<td>43</td>
</tr>
</tbody>
</table>
| 29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees: | ☒ Age  
☒ Race  
☒ Ethnicity (e.g., Hispanic, Non-Hispanic)  
☒ Length of time in the facility  
☐ Gender  
☒ Other (describe) Work Assignments  
☐ None (explain) |
| 30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse? | Facility roster gave the auditor appropriate information to select inmates randomly considering all characteristics checked above. |
| 31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | ☒ Yes  
☐ No |
### a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:

| NA |

### 32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The facility had a non-PREA related incident occur on the last day of the onsite audit, which limited the additional interviews the auditor would have liked to gather. Since the minimum had been met for both random and targeted inmate interviews, the auditor opted for the facility to keep inmates in the areas needed during the incident for security purposes, even though the facility was willing to bring the inmates out for interview, hindering their staffing assignments and incident management.

### Targeted Inmate/Resident/Detainee Interviews

### 33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.

For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.

If a particular targeted population is not applicable in the audited facility, enter "0".

| 21 |

### 34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the “Youthful Inmates” protocol:

| 0 |

### a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- ☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

### b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the facility):

- The facility does not house youthful inmates. This was verified by the auditor during the site audit.
<table>
<thead>
<tr>
<th>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
<td></td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>The facility confirmed there were no inmates of this category during the onsite audit. The auditor confirmed this with medical and classification staff, and through witnessing inmates during the site review.</td>
</tr>
<tr>
<td>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</td>
<td>0</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
<td></td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>The facility confirmed there were no inmates of this category during the onsite audit. The auditor confirmed this with medical and classification staff, and through witnessing inmates during the site review.</td>
</tr>
<tr>
<td>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</td>
<td>0</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
<td></td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>The facility has inmates who require glasses to read/see, but none who are visually impaired to the point of needing additional assistance from the facility with communication/reading/understanding information, outside of using their prescribed glasses.</td>
</tr>
<tr>
<td>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</td>
<td>0</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were &quot;none here&quot; during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>The facility confirmed there were no inmates of this category during the onsite audit. The auditor confirmed this with medical and classification staff, and through witnessing inmates during the site review.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>All inmates who were Limited English Proficient spoke and understood Spanish. The auditor interviewed more than recommended in order to compensate for other categories of targeted inmates which the facility did not have in custody for the onsite audit phase.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees):</td>
<td>The auditor interviewed more than recommended, compensating for other categories of targeted inmates which the facility did not have in custody for the onsite audit phase.</td>
</tr>
</tbody>
</table>

<p>| 41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol: | 0 |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</strong></td>
<td>0 who reported sexual abuse, 3 who reported sexual harassment (only 1 case was defined sexual harassment per the PREA standards)</td>
<td></td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>The facility confirmed there were no inmates of this category during the onsite audit. The auditor confirmed this with medical and classification staff, and through witnessing inmates during the site review.</td>
<td></td>
</tr>
<tr>
<td><strong>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☐ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td>The facility confirmed there were no inmates of this category during the onsite audit. The auditor conducted interviews with inmates who had reported sexual harassment to compensate.</td>
<td></td>
</tr>
<tr>
<td><strong>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</strong></td>
<td>0, 3 inmates were interviewed who were in segregated housing for other reasons.</td>
<td></td>
</tr>
<tr>
<td>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</td>
<td>☒ Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</td>
<td>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</td>
</tr>
<tr>
<td>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

The facility confirmed there were no inmates of this category during the onsite audit. The auditor conducted interviews with inmates who were housed in segregation for other reasons than sexual victimization risk to compensate.

45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The auditor oversampled inmates who were Limited English Proficient, gay, bisexual, reported sexual harassment, disclosed sexual victimization at screening or were in segregation for other reasons to compensate for the targeted categories. For the inmates in segregation, the auditor was required, due to security concerns, to interview the inmates with security staff standing by and in the same area. These staff gave the auditor and inmate some privacy, standing away from the interview area, but there was not confidentiality for this category of interviews. However, the segregated inmates spoke freely to the auditor and did not seem to be concerned about the officer presence during the interview; the conversations were candid.

### Staff, Volunteer, and Contractor Interviews

#### Random Staff Interviews

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>46. Enter the total number of RANDOM STAFF who were interviewed:</td>
<td>31</td>
</tr>
<tr>
<td>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</td>
<td></td>
</tr>
<tr>
<td>- Length of tenure in the facility</td>
<td>☒</td>
</tr>
<tr>
<td>- Shift assignment</td>
<td>☒</td>
</tr>
<tr>
<td>- Work assignment</td>
<td>☒</td>
</tr>
<tr>
<td>- Rank (or equivalent)</td>
<td>☒</td>
</tr>
<tr>
<td>- Other (describe) Identified Gender (female sworn staff who supervise male inmates)</td>
<td>☐</td>
</tr>
<tr>
<td>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>☒</td>
</tr>
<tr>
<td>- No</td>
<td>☐</td>
</tr>
</tbody>
</table>

a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):

- Too many staff declined to participate in interviews
- Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
- Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- Other (describe) (No answer provided, click to enter text.)

b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still short:

(No answer provided, click to enter text.)
unable to meet the minimum number of random staff interviews:

49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Staff were selected based on scheduled work hours, shift, tenure, work assignments, rank, and gender (female sworn staff working a male inmate facility). The auditor ensured staff with a tenure of a year or less were also interviewed to obtain evidence of recent, new-hire PREA training. The number of random staff includes the number of all random staff interviews; all specialized staff were also asked random interview protocols. There were 31 staff asked random interview protocols but there were 51 interviews that also utilized the specialized staff protocols (many staff had multiple, specializes roles).

<table>
<thead>
<tr>
<th>Specialized Staff, Volunteers, and Contractor Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</td>
</tr>
</tbody>
</table>

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

| 17 |

51. Were you able to interview the Agency Head?

| ☒ Yes | ☐ No |

a. If no, explain why it was not possible to interview the Agency Head:

Agency Head Representative was interviewed.

52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

| ☒ Yes | ☐ No |

a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:

Click or tap here to enter text.

53. Were you able to interview the PREA Coordinator?

| ☒ Yes | ☐ No |

a. If no, explain why it was not possible to interview the PREA Coordinator:

Click or tap here to enter text.

54. Were you able to interview the PREA Compliance Manager?

| ☒ Yes | ☐ No |

☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

a. If no, explain why it was not possible to interview the PREA Compliance Manager:

Click or tap here to enter text.

55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):

| ☒ Agency contract administrator |
| ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment |
| ☐ Line staff who supervise youthful inmates (if applicable) |
| ☒ Education and program staff who work with youthful inmates (if applicable) |
| ☒ Medical staff |
| ☒ Mental health staff |
| Non-medical staff involved in cross-gender strip or visual searches |
| Administrative (human resources) staff |
| Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff |
| Investigative staff responsible for conducting administrative investigations |
| Investigative staff responsible for conducting criminal investigations |
| Staff who perform screening for risk of victimization and abusiveness |
| Staff who supervise inmates in segregated housing/residents in isolation |
| Staff on the sexual abuse Incident Review Team |
| Designated staff member charged with monitoring retaliation |
| First responders, both security and non-security staff |
| Intake staff |
| Other (describe) Food Service, Mailroom, Grievance, Classification, Laundry |

56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?

| Yes | No |

| Enter the total number of VOLUNTEERS who were interviewed: |

1

| Education/programming |
| Medical/dental |
| Mental health/counseling |
| Religious |
| Other |

57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?

| Yes | No |

| Enter the total number of CONTRACTORS who were interviewed: |

9

| Security/detention |
| Education/programming |
| Medical/dental |
| Food service |
| Maintenance/construction |
| Other |

58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Education, medical and mental health staff are contracted, so those staff had multiple interview protocols that are not reflected in the overall count of contractors listed in #57a. TDCJ employed staff held multiple, specialized roles that were accounted for in number listed in #50.
## Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility’s practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>59. Did you have access to all areas of the facility?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a. If no, explain what areas of the facility you were unable to access and why.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the site review an active, inquiring process that included the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>63. Informal conversations with staff during the site review (encouraged, not required)?</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

### Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

All areas of the facility, to include housing areas no longer in use (closed due to staffing), visitation, admin areas, medical, kennels, stables, work areas, storage areas, laundry, dining, kitchen, and Chapel were observed by the auditor.
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes ☐ No

66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

The agency provided the auditor with unit specific documentation during the pre-onsite audit phase. In addition to the documents, the auditor also requested onsite review of documents, utilizing the staff and inmate names who were randomly/specifically selected for interviews. The facility was able to provide the auditor with all documentation requested for review.

### Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

#### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

#### 67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

**Instructions:** If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

<table>
<thead>
<tr>
<th>Incident Type</th>
<th># of sexual abuse allegations</th>
<th># of criminal investigations</th>
<th># of administrative investigations</th>
<th># of allegations that had both criminal and administrative investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual abuse</td>
<td>3</td>
<td>1 (pending)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual abuse</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>1 (pending)</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

a. If you were unable to provide any of the information above, explain why this information could not be provided.

#### 68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

**Instructions:** If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

<table>
<thead>
<tr>
<th>Incident Type</th>
<th># of sexual harassment allegations</th>
<th># of criminal investigations</th>
<th># of administrative investigations</th>
<th># of allegations that had both criminal and administrative investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The facility had 10 total cases on file, however, upon review, 5 cases had not met the definition of sexual harassment (1-time incident) per the PREA Standards. The numbers reported by the auditor are those that qualified sexual harassment according to the PREA Standards.

### Sexual Abuse and Sexual Harassment Investigation Outcomes

#### Sexual Abuse Investigation Outcomes

**Note:** these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

**Instructions:** If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Referred for Prosecution</th>
<th>Indicted/Court Case Filed</th>
<th>Convicted/Adjudicated</th>
<th>Acquitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff-on-inmate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Note:** these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

**Instructions:** If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

<table>
<thead>
<tr>
<th></th>
<th>Ongoing</th>
<th>Unfounded</th>
<th>Unsubstantiated</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff-on-inmate</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Note:** these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.
### 71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

*Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

<table>
<thead>
<tr>
<th>Inmate-on-inmate sexual harassment</th>
<th>Ongoing</th>
<th>Referred for Prosecution</th>
<th>Indicted/Court Case Filed</th>
<th>Convicted/Adjudicated</th>
<th>Acquitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

a. If you were unable to provide any of the information above, explain why this information could not be provided.

No cases of sexual harassment reported had criminal elements.

### 72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

*Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

<table>
<thead>
<tr>
<th>Inmate-on-inmate sexual harassment</th>
<th>Ongoing</th>
<th>Unfounded</th>
<th>Unsubstantiated</th>
<th>Substantiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff-on-inmate sexual harassment</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

4

a. If 0, explain why you were unable to review any sexual abuse investigation files:

Click or tap here to enter text.

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☑ Yes ☐ No

☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

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**Inmate-on-inmate sexual abuse investigation files**

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

3

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☑ Yes ☐ No

☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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**Staff-on-inmate sexual abuse investigation files**

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☑ Yes ☐ No

☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: 1

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?  ☑ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?  ☑ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

**Sexual Harassment Investigation Files Selected for Review**

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: 1

82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?  ☑ N/A (N/A if you were unable to review any sexual harassment investigation files)

**Inmate-on-inmate sexual harassment investigation files**

83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 0

84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?  ☑ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?  ☑ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 1

87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?  ☑ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?  ☑ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

*Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*

5 other staff-on-inmate sexual harassment investigation files were reviewed but did not qualify as sexual harassment according to the PREA Standards (1-time incidents, not repeated). Those investigations are not counted in the numbers reported but were used to obtain evidence of facility compliance regarding investigation practices.
### Support Staff Information

**DOJ-certified PREA Auditors Support Staff**

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?

- [ ] Yes
- [x] No

Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:

Click or tap here to enter text.

### Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?

- [ ] Yes
- [x] No

Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:

Click or tap here to enter text.

### Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- [ ] The audited facility or its parent agency
- [ ] My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- [x] A third-party auditing entity (e.g., accreditation body, consulting firm)
- [ ] Other
Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Disciplinary Rules and Procedures for Offenders (08/2019)
- TDCJ Executive Directive ED-03.03 (rev. 4): Safe Prisons Program (09/17/2019)
- TDCJ Organizational Structure
- TDCJ Policy PO-07.150 (rev. 4): Unit Safe Prisons/PREA Manager (06/15/2018)
- TDCJ Wallace Unit Organizational Chart (12/06/2021)
- Agency Response to PAQ

Interviews:
- Warden
- PREA Coordinator (PREA Ombudsman)
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)

Findings (by provision):

115.11(a) Provision 115.11(a) states, “An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.”

TDCJ Safe Prisons/PREA Plan (p. ii) states the Texas Department of Criminal Justice (TDCJ) has zero tolerance for all forms of sexual abuse and sexual harassment of offenders and TDCJ has a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in TDCJ custody. The plan continues by listing that TDCJ shall establish a safe environment for staff and offenders, take immediate action to address protective needs of offenders who have been victimized, and make every attempt to preventing sexual abuse and sexual harassment of its offenders. The TDCJ Safe Prisons/PREA Plan (p.2-5) includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment as defined by PREA Standard §115.6. This plan states performing these prohibited behaviors will result in disciplinary sanctions for offenders according to the TDCJ Disciplinary Rules and Procedures for Offenders and for staff using the TDCJ Policy PD-22 (rev. 16): General Rules of Conduct and Disciplinary Action Guidelines for Employees.

The auditor interviewed the Warden and PREA Compliance Manager who were able to appropriately describe and use the sexual abuse and sexual harassment terms and definitions.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.11(b) Provision 115.11(b) states, “An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.”

TDCJ Policy BP-02.09 (rev. 2): Prison Rape Elimination Act Ombudsman Policy Statement (p.1) states TDCJ shall coordinate the TDCJ efforts to comply with the PREA Standards in all of its correctional and community residential facilities through a PREA Ombudsman and that this person shall have sufficient time
and authority to oversee the TDCJ’s policies related to eliminating offender sexual abuse and sexual harassment at its facilities and implementing the PREA standards. The policy further states the TDCJ PREA Ombudsman reports directly to the Texas Board of Criminal Justice (TBCJ), and therefore has sufficient authority as required by this provision.

The auditor was provided a telephone interview with the PREA Ombudsman for TDCJ who states they report directly to the Board (TBCJ) and they also have help from many staff that enable them enough time to manage all the PREA related duties required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.11(c) Provision 115.11(c) states, “Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.”

The TDCJ operates more than one facility and therefore requires a PREA Compliance Manager according to this provision.

TDCJ Policy PO-07.150 (rev. 4): Unit SAFE Prisons/PREA Manager (p.1) states the Unit Safe Prison/PREA Manager (USPPM/PREA Compliance Manager) shall assist the unit warden with monitoring of the Safe Prisons/PREA Program, as well as coordinating and maintaining compliance with PREA Standards at the unit level. The policy also states the USPPM reports directly to the Warden. The TDCJ Wallace Unit Organizational Chart shows the PREA Compliance Manager (PCM) reports directly to the Unit Warden.

The auditor interviewed the facility’s Warden and PREA Compliance Manager who confirmed the PCM reports directly to the Warden. The PCM also stated PREA compliance is their sole assignment, and they have sufficient time and authority to coordinate such, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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.)

Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Contract: Solicitation and Modification of Private Residential Reentry Centers Contracts
- TDCJ Contract: Solicitation and Modification of Private Transitional Treatment Centers Contracts
- TDCJ Contract: Solicitation and Modification of Secure Private Facilities Contracts
- TDCJ Policy AD-02.46 (rev. 4): Employees of Private Business and Governmental Entities Contracting with the TDCJ (09/01/2016)
- Agency Response to PAQ

Interviews:
- Agency Contract Administrator

Findings (by provision):

115.12(a) Provision 115.12(a) states, “A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.”

In the Pre-Audit Questionnaire (PAQ), the agency informed the auditor it has 36 total contracts for the confinement of its inmates with private agencies and entities. The agency provided the auditor with 3 documents that served as contracts for private residential reentry centers, transitional treatment centers and private facilities. Each entity listed in these documents has a representative from the private entity and a representative from TDCJ who signed the contract on various dates between 2019-2021, when each entered and/or renewed the contracts. In each of these contracts, a PREA provision is written which states within 12 months of the entity being awarded a contract with TDCJ, the entity shall obtain PREA Compliance.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.12(b) Provision 115.12(b) states, “Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

In the PAQ, the agency informed the auditor that all the contracts referenced in the above provision requires the agency to monitor the contractor’s compliance to the PREA Standards. The agency provided the auditor with 3 documents that served as contracts for private residential reentry centers, transitional treatment centers and private facilities. These documents state the agency will maintain and ensure continuous compliance with the PREA standards after receiving the initial PREA compliance.

The auditor was provided a telephone interview with the TDCJ Agency Contract Administrator who stated PREA Compliance is required in all its contracted private entities. The administrator stated each facility has a full-time TDCJ employee who is responsible for on-site contract monitoring of no more than 3 contracted facilities. This is accomplished through unscheduled contract reviews for compliance at least monthly. The administrator also stated each private entity is either in current compliance or awaiting a scheduled audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

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

115.13 (d)

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

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

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

Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- American Corrections Association Accreditation Report of Wallace Unit (08/19/2019, 03/04/2019-03/06/2019)
- TDCJ Policy AD-11.52 (rev. 6): Security Staffing (03/04/2016)
- TDCJ Policy PO-07.002 (rev. 10): Major of Correctional Officers (01/15/2018)
- TDCJ Policy PO-07.003 (rev. 10): Captain of Correctional Officers (01/15/2018)
- TDCJ Policy PO-07.004 (rev. 10): Lieutenant of Correctional Officers (01/15/2018)
- TDCJ Policy PO-07.005 (rev. 10): Sergeant of Correctional Officers (01/15/2018)
- TDCJ Standard Operating Procedure 07.02 (rev. 4): Deletion, New Installation or Relocation of Video Surveillance Equipment (09/02/2013)
- TDCJ Standard Operating Procedure 08.01 (rev 3): Turnout Roster Management (04/2012)
- TDCJ Wallace Unit Annual Staffing Plan Review, years 2019-2021
- TDCJ Wallace Unit Participation Statement (for Staffing Plan Review), years 2019-2021
- TDCJ Wallace Unit Staffing Plan (04/01/2021)
- TDCJ Wallace Unit Turnout Rosters (first and second shifts, 11/18/2021-11/30/2021)
- TDCJ Wallace Unit Unannounced Rounds Log (11/24/21-12/04/21)
- Agency Response to PAQ

**Interviews:**

- Agency Head Representative
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Intermediate or higher-level facility staff

**Site Review Observations:**

- Turnout shift rosters
- Unannounced rounds log
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.13(a)** Provision 115.13(a) states, “The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual
abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

TDCJ Safe Prisons/PREA Plan (p. 10) states 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. The staffing plan lists it will take into account (1)-(11) of this provision:

1. TDCJ Standard Operating Procedure 08.06 (rev 1): Security Operations Annual Review of Turnout Rosters Procedures (p. 1-2) lists the type of posts staff may be assigned to and the type of priority each of these positions may have.

2. TDCJ Safe Prisons/PREA Plan (p. 10) states any judicial finding of inadequacy will be addressed in the staffing plan. The agency advised the auditor they have had no such findings of inadequacy.

3. TDCJ Safe Prisons/PREA Plan (p. 11) states any finding of inadequacy from Federal investigative agencies will be addressed in the staffing plan. The agency advised the auditor they have had no such findings of inadequacy.

4. TDCJ Safe Prisons/PREA Plan (p. 10) states any finding of inadequacy from internal or external oversight bodies will be addressed in the staffing plan. The agency advised the auditor they have had no such findings of inadequacy. The agency informed the auditor in the PAQ that the facility has completed an American Corrections Association audit in the past three years. The auditor reviewed the ACA Accreditation Report from 2019 did not find any findings of inadequacy.

5. TDCJ Policy AD-11.52 (rev. 6): Security Staffing (p. 2) states staffing levels and plans must be based on the design and mission of the facility. TDCJ Standard Operating Procedure 08.06 (rev 1): Security Operations Annual Review of Turnout Rosters Procedures (p. 1) informs how staffing changes may be submitted as needed for a mission or housing scheme change.

6. TDCJ Policy AD-11.52 (rev. 6): Security Staffing (p. 2) states staffing levels and plans must be based on the offender population and custody level.

7. TDCJ Policy PO-07.002 (rec. 10): Major of Correctional Officers (p. 1-2), TDCJ Policy PO-07.003 (rec. 10): Captain of Correctional Officers (p. 1-2), TDCJ Policy PO-07.004 (rec. 10): Lieutenant (p. 1-2), TDCJ Policy PO-07.005 (rec. 10): Sergeant of Correctional Officers (p. 1-2) state each of these positions is responsible for monitoring and supervising staff and inmates and details their assignments in how to accomplish such.

8. TDCJ Standard Operating Procedure 08.01 (rev 3): Turnout Roster Management (p. 1) details how staff assignments should be made in accordance with operational needs and unit activities.

9. TDCJ Safe Prisons/PREA Plan (p. 11) states any local, state laws, regulations and rules will be addressed in the staffing plan. TDCJ Policy AD-11.52 (rev. 6): Security Staffing (p. 1) details how these items are addressed according to this provision. The auditor reviewed the 2019 ACA Accreditation Report which addresses correctional regulations and rules. The Wallace Unit received 100% ACA Compliance in mandatory standards and 99% in non-mandatory standards in this report.

10. TDCJ Policy AD-11.52 (rev. 6): Security Staffing (p. 1) states 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.
In the PAQ, the facility reported it has a capacity of 1196 inmates and the average daily number of inmates since its last PREA audit has been 1053. The facility provided the auditor with the TDCJ Wallace Unit Staffing Plan which showed 26 security supervisors and 189 corrections officers assigned to the unit.

Throughout the onsite audit phase, the facilities population was between 1086 and 1094 inmate, with staffing rosters showing at least 16 staff from the rank of officer through Lieutenant on duty per shift. Captains, Majors, Assistant Warden and Warden were on duty splitting shifts between the day and evening shifts each day. Support staff from medical, grievance, programs, mailroom, maintenance, kitchen, factory, kennels/stables, admin, etc. were also on duty during the day shift.

The auditor witnessed aspects of the staffing plan security procedures in place while conducting the site review during the onsite audit. Staff in work, programs, medical, kitchen, and housing were conducting frequent visuals throughout the hour to ensure security of areas that are prone to blind spots. The auditor witnessed these actions conducted by multiple staff in every section of the facility. In addition, the auditor observed many security mirrors to assist in surveillance of blind spot areas throughout the facility. Doors to closets, staff bathrooms, storage areas, etc. were locked.

The auditor interviewed the Warden and PREA Compliance Manager who confirmed that the facility has a staffing plan in place and the operations of the facility run in accordance with this staffing plan. Informal interviews with staff supported the security procedures addressed in the staffing plan, as well.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.13(b) Provision 115.13(b) states, “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.”

The facility provided the auditor with the TDCJ Safe Prisons/PREA Plan which states (p. 11) when the TDCJ staffing plan is not complied with, the unit shall document and justify such deviations. The TDCJ Policy AD-11.52 (rev. 6): Security Staffing (p. 1) defines a staff position deviation and then lists multiple instances where this type of staff position may be used, based on the facility need. This document also details who may make changes to the staffing plan and why. Also, this document details how changes may be made and has a detailed form called the Idled Position or Position Deviation Form that requires in-depth explanation, and a multi-level approval process should any parts of the staffing plan need change.

The facility reported to the auditor in the PAQ that the 6 most common reasons for deviations from the staffing plan included staff shortage, medical transports, vacant positions, constant direct observation, hospital security and medical escorts. The auditor reviewed the TDCJ Wallace Unit Turnout Shift Rosters for multiple days throughout November that were provided by the facility during the pre-onsite audit phase. The auditor also reviewed the shift rosters for the days while onsite at the facility. The rosters showed staffing plan changes were caused by staff shortages and rectified with overtime staff. The overtime needs were vetted through the Warden as described in the policy and documentation of these email requests was included in the evidence provided to the auditor.

The auditor witnessed the staffing review by higher-level supervisors during the shift change for day 1 while onsite. The staff ensured the security requirements of the facility had adequate coverage and that the appropriate overtime staff were available to cover areas that had not had coverage.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who stated that staffing analyses are conducted as required by TDCJ policy and changes are made in response to the
staffing analyses, as needed. The auditor interviewed the facility Warden who confirmed that staffing shortages are usually caused by staff vacancies and that the facility supplements staffing with mandatory and voluntary overtime.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.13(c) Provision 115.13(c) states, “Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility’s deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.”

The agency provided the auditor with the TDCJ Safe Prisons/PREA Plan (p. 11) which states each facility shall complete a staffing plan assessment whenever necessary but not less than once each year to determine if adjustments to the plan are needed as required by this provision. This document states that the PREA Coordinator and the TDCJ SPPM (Unit Safe Prison/PREA Manager) will conduct this assessment. The TDCJ Standard Operating Procedure 07.02 (rev. 4): Deletion, New Installation or Relocation of Video Surveillance Equipment (p. 1) details how video monitoring technology will be deployed in review to keep the facility’s offenders safe. The document states at least annually, the facility’s warden will review the deployment and use of this technology.

The facility provided the auditor the TDCJ Wallace Unit Annual Staffing Plan Review and the TDCJ Wallace Unit Participation Statements: Annual Staffing Plan Reviews, which were conducted on 07/25/2019, 07/07/2020 and 04/29/2021. In 2019, the unit reallocated Human Resources and Clerk positions to other areas in the facility and renamed ‘Adseg’ references to ‘Restrictive.’. In 2020, the unit repopulated a housing area and renamed ‘field force’ references to ‘community service.’. In 2021, the unit moved a security position from community service to the kennel. In all three years since the last PREA Audit, the facility documented no need for additional video surveillance additions and documented that all resources including overtime and recruiting were being utilized by the facility to meet the staffing plan requirements.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who stated enhancements to the staffing analysis are made yearly. The representative also stated new, comprehensive video monitoring and tablets have been installed in 9 TDCJ facilities, and as funding and technology are made available, TDCJ facilities are updated with these capabilities.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.13(d) Provision 115.13(d) states, “Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.”

TDCJ: Safe Prisons/PREA Plan (p. 2) states security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment and these rounds shall be conducted during all shifts in accordance with applicable post orders. In addition, this document prohibits staff from alerting others when these rounds are occurring, unless the announcements are related to the legitimate operational functions of the unit. TDCJ Policy PO-07.002 (rec. 10): Major of Correctional Officers (p. 2), TDCJ Policy PO-07.003 (rec. 10): Captain of Correctional Officers (p. 2), TDCJ Policy PO-07.004 (rec. 10): Lieutenant of Correctional Officers (p. 2) and TDCJ Policy PO-07.005 (rec. 10): Sergeant of
Correctional Officers (p. 2) each direct the person to supervise correctional staff by frequently conducting and documenting unannounced inspections of all the buildings on the unit, perimeter, pickets, mobile patrol, back gate, offender housing and offender work areas. The facility provided the auditor with an Unannounced Rounds documentation log of rounds conducted from 11/24/21-12/04/21. The log showed rounds were made by staff from the rank of Sergeant to Warden and documented daily and through all shifts.

While onsite, the auditor reviewed post logbooks while visiting the facility’s housing units. Each logbook viewed while onsite contained multiple entries of unannounced/”PREA Rounds” performed by staff with rank of Sergeant through Warden, and on varying shifts/days.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who stated the TDCJ facilities are safe, even during COVID (global pandemic of the COVID-19 virus). Central staff are able to “walk and talk” at the institutional level in order to achieve this safety. The auditor interviewed intermediate and higher-ranking staff about their involvement in unannounced rounds. All staff confirmed they perform unannounced rounds throughout the week and on various shifts on a frequent basis. These staff were able to describe the purpose of these rounds are to deter sexual abuse and sexual harassment, as required by this provision. Also, the staff were able to describe methods in which they perform these rounds in an unpredictable and discrete manner, as intended by this provision. Random staff and inmates were also formally and informally interviewed and were able to confirm that the presence of all ranks of staff, to include the Warden, were frequently seen in all areas of the facilities and on varying shifts/days of the week.

The documents provided to the auditor show TDCJ has established a robust staffing plan that addresses every instance of staff and offender planning, positions, roster development and needs for its facility. The facility and agency policy requires staff in the rank of Sergeant (first line supervisor) and above (intermediate and higher-level supervisors) to perform unannounced rounds to deter sexual abuse and sexual harassment, which exceeds the standard. Staff confirmed this process in interview with the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

**Corrective Action:**
The auditor recommends no corrective action.

### Standard 115.14: Youthful inmates

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

**115.14 (a)**

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

**115.14 (b)**

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Wallace Unit Statement of Fact 115.14 (12/17/2021)
- Agency Response to PAQ

Interviews:

- Classification staff

Site Review Observations:

- Daily population report for days of onsite audit

Findings (by provision):

115.14(a) Provision 115.14(a) states, “A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.”

The agency advised the auditor in the PAQ and through the TDCJ Wallace Unit Statement of Fact 115.14 that it does not house youthful inmates. The auditor confirmed this through interview with Classifications Staff and viewing the daily population reports during the onsite audit.
Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.14(b) Provision 115.14(b) states, “In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.”

The agency advised the auditor in the PAQ and through the TDCJ Wallace Unit Statement of Fact 115.14 that it does not house youthful inmates. The auditor confirmed this through interview with Classifications Staff and viewing the daily population reports during the onsite audit.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.14(c) Provision 115.14(c) states, “Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.”

The agency advised the auditor in the PAQ and through the TDCJ Wallace Unit Statement of Fact 115.14 that it does not house youthful inmates. The auditor confirmed this through interview with Classifications Staff and viewing the daily population reports during the onsite audit.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

Corrective Action:
The auditor recommends no corrective action.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☐ 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 if the facility does not have female inmates.) ☐ 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? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies 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? ☒ Yes ☐ No

- Does the facility have 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? ☒ 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**

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Curricula Pre-Service: Contraband and Searches (09/01/2020)
- TDCJ Policy AD-03.22 (rev. 12): Offender Searches (06/17/2019)
- TDCJ Post Order PO-07.006 (rev. 6): Administrative Segregation Officer (02/15/2016)
- TDCJ Post Order PO-07.023 (rev. 13): Cellblock Officer (12/14/2018)
- TDCJ Post Order PO-07.027 (rev. 10): Dorm Officer (12/14/2018)
- TDCJ Safe Prisons/PREA Operations Manual 2.05: Cross-Gender Searches and Log (02/2020)
- TDCJ Security Memorandum SM-02.25 (rev. 5): ON-THE-JOB Training Program (05/14/2018)
- TDCJ Supervisor Training Curricula Non-Supervisor In-Service (09/01/2020)
- TDCJ Supervisor Training Curricula Pre-Service (09/01/2020)
- TDCJ Supervisor Training Curricula Supervisor In-Service (09/01/2020)
- TDCJ Wallace Unit Statement of Fact 115.15 (12/17/2021)
- Agency Response to PAQ

**Interviews:**
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Random staff
- Random inmates

**Site Review Observations:**
- Camera monitors
- Daily population report for onsite days
- Inmate areas outside of housing
- Inmate housing blocks
- PREA Resource Center/Moss Group Video: Guidance in Cross-Gender and Transgender Pat Searches
- Segregation cells
- Staff training files
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.15(a)** Provision 115.15(a) states, “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.”
TDCJ Policy AD-03.22: Offender Searches (p. 3-4) states body cavity searches shall only be performed by a medical practitioner. TDCJ Safe Prisons/PREA Plan (p. 9) states staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners in accordance with TDCJ Policy AD-03.22: Offender Searches. TDCJ Policy AD-03.22 also states male offenders shall be searched by a male correctional officer or trained male staff member, except in exigent circumstances, with prior approval from a security supervisor.

In the PAQ, the facility reported it does not routinely perform cross-gender strip searches or cross-gender visual body cavity searches. The agency provided the auditor with the TDCJ Wallace Unit Statement of Fact 115.15 with the Safe Prisons/PREA Program Cross-Gender Searches and Log from December 2020 through November 2021. The log had zero entries. The TDCJ Wallace Unit Statement of Fact 115.15 confirmed the unit had not conducted any cross-gender searches for the documentation timeline and was signed by the unit’s Warden.

The auditor witnessed several clothed searches of inmates while onsite where male officers searched the male inmates. The auditor also witnessed privacy screens in high-traffic areas that allow male staff to unclothed search male inmates without exposing the inmates to cross-gender viewing while these searches are performed.

In random interviews with staff, the auditor received confirmation that staff, outside of medical (in exigent circumstances), do not perform body cavity searches.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.15(b) Provision 115.15(b) states, “As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.”

The agency informed the auditor in the PAQ, and the auditor confirmed through witness while onsite, that the unit does not house female inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.15(c) Provision 115.15(c) states, “The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.”

TDCJ Safe Prisons/PREA Plan (p. 9) and TDCJ Policy AD-03.22: Offender Searches (p. 9) state all cross-gender strip searches shall be documented on an Inter-Office communication (IOC) containing a supervisor’s signed approval and filed with the Safe Prison/PREA Manager (SPPM). TDCJ Policy AD-03.22: Offender Searches (p. 3-4) states body cavity searches shall only be performed by a medical practitioner. The facility provided the auditor with a post order for the Administrative Segregation Officer (PO-07.006), Cellblock Officer (PO-07.023), and Dorm Officer (PO-07.027). Each of these post orders reiterated the directive that any cross-gender strip searches shall be only when in an exigent circumstance and when approved by a supervisor and these searches shall be documented in the IOC as detailed in the above policies.

The agency provided the auditor with the TDCJ Wallace Unit Statement of Fact 115.15 with the Safe Prisons/PREA Program Cross-Gender Searches and Log from December 2020 through November 2021. The log had no entries, and the Statement of Fact confirmed the unit had not had any searches of this
nature. The agency provided multiple curriculum documents detailing the training of staff and supervisors on cross-gender strip searches. Non-Supervisor In-Service (p. 9), Supervisor In-Service (p. 6), Pre-Service training (p. 12) detail what type of searches would be cross-gender strip searches, explained exigent circumstances and cited the requirements of the above policies, specifically requiring exigent circumstances, supervisory approval, and IOC documentation if the cross-gender strip search is necessary. In addition, the agency provided the auditor with TDCJ Safe Prisons/PREA Operations Manual: Cross-Gender Searches and Log (p. 1-2) which details when and how to use the log if cross-gender searches occur. The manual requires the unit, fiscal year, page number, date of search, searching officers name and rank, searched offenders name and TDCJ number, supervisor approving name and rank, UOF or EAC number and date of IOC received by SPPM office.

The auditor interviewed random staff who confirmed cross-gender strip searches would only occur in exigent circumstances and only when approved by a supervisor. No staff interviewed had performed a cross-gender strip search, however all were able to give the auditor a description of how this would be performed in a respectful and professional manner, if necessary.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.15(d) Provision 115.15(d) states, “The facility shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 9) and TDCJ Policy AD-03.22: Offender Searches (p. 9) state correctional officers shall make best efforts for all offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstance or when such viewing is incidental to routine cell checks, which would then require staff of the opposite gender to announce their presence when entering an offender housing area.

The facility post orders for the Administrative Segregation Officer (p. 2), Cellblock Officer (p. 2), and Dorm Officer (p. 2) direct the post officers to ensure a verbal announcement is made any time the gender-supervision of a cellblock changes and when security and non-security staff enter cellblock housing areas. These post orders also state offenders will be given the opportunity for privacy in showering, performing bodily functions and changing, as required by this provision. Non-Supervisor In-Service (p. 5) and Supervisor In-Service (p. 5) reiterate staff will practice the “knock and announce” procedure when entering inmate areas of opposite genders to ensure they are afforded privacy according to this provision.

The auditor witnessed many procedures onsite that allowed the facility to be compliant with this provision, to include: strip search barriers/walls to ensure others do not see an inmate while a strip search is being performed, camera viewing areas that allowed privacy, as required, painted windows to block incidental viewing of inmates on a toilet in all areas where such bathrooms had windows for viewing, and shower stall doors, including some at varying height to accommodate inmates of different statures. Also, before entering each housing unit, “knock and announce” reminders were painted at the entrance of each area to ensure female staff do so prior to entering, as required by this provision. The auditor witnessed the facility’s camera monitors which were pointed in a manner to allow privacy. While on the site review, one camera had slipped to show one toilet which the PREA Compliance Manager was able to identify and rectify within the hour of reporting the camera viewing issue to facility maintenance staff. The PCM confirmed the monitors are looked at regularly to ensure that they give inmates privacy, and the quick correction gave evidence that the facility understands the need and how to rectify these types of issues, when they occur.

The auditor interviewed random staff who stated female staff are required to announce their presence when entering an area where inmates may be using the bathroom, changing, or showering. Female staff informed
the auditor they allow inmates the privacy necessary to dress, shower, and use the toilet and they announce themselves when entering areas where this may occur so that inmates know to cover themselves appropriately. Random inmate interviews also provided evidence that the facility’s inmates believe they are given adequate privacy as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.15(e) Provision 115.15(e) states, “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.”

TDCJ Safe Prisons/PREA Plan (p. 9-10) state under no circumstances shall transgender or intersex inmates be searched solely for the purpose of determining and offender’s genital status. The plan continues that during intake, non-medical staff shall not search a transgender or intersex offender for the sole purpose of determining the offender’s genital status and if the genital status is unknown, it may be determined through conversations with the offender, reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner. TDCJ Policy AD-03.22: Offender Searches (p. 2) states no search of a transgender or intersex offender shall be conducted for the sole purpose of determining the offender’s genital status.

The facility reported in the PAQ there had been no searches of transgender or intersex inmates by staff for the sole purpose of determining the inmate’s genital status.

The auditor interviewed random staff who confirmed they are prohibited from searching a transgender or intersex inmates to determine an inmate’s genital status. There were no transgender or intersex inmates onsite to interview regarding this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.15(f) Provision 115.15(f) states, “The agency 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.”

TDCJ Safe Prisons/PREA Plan (p. 33) states correctional staff shall be trained in the methods of conducting cross-gender, transgender and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs.

TDCJ Training and Leader Development Division Correctional Training, On-the-Job Training Program Procedure Guide (p. 41-45) details the steps of pat-searching male, female and transgender and intersex inmates by same gender and opposite gender staff. The guide also directs staff of the opposite gender be able to successfully explain the steps of a cross-gender search in case the opposite gender staff is required to perform a search of an inmate. The guide gives step-by-step instructions for each type of search and what type of body, body/head/face hair, clothing, and special circumstances each type of inmate may have and how they may be professionally and respectfully searched by staff in the least intrusive manner possible but within security needs.

The facility reported in the PAQ 100 percent of its security staff had received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner, as required by this provision.
The auditor witnessed the PREA Resource Center/Moss Group Video: Guidance in Cross-Gender and Transgender Pat Searches playing on a continual loop in the entrance of the facility, in the area where staff turnouts are held. The PREA Compliance Manager confirmed this video plays as a reminder for staff entering the facility in how to perform proper, professional searches.

The auditor interviewed random staff who confirmed they had received PREA training that detailed how to perform searches as required. All were able to recall aspects from the training and give examples on how these searches are performed and all were in accordance with this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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**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

<table>
<thead>
<tr>
<th>115.16 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
</tbody>
</table>
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual A-08.03: Referral of Offenders to the Developmental Disabilities Program (DDP) (08/28/2019)
- Correctional Managed Health Care Policy Manual E-37.05: Interpreter Services – Monolingual Spanish-Speaking Offenders (01/04/2012)
- Correctional Managed Health Care Policy Manual G-51.1: Offenders with Special Needs (03/17/2016)
- Correctional Managed Health Care Policy Manual G-51.5: Interpreter Services – Certified American Sign Language (ASL) Interpreter Services (03/08/2018)
- Language Assessment Scales and Test for Spanish Interpreters
- Language Line Solutions Quick Reference Guides to Access an Interpreter: TTUHSC, UTMB
- List of Staff who Speak Language Other than English or Spanish (04/2018)
- Qualified Spanish Interpreters List for Wallace/W3 (11/01/2021)
- TDCJ Administrative Directive AD-04.25 (rev. 5): Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking (08/25/2016)
- TDCJ Administrative Directive AD-06.25 (rev. 4): Qualified Interpreter Services – American Sign Language (04/10/2015)
- TDCJ CID Intake Procedures 1.10, Initial Orientation (08/2020)
- TDCJ CID Intake Procedures 6.05: Intake Processing of Inmates in Need of an Interpreter (08/2020)
- TDCJ Safe Prisons/PREA Operations Manual 2.03: Safe Prisons/PREA Program Postings and Brochures (02/2020)
- TDCJ Security Memorandum S M-05.50 (rev. 4): Qualified Spanish Interpreter Guidelines (02/15/2019)
- Agency Response to PAQ

Interviews:
- Random staff
- Targeted inmates

Site Review Observations:
- Posted PREA information
- Facility qualified Spanish interpreter
- Informal interviews with staff and inmates

Findings (by provision):
115.16(a) Provision 115.16(a) states, “The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.”
TDCJ Safe Prisons/PREA Plan (p. 20) states appropriate steps shall be taken to ensure offenders with disabilities (including deaf, hard of hearing, blind, low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of TDCJ efforts to prevent, detect and respond to sexual abuse and sexual harassment. The plan states this will be accomplished through qualified interpreters, when necessary, and written materials shall be provided to ensure effective communication with offenders with disabilities, limited reading skills or who are blind or have low vision.

TDCJ Intake Procedures 1.10, Initial Orientation (p. 1) states a certified American Sign Language (ASL) Interpreter will be provided in accordance with the Correctional Managed Care Health Care (CMCH) Policy Manual. Finally, the TDCJ Intake Procedures 6.05: Intake Processing of Inmates in Need of an Interpreter (p. 1) details how an interpreter may provide interpretation services should such an offender be transferred to a facility.

Correctional Managed Health Care Policy Manual G-51.1: Offenders with Special Needs (p. 2) states interpreters will be provided to offenders whose primary means of communication is ASL or finger spelling. The policy also states once per month a list of offenders that require Certified ASL interpretation will be established to assist in communication needs with these offenders. CMCH Policy Manual G-51.1 (p.2) states any offender that is suspected or diagnosed with special needs, including vision disabilities, should be referred to the appropriate program and/or service.

Correctional Managed Health Care Policy Manual A-08.3: Referral of Offenders to the Developmental Disabilities Program (DDP) (p. 1-3) lists offenders suspected or diagnosed with having an intellectual disability will be referred to the Developmental Disabilities Program (DDP) and these referrals begin a process of providing unique care for offenders with mobility, vision, cognitive or other disabilities so that the offenders are given the appropriate care and communications, according to their needs.

The facility reported to the auditor in the past 12 months preceding the onsite audit, there had been 2 inmates with a physical or functional disability and 228 inmates with low vision. The facility reported there had been no inmates who were Deaf or Hard of Hearing. The auditor confirmed with the facility’s medical staff that all the low-vision inmates reported were actually inmates with reading/seeing glasses needs and not inmates who would quantify as disabled due to vision issues. While onsite, the auditor confirmed there were no inmates in custody at the facility who were Deaf or Hard of Hearing and all inmates with low-vision, were able to see with corrective lenses, which the inmates were allowed to keep on their person.

The auditor was unable to conduct interviews with inmates regarding this provision, as there were none in custody at the time of the onsite audit. The facility’s PREA Compliance Manager and medical staff confirmed inmates with these needs are rare in the facility but the agency has procedures and resources in place to provide inmates of all abilities access to the information as required by this provision. Random staff interviews also provided evidence of compliance, in that most staff were aware of agency’s resources to assist in effective communication with inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.16(b)** Provision 115.16(b) states, “The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.”

TDCJ Safe Prisons/PREA Plan (p. 20-21) states offenders with limited English Proficiency (LEP) shall be provided meaningful access to information regarding TDCJ efforts to prevent detect and respond to sexual abuse and sexual harassment, including steps to provide interpreters as required by this provision. TDCJ Intake Procedures 1.10, Initial Orientation (p. 1) states offenders identified as Spanish speaking or LEP will be provided orientation in Spanish [or other language] and this will be noted on the Orientation Sign-in Sheet. TDCJ Intake Procedures 6.05: Intake Processing of Inmates in Need of an Interpreter (p. 1) states...
non-English speaking inmates who need an interpreter may have on-site interpretation or may obtain an interpreter to meet the need through the Intake Administrator who can acquire one through various interpretation services and locations for a variety of languages. TDCJ Administrative Directive AD-04.25: Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking (p. 1-3) states TDCJ ensures language assistance services are provided to eligible offenders during intake and throughout their incarceration, as necessary.

TDCJ Security Memorandum S M-05.50 (rev. 4): Qualified Spanish Interpreter Guidelines (02/15/2019) (p. 1-6) details the use of Spanish qualified unit interpreters, the qualification process, formal and informal uses of interpretation, spoken and written interpretation services, and what offender services can be utilized for each. The facility informed the auditor that it has multiple Spanish-speaking staff working TDCJ and provided the auditor with a list of the Wallace Unit staff who could provide this service; there were 16 unit staff with various job titles within the facility listed as qualified Spanish interpreters. Additionally, the agency provided the auditor with the Language Assessment Scales and Test for Spanish Interpreters in which these staff undergo to become Spanish-speaking certified staff. The auditor utilized a qualified Spanish interpreter during inmate interviews and the inmates were able to understand and communicate effectively to the auditor using this staff. The agency provided the auditor with a list of TDCJ Staff throughout the state who speak a language other than English or Spanish. The list provided 30 other languages spoken by these staff. In addition, the facility provided the auditor with information on a Language Line in which TDCJ contracts for additional interpretation services, if needed.

The auditor was informed the facility has had 296 Limited English Proficient (LEP) inmates in its custody in the last 12 months preceding the audit. While onsite, the auditor was given a list of LEP inmates, totaling 92 currently residing at the facility who were LEP; all listed Spanish as their proficiency language.

The auditor interviewed inmates who spoke and understood Spanish and were listed as LEP by the facility’s rosters. Using a certified staff member to assist in interpretation, the auditor was able to successfully interview these inmates and communication appeared to be understood by the inmates in interview. All inmates interviewed confirmed they received facility information in Spanish, to include PREA information, while at the facility. These inmates also confirmed they are provided Spanish-certified speaking staff, when necessary, to assist in communication needs for whatever circumstance may arise. All confirmed they had not had to utilize PREA reporting, but all stated they were given information in a language they understood to utilize the PREA resources, should they need it.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.16(c) Provision 115.16(c) states, “The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under § 115.64, or the investigation of the inmate’s allegations.”

TDCJ Safe Prisons/PREA Plan (p. 20-21) states when seeking interpreters, staff shall not rely on offender interpreters, readers of other types of offender assistants except in limited circumstances, where an extended delay could compromise the offender’s safety.

The facility informed the auditor in the PAQ there had been no instances where inmate interpreters were used as detailed in this provision.

The auditor reviewed an Inmate-on-Inmate Sexual Assault by Contact case that had been investigated by the facility. In this case, the inmate victim was Limited English Proficient (LEP), and the staff utilized a staff qualified Spanish interpreter in order to provide appropriate first response and investigate the incident.
The auditor interviewed random staff who confirmed they are prohibited from using an inmate interpreter unless a delay could compromise safety, as required by this provision. Many staff added there is always a certified-staff member on duty to assist in interpretation. Inmate interviews with LEP inmates also provided evidence with compliance as these inmates reported that they know and understand that Spanish speaking staff are available to assist them, should they need to make a report. Many stated they had utilized these staff for other, non-PREA related issues.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

**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 who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No
115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Example of Verification of Former Employee
- FACT Clearinghouse Applicant Submission example (CJIS/III information redacted)
- TDCJ Executive Directive ED-02.29 (rev. 1): Records Management (05/30/2014)
- TDCJ Executive Directive ED-75 (rev. 8): Applicants with Pending Criminal Charges of Prior Criminal Convictions (04/01/2017)
- TDCJ Executive Directive PD-56 (rev. 7): Request for and Release of Employment Information or Documents (06/01/2017)
- TDCJ Human Resources Division Staff Development Lesson Plan: Fingerprinting (09/01/2018)
- TDCJ Human Resources Headquarters: Applicant Criminal Background Checks guide (08/2018)
- TDCJ List of New Hires between 12/1/2020 – 11/30/2021
- TDCJ PERS 282 Employment Application Supplement (07/2019)
- TDCJ PERS 598 Employment Application Supplement for Agency Applicants (02/2019)
- TDCJ Records Management Department: Records Retention Schedule (09/2020)
- Texas Tech University Health Sciences Center Standard Operating Procedure: PREA (03/11/2021)
- Agency Response to PAQ

Interviews:
- Administrative (human resources) staff

Site Review Observations:
- Medical staff clearances
- Personnel records
- Programs staff clearances

Findings (by provision):
115.17(a) Provision 115.17(a) states, “The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—
(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.”

TDCJ Safe Prisons/PREA Plan (p. 37-38) and TDCJ Executive Directive ED-75 (rev. 8): Applicants with Pending Criminal Charges of Prior Criminal Convictions (p. 5) state TDCJ shall not hire or promote anyone who may have contact with offenders and shall not enlist the services of any contractor who may have contact with offenders who have engaged in sexual abuse, been convicted of engaging or attempting to engage in sexual activity or has been civilly or administratively adjudicated to have engaged in such as required by this provision. TDCJ Executive Directive ED-73: Selection Criteria for Correctional Officer Applicants (p. 4) states any applicant for TDCJ employment shall not be on community supervision, including deferred adjudication, have any pending charges or outstanding warrants for any criminal offense.

The auditor was provided a list of the last 12 months’ hired staff which showed the date of employment and that a background check had been completed prior to that staff’s hiring, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(b) Provision 115.17(b) states, “The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.”

TDCJ Safe Prisons/PREA Plan (p. 37-38) and TDCJ Executive Directive ED-75 (rev. 8): Applicants with Pending Criminal Charges of Prior Criminal Convictions (p. 5) require TDCJ to consider any incidents of sexual harassment in determining whether to hire or promote an individual who may have contact with offenders. The agency provided the auditor with the TDCJ Employment Application Supplement form which requires the applicants to disclose if they have had involvement as described in this provision.

The auditor was provided information from TDCJ Human Resources staff who perform background checks on staff, and they explained all applicant previous employers are contacted and any reference to prior incidents of sexual harassment are taken into consideration and may make the applicant ineligible for employment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(c) Provision 115.17(c) states, “Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.”

TDCJ Safe Prisons/PREA Plan (p. 39) states TDCJ shall perform criminal background checks and attempts to contact previous institutional employers for information, and this is performed on all potential employees who may have contact with inmates as required by this provision. TDCJ Executive Directive ED-71: Selection System Procedures (p. 26) details the process of obtaining a criminal record check for corrections positions. TDCJ Executive Directive PD-27 (rev. 6): Employment Status Pending Resolution of Criminal Charges or Protective Orders (p. 1-3) explain how applicant’s fingerprints and annual background checks
are performed by TDCJ regarding any applicant’s arrest, warrant of arrest, criminal charge filing or protective order filing as respondent.

The agency provided the auditor with the TDCJ Employment Application Supplement form which requires applicants to disclose if they have had involvement described in this provision. The agency also gave the auditor copies of applicant FACT Clearinghouse submissions (a database that provides criminal history, examples had CJIS and III redacted), and verification of former employee forms that would provide the agency with the needed information on an applicant or contractor to ensure none with the listed disqualifications are hired for services. As part of the selection process, the staff stated TDCJ asks all applicants to list all previous employers. For all positions listed, applicants are asked their reason for leaving and whether they have ever been fired or asked to resign.

The agency reported in the PAQ there had been 43 persons hired who may have contact with inmates who have had criminal background checks performed. The auditor was provided a list of the last 12 months’ hired staff which showed the date of employment and that a background check had been completed prior to hiring, as required by this provision.

The auditor was provided information from TDCJ Human Resources staff who perform background checks on staff and contractors who explained all staff have initial criminal background checks performed regardless of whether they have contact with offenders. The staff confirmed in these checks, any reference of prior incidents of sexual harassment or abuse is taken into consideration and may make the applicant ineligible for employment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(d) Provision 115.17(d) states, “The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.”

TDCJ Safe Prisons/PREA Plan (p. 37-38) and TDCJ Executive Directive ED-75 (rev. 8): Applicants with Pending Criminal Charges of Prior Criminal Convictions (p. 5) require that TDCJ will consider any incidents of sexual harassment in determining whether enlist in the services of any contractor may have contact with offenders.

The agency provided the auditor with the TDCJ Employment Application Supplement form and the TDCJ Employment Application Supplement for Agency Applicants which requires applicants to disclose if they have had involvement described in this provision. The agency also provided copies of applicant FACT Clearinghouse submissions that would provide the agency with the needed information on a contractor to ensure none are enlisted for services as prohibited by this provision. In addition to the TDCJ Safe Prisons/PREA Plan described in 115.17(a), Texas Tech University Health Sciences Center Standard Operating Procedure: PREA (p. 3-4) require Texas Tech to provide TDCJ with background clearances for its contracted staff.

The agency reported it had hired 3 contracts for services where criminal background checks were conducted on contract staff who might have contact with inmates. The auditor was provided information from TDCJ Human Resources staff who perform background checks on staff who explained all contractors have initial criminal history checks and that DPS provides criminal activity reports for any contract staff after the initial check is performed. The auditor was provided two lists containing all contract staff for medical and programs staff which showed the date that each staff member was cleared through backgrounds.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.17(e) Provision 115.17(e) states, “The agency shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 39) states criminal background checks shall either be conducted at least every 5 years for current employees and contractors who may have contact with inmates or TDCJ shall have a system in place to otherwise attain the information. TDCJ Executive Directive PD-27 (rev. 6): Employment Status Pending Resolution of Criminal Charges or Protective Orders (p. 2-3) direct a semi-annual background check be performed on all employees on their birth month and then again 180 days later. Additionally, this document describes that TDCJ staff and contract staff are enrolled in the FACT Clearinghouse through Texas DPS which provides automatic notifications to TDCJ of employee arrests through TCIC/NCIC/FBI RAP.

The auditor was provided information from TDCJ Human Resources staff who perform background checks on staff who confirmed the above executive orders are in practice for all staff and contractors as required by this provision and that DPS will immediately provide an automatic notification to TDCJ by e-mail of any new criminal activity on the part of an employee.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(f) Provision 115.17(f) states, “The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

TDCJ Safe Prisons/PREA Plan (p. 38) states TDCJ shall directly ask all applicants and employees about previous misconduct as described in this standard in written self-evaluations during employee reviews and additionally, employees have a continuing affirmative duty to disclose to TDCJ knowledge of any such misconduct. TDCJ Executive Directive PD-27 (rev. 6): Employment Status Pending Resolution of Criminal Charges or Protective Orders (p. 1-3) requires TDCJ employees to notify TDCJ upon any arrest, warrant of arrest, criminal charge filing or protective order filing as respondent.

The agency provided the auditor with the TDCJ Employment Application Supplement form that is provided to all current employees of TDCJ to fill out prior to their annual background check. The form requires disclosure of misconduct as described in previous provisions of this standard.

The auditor was provided information from TDCJ Human Resources staff who perform background checks who confirmed the above executive orders are in practice for all staff and contractors as required by this provision. The staff confirmed TDCJ asks all applicants to list all previous employers. For all positions listed, applicants are asked their reason for leaving and whether they have ever been fired or asked to resign.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(g) Provision 115.17(g) states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

TDCJ Safe Prisons/PREA Plan (p. 38) states material omissions regarding misconduct about this standard, or the provision of materially false information, shall be grounds for termination. The agency provided the auditor with the TDCJ Employment Application Supplement form and the TDCJ Employment Application Supplement for Agency Applicants which necessitate the applicants to disclose information as required by
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.17(h) Provision 115.17(h) states, “Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.”

TDCJ Safe Prisons/PREA Plan (p. 39) states unless prohibited by law, information shall be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom the employee has applied to work.

The auditor was provided information from TDCJ Human Resources staff who perform background checks who confirmed this would be disclosed as requested and provided to the employer by the TDCJ Office of Inspector General.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Agency Response to PAQ

Interviews:

- Warden

Findings (by provision):

115.18 (a) Provision 115.18(a) states, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.”

The agency informed the auditor it has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since it’s last PREA Audit. The auditor made observations onsite and confirmed this to be true.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.18 (b) Provision 115.18(b) states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.”

The agency informed the auditor it has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since its last PREA Audit. The auditor made observations onsite and confirmed this to be true.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

Corrective Action:

The auditor recommends no corrective action.
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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)
  ☒ Yes ☐ No ☐ NA
- 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 agency 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 always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual G-57.01: Sexual Assault/Sexual Abuse (08/28/2019)
Findings (by provision):
115.21(a) Provision 115.21(a) states, “To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.”

The facility advised the auditor in the PAQ the facility is only responsible for conducting administrative sexual abuse investigations. The Office of Inspector General (OIG) is responsible for conducting criminal sexual abuse investigations.

TDCJ Safe Prisons/PREA Plan (p. 15) states all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. TDCJ Policy AD-16.03: Evidence Handling (p. 2-4) details the steps TDCJ staff are required to take concerning identifying, preserving, chain of custody, gathering, labeling, and storing various types of evidence that may be involved in a sexual abuse crime scene. These steps describe a uniform evidence protocol with sufficient technical detail for obtaining usable physical evidence for administrative proceedings. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 11-13) also detail a uniform evidence protocol with technical detail for gathering and preserving usable physical evidence for criminal prosecutions.

The auditor reviewed the facility’s PREA investigations and confirmed all reports followed a uniform evidence protocol and all alleged inmate victims, and staff and inmate alleged abusers were requested/directed to take similar processes for securing evidence based on the type of evidence at hand.
The auditor interviewed the facility's investigators who confirmed they were given training regarding collecting and securing evidence and each investigator was able to give examples to the auditor of types of evidence and the collection processes necessary. The auditor interviewed random staff who were all able to explain to the auditor the training received concerning securing evidence, and all were familiar with the collection methods utilized. Many of the random staff clarified that the evidence and/or scene would be secured until an investigator collected evidence, but all were familiar with the process as detailed in the training they had received as first responders.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 21 (b) Provision 115.21(b) states, “The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice'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.”

In the PAQ, the agency advised the auditor the facility does not house youthful inmates, which the auditor confirmed onsite through observations and inmate rosters/files. TDCJ Safe Prisons/PREA Plan (p. 15, 25) states the uniform evidence protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of US Department of Justice Office on Violence against Women publication, as required by this provision. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 3) states the policy complies with the DOJ-Office of Violence Against Women publication.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 21 (c) Provision 115.21(c) states, “The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEcs or SANEcs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEcs or SANEcs.”

TDCJ Safe Prisons/PREA Plan (p. 13) states TDCJ shall offer all offender victims of sexual abuse access to forensic medical examinations with a sexual assault nurse examiner (SANE) when possible and if neither a SANE or sexual assault forensic exam (SAFE) is available, the examination may be performed by other qualified medical practitioners. The facility informed the auditor in the PAQ that these examinations would occur at a local hospital emergency department and that emergency room staff are either qualified as SANE or have specialized training to complete these exams per Texas law. However, when SAFE/SANE is available, the facility would utilize those services. This policy also specifies the efforts for a SAFE/SANE shall be documented. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 1) states if a sexual assault exam is requested by TDCJ or OIG, offenders shall be immediately evaluated and referred for the required services, as appropriate.

The facility reported there had been 1 forensic medical exam conducted in the past 12 months and this exam had been performed by a SANE. The auditor reviewed the case in which a forensic exam had been conducted and documented, showing the inmate victim was given a SAFE (at a local hospital, by hospital SANE) as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
**115. 21 (d)** Provision 115.21(d) states, “The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.”

The agency informed the auditor in the PAQ a memorandum of understanding between TDCJ and a rape crisis center has been attempted, but many arrangements have not been finalized for many other facilities and those attempts were provided as evidence. However, for the Wallace facility, the agency was recently able to arrange an agreement for victim advocacy services with the Open Arms Rape Crisis Center and the auditor was provided a signed Memorandum of Understanding signed by the Open Arms Rape Crisis Center and TDCJ Chief Financial Officer. The memorandum states (p. 3) the Open Arms Rape Crisis staff will provide clients at the Wallace Unit confidential emotional support services, that the [inmate] client may accept or reject, following a reported sexual abuse incident and during a forensic medical examination process and investigatory interviews.

The facility’s PREA Compliance Manager confirmed the facility has the ability to use designated Offender Victim Representatives (OVR) from the facility and victim advocates from the Open Arms Rape Crisis Center. The facility reported 1 incident in the last 12 months in which a victim advocate would have been required, however, while the incident occurred after signing of the Memorandum of Understanding, the crisis center staff and facility had not been able to complete required setup and training between them, so the victim advocacy from the center could not be utilized in this incident. The agency provided documentation of the timeline between the signing of the MOU, hotline setup and training completion of the staff involved (all completed on 10-27-22). Therefore, for the 1 incident of sexual abuse allegation that may have utilized a victim advocate, the facility provided the inmate victim with an Offender Victim Representative during the medical and investigation procedures.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115. 21 (e)** Provision 115.21(e) states, “As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Victim Representatives (OVR) from the facility and victim advocates from the Open Arms Rape Crisis Center. The facility reported 1 incident in the last 12 months in which a victim advocate would have been required, however, while the incident occurred after signing of the Memorandum of Understanding, the crisis center staff and facility had not been able to complete required setup and training between them, so the victim advocacy from the center could not be utilized in this incident. The agency provided documentation of the timeline between the signing of the MOU, hotline setup and training completion of the staff involved (all completed on 10-27-22). Therefore, for the 1 incident of sexual abuse allegation that may have utilized a victim advocate, the facility provided the inmate victim with an Offender Victim Representative during the medical and investigation procedures.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

TDCJ Safe Prisons/PREA Operations Manual: Offender Victim Representative (p. 1-4) states a victim advocate from a rape crisis will be provided to an offender victim of sexual assault when available and that when one is not available, TDCJ shall provide an Offender Victim Representative (OVR) to provide emotional support, crisis intervention, information, and referrals during and after the investigation. The manual also states the OVR may provide the offender victim with counseling and other support services. The OVR training details the requirements of the OVR to provide these services. Finally, the manual states upon request, the PREA Compliance Manager shall provide the offender victim with contact information of Texas Association Against Sexual Assault (TAASA) list and that this list is also available in the unit law library. A copy of this list was provided to the auditor for review. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 1-2) states when available, a victim advocate or Offender Victim Representative (OVR) will provide joint response to an allegation of sexual abuse and the security supervisor is responsible for coordinating these efforts. The manual also explains the victim advocate or OVR shall accompany and provide the offender with emotional support services during the forensic examination and/or investigation interviews, as requested by the victim. TDCJ Safe Prisons/PREA
Operations Manual: Offender Victim Representative (p. 1) states a victim advocate from a rape crisis will be provided to an offender victim of sexual assault when available and when one is not available, TDCJ shall provide an Offender Victim Representative (OVR) to provide emotional support, crisis intervention, information, and referrals during and after the investigation.

The facility provided the auditor with the TDCJ Wallace Unit List of Offender Victim Representatives which showed the staff names and associated training these staff received specific to their qualifications to serve the facility in this capacity. The auditor reviewed the PREA investigation cases provided by the facility. For all incidents where the inmate victim remained in the facility (some were transferred for other medical/mental health needs) an Offender Victim representative was offered to the victim regardless of the incident being an allegation of sexual abuse or sexual harassment.

The facility reported 1 incident in the past 12 months had required a SAFE. In this incident, the setup of the Open Arms Rape Crisis Center and facility had not been finalized after the MOU had been signed, however, the facility was able to still provide the inmate victim with an OVR as required by policy and this provision. This was documented in the case file for this incident by the facility and assigned OIG investigator.

The auditor interviewed the facility’s PREA Compliance Manager and administrative investigators who confirmed their investigation procedures include offering an OVR and/or victim advocate, as necessary per case. At the least, the auditor observed in case files, and the investigators confirmed, an OVR is offered to each alleged victim of sexual abuse or sexual harassment at the beginning of the investigation process. The auditor interviewed staff who may serve as an OVR. The OVR staff confirmed that they have been called upon to assist an inmate victim as requested by the facility's investigators and inmate victims.

The facility has in place a procedure to provide an Offender Victim Representative for all sexual abuse and sexual harassment inmate victims, which exceeds the standard requiring such representation for emotional support services during investigations, exams for victims of sexual abuse. The OVR serves as the provision requires, providing information, intervention, and references, as necessary, based on the inmate victim’s request.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115. 21 (f) Provision 115.21(f) states, “To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.”

TDCJ Board Policy BP-1.07: Inspector General Policy Statement (p. 2) states the OIG has the authority and responsibility to ensure continuous, timely and responsive cooperation with all divisions of the TDCJ [concerning sexual abuse investigations]. TDCJ Safe Prisons/PREA Plan (p. 27) states administrative and criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment.

The auditor was informed in the PAQ the OIG may provide criminal investigations for the facility for sexual abuse allegations. The auditor reviewed 1 pending case file for sexual abuse in which OIG staff had begun a criminal investigation for the facility. The OIG investigation case was provided to the auditor by the facility and reflected that the investigative procedure was followed by the external agency as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 21 (h) Provision 115.21(h) states, “For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for
appropriateness to serve in this role and has received education concerning sexual assault and forensic
examination issues in general.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Victim Representative (p. 1) states a victim
advocate from a rape crisis will be provided to an offender victim of sexual assault when available and that
when one is not available, TDCJ shall provide an Offender Victim Representative (OVR) to provide
emotional support, crisis intervention, information, and referrals during and after the investigation. The
manual details each unit warden shall designate two of the following personnel to serve in this role: Mental
Health Practitioners, Sociologists, Chaplains, Social Workers, and Case Managers. The agency also
provided the auditor with extensive training to include the TDCJ SPPMO Curricula: Offender Victim
Representative Training and corresponding TDCJ SPPMO Handout #1 for the OVR designees that qualify
the OVRs to perform in their capacity.

The facility provided the list of Offender Victim Representatives that represent the unit, and all had been
selected based on the appropriateness to serve in this role. The auditor confirmed the 1 incident in which an
OVR was necessary, the OVR who had assisted was qualified to provide such services, as required by this
provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is
fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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**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 the policy 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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (11/19/19)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- TDCJ Policy AD-02.15 (rev. 12): Operations of the Emergency Action Center and Reporting Procedure for Serious or Unusual Incidents (05/07/2015)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 05.05: Completing the Offender Protection Investigation (02/2020)
- Website: https://www.tdcj.texas.gov/tbcj/prea.html
- Agency Response to PAQ

Interviews:

- Agency Head Representative
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Facility investigators

Site Review Observations:

- PREA case files
Findings (by provision):

115.22(a)  Provision 115.22(a) states, “The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.”

TDCJ Safe Prisons/PREA Plan (p. 27) states administrative and criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. The auditor was informed in the PAQ the OIG may provide criminal investigations for the facility for sexual abuse allegations and the facility provides administrative investigations for sexual abuse and sexual harassment allegations. TDCJ Board Policy BP-1.07: Inspector General Policy Statement (p. 1) states, in accordance with Texas Government Code § 493.019, the OIG is the primary investigative and law enforcement entity for TDCJ.

The facility reported there had been 10 allegations of sexual abuse and sexual harassment in the past 12 months, 9 allegations resulting in administrative investigations (1 case is pending) and 10 allegations referred for criminal investigations. The auditor was given clarification that all cases are reviewed by the OIG for criminal aspects, but not all cases necessitate a criminal investigation. The facility reported all investigations had been completed except for 1 that was pending (criminal investigation had begun, awaiting evidence from the state lab). The auditor reviewed the completed cases and concluded the cases were thoroughly investigated and completed within appropriate times and included all required elements according to the PREA Standards.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who stated criminal and administrative investigations are conducted as required by TDCJ policy and the procedures for those investigations are outlined in these policies. The auditor confirmed this process with the facility’s Warden and PREA Compliance Manager.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.22(b)  Provision 115.22(b) states, “The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.”

TDCJ Policy AD-16.20 (rev. 4): Reporting Incidents/Crimes to the Office of Inspector General (p. 3-4) defines the procedures for supervisors in the facility to refer incidents requiring OIG investigations. These incidents include all sexual abuse and sexual harassment investigations according to this policy. TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (p. 5) directs supervisors who receive notification of alleged sexual misconduct to report such misconduct to the OIG for investigation. The auditor reviewed the TDCJ website: https://www.tdcj.texas.gov/tbcj/prea.html. At this site, the TDCJ Policy for sexual abuse and sexual harassment investigations is listed as being investigated by the OIG.

The auditor reviewed the PREA case files for the facility and found all investigations are referred to the OIG for possible criminal activity and if none is found, the OIG refers the investigation back to the facility for an administrative investigation.

The auditor interviewed the facility’s administrative investigators who confirmed any criminal investigations are referred to the OIG, as policy dictates. The investigators verified that all allegations are given to the OIG for review and once they are cleared by the OIG, the facility or OIG will investigate, depending on the criminality involved in each case. All investigators interviewed stated only the OIG investigates criminal cases.
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.22(c)** Provision 115.22(a) states, “If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.”

The auditor reviewed the TDCJ website: [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html). At this site, the TDCJ Policy for sexual abuse and sexual harassment investigations are given to the PREA Ombudsman Office for investigation and response. The site also states cases are referred to the OIG for possible criminal investigation.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

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

115.31 (c)

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

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

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

115.31 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- TDCJ Executive Directive PD-97 (rev. 7): Training and Staff Development (06/01/2017)
- TDCJ PERS 632 Employee acknowledgement Form (06/2017)
- TDCJ Policy AD-12.20 (rev. 7): Implementation and Operation of TDCJ In-Service and Staff Survivor Training (12/16/2016)
- TDCJ Safe Prisons/PREA in Texas Training Video Script: Educational DVD for staff, volunteers and contractors (08/05/2013)
- TDCJ Safe Prisons/PREA Operations Manual 06.01: Unit Sage Prisons/PREA Program Awareness Training (February 2020)
- TDCJ Security Memorandum SM-02.25 (rev. 5): ON-THE-JOB Training Program (05/14/2018)
- Training Lesson Plans
- Agency Response to PAQ

**Interviews:**

- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Random staff

**Site Review Observations:**

- Employee training files
- PREA Resource Center/Moss Group Video: Guidance in Cross-Gender and Transgender Pat Searches

**Findings (by provision):**

115.31 (a) Provision 115.31(a) states, “The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates’ right 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 confinement; (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 TDCJ Safe Prisons/PREA Plan (p. 33-34) and the TDCJ Safe Prisons/PREA Operations Manual 06.01: Unit Sage Prisons/PREA Program Awareness Training (p. 1-2) state USPPM shall ensure all unit staff are knowledgeable of the agency zero-tolerance policy regarding sexual abuse and sexual harassment and lists all the provisions required by this standard (1-10). TDCJ Executive Directive PD-97: Training and Staff Development (p. 12) states all staff shall receive Safe Prisons/PREA Training by viewing the PREA in Texas training video and completing the PERS 632 Safe Prisons/PREA Training Employee Acknowledgement form after viewing the video. The auditor was provided a copy of this form.

The agency provided the auditor with Correctional Training and Staff Development lesson plans for the following: Safe Prisons Module: Sexual Abuse/Assault, OJT Program-Peer Acceptance, Correctional Awareness-Staff Survivor, Non-Supervisor In-Service, Supervisor In-Service, Pre-Service and the Safe Prisons PREA in Texas video script. All the training lesson plans showed detailed educational information required by this provision.
The auditor interviewed random staff at the facility who all recalled receiving PREA specific training regularly and had confirmed they had seen the PREA in Texas video. The staff interviewed were able to recall aspects of this training and when asked, gave specific examples to the auditor showing evidence the training had been received and understood, according to the provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.31(b) Provision 115.31(b) states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.”

In the PAQ, the facility informed the auditor that it houses male offenders, and both male and female staff work in the unit.

The TDCJ Safe Prisons/PREA Plan (p. 34) states the training shall be tailored to the gender of the offenders at the unit of assignment and the employee shall receive additional training when transferring to a unit with offenders of a different gender. TDCJ Security Memorandum SM-02.25: ON-THE-JOB Training Program (p. 17) states a 12-hour gender specific training course will be conducted for those employees that will be assigned to a unit that houses female offenders. Also, if an employee transfers to a unit that houses female offenders, the employee shall be required to take this course prior to being assigned a shift or department. The auditor reviewed the training lesson plans provided by the facility which discussed in detail gender specific topics for male and female staff working male and/or female units.

The auditor witnessed a PREA video was played at the staff entrance of the facility. The video was the PREA Resource Center/Moss Group Video: Guidance in Cross-Gender and Transgender Pat Searches, which details a professional and respectful manner in which female staff may search male inmates, among other searching aspects, as required by this provision. The auditor was informed by the facility’s PREA Compliance Manager the video plays throughout the day and for both shift turnouts, as the facility is able to show it.

No random staff interviewed or present at the facility were reassigned from a female unit, however, the auditor was able to conduct several interviews with female staff who had been assigned solely to TDCJ units that housed male inmates. These staff verified they were given proper instruction on how to perform cross-gender searches as intended by this provision. All staff were able to give the auditor details on how they perform searches respectfully and professionally, with many citing the MOSS Group Video that played at the facility entrance.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.31(c) Provision 115.31(c) states, “All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.”

The TDCJ Safe Prisons/PREA Plan (p. 34) states all employees who have contact with offenders, including medical and mental health practitioners, shall receive training at least every two years and in interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies.
In the PAQ, the facility informed the auditor it houses male offenders, but both male and female staff work in the unit and there are 157 staff employed by the facility who may have contract with inmates and were trained and/or retrained as required by this provision.

The auditor attended a night shift turnout during the first day of the onsite audit. The auditor witnessed the shift supervisors provide a PREA refresher training to the staff. In this training, the supervisors were refreshing staff on PREA first response procedures. The facility’s PREA Compliance Manager attended as well and later informed the auditor the turnouts are usually when PREA refresher training occurred, and the facility documents participation in these informal Trainings.

The auditor was provided staff training logs pre-onsite that confirmed training was provided on the form indicated in the Policy. The auditor also reviewed the facility’s training documentation from the Human Recourse’s database, specifically requesting training evidence of the staff the auditor had interviewed while onsite. Each staff member’s record showed evidence of receiving pre-service, in-service training, and/or supervisor’s in-service, according to their rank and tenure. The auditor was also provided the refresher training logs that showed evidence of the informal training received at turnouts.

The facility’s PCM stated in interview they give PREA training throughout the year, discussing various PREA topic as requested by the facility and/or agency leadership as well as topics the PCM requires as needed for PREA compliance management. The auditor interviewed random staff who confirmed they had received formal and informal training, as discussed above. The auditor interviewed several night shift’s staff who had been at the turnover the auditor had attended. These staff confirmed the turnover PREA training was given often, throughout the year.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.31(d) Provision 115.31(d) states, “The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.”

TDCJ Executive Directive PD-97 (rev. 7): Training and Staff Development (p. 12) states all staff shall receive Safe Prisons/PREA Training by viewing the PREA in Texas training video and completing the PERS 632 Safe Prisons/PREA Training Employee Acknowledgement form after viewing the video. The auditor was provided a copy of this form.

The auditor reviewed staff training logs pre-onsite as provided by the agency that confirmed this training was provided as indicated in the Policy, to include agency and contract staff. The auditor also reviewed the HR database training logs of multiple staff while onsite, to include supervisors. Each staff member showed evidence of receiving pre-service, in-service training, and/or supervisor’s in-service, according to their rank and tenure. All staff training logs reviewed showed at least biannual training (every 2 years). The agency requires in-service training yearly, however, due to the COVID Pandemic, the agency had limited in-person staff contact and had to cancel some in-service trainings the previous year. Since the agency had required yearly training prior to the pandemic, and had restarted in-service training in late 2021, the staff files reviewed by the auditor showed that no staff had missed the biannual training required by this provision. The facility’s PREA Compliance Manager also provided the auditor with staff training logs that documented the refresher trainings received at the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.
Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual C-19.1: Continuing Education/Staff Development (03/17/2016)
- Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (10/30/2013)
- Office of Inspector General, University of Texas Medical Branch NEO
- PREA Resource Center training video: PREA Specialty Training: Module 1, Detecting and Assessing Signs of Sexual Abuse and Harassment
- PREA Resource Center training video: PREA Specialty Training: Module 2, Preserving Physical Evidence
- PREA Resource Center training video: PREA: What You Need to Know.
Findings (by provision):
115.32 (a) Provision 115.32(a) states, “The agency shall ensure 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.”

The auditor was informed by the agency in the PAQ it contracts for medical, mental health services, and programs/education services.

TDCJ Safe Prisons/PREA Plan (p. 35) states all volunteers and contractors who have contact with offenders shall be trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures in accordance with the TDCJ Volunteer Services Plan, PD-29, “Sexual Misconduct with Offenders,” and this [TDCJ Safe Prisons/PREA] plan. TDCJ Volunteer Services Plan, PD-29 (p. 21) states volunteer training is conducted by designated security supervisory staff using the TDCJ Volunteer Training Curriculum. TDCJ Executive Directive PD-97 (rev. 7): Training and Staff Development, Sexual Misconduct with Offenders (p. 12) states all unit assigned contract employees and interns shall report to the unit safe prisons program manager in coordination with human resources to receive Safe Prisons/PREA Training. Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (p. 1) states all health services staff contracted to work for TDCJ will complete a formal orientation program within 30-90 days of assignment. The orientation topics presented will include detection, assessment, and response to offender-victims of sexual abuse and sexual harassment, preservation of physical evidence and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Correctional Managed Health Care Policy Manual C-19.1: Continuing Education/Staff Development (p. 1) states refresher training for these staff will be provided so that they may know the agency’s current policies and procedures.

The agency provided the auditor with multiple training curriculum from TDCJ, and the contract agencies employed by the agency. All training curriculum reviewed thoroughly addressed PREA provisions and the expected zero-tolerance, response and detection expected of the contract and volunteer staff that work in...
the facilities. The agency advised the auditor in the TDCJ Wallace Unit Statement of Fact 115.32 that due to the COVID pandemic, all training has been conducted online. The auditor was provided an example of the online training which was as equally informative as the in-person training curriculum.

The facility reported 56 volunteers and contractors who may have contact with inmates have been trained in the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The auditor reviewed the contractor and volunteer training files provided by the facility during the pre-onsite and onsite audit phases. All contractors and volunteers who work at the facility had documentation that training was received as required by this provision.

The auditor interviewed medical and mental health staff and program/education contract staff, as well as volunteers for the facility. All verified they had received PREA training prior to the initiation of the services they provide to the facility, and all were able to give examples of aspects of that training.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.32(b) Provision 115.32(b) states, “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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”

TDCJ Safe Prisons/PREA Plan (p. 35) states the level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders. The facility provided the auditor with multiple training resources, including lesson plans, handbooks and other training material concerning TDCJ services and PREA requirements according to the standard for Texas Tech University Health Sciences Center, University of Texas Medical Branch Training Lesson Plans and Packets and TDCJ Volunteer Services. All training documents listed TDCJ’s zero-tolerance policy concerning sexual abuse and sexual harassment. Also, the training documents each went into great detail on what level of response and responsibility each has regarding reporting and responding to incidents of sexual abuse and sexual harassment, as required by this provision.

The auditor interviewed contract medical and mental health staff as well as contract program staff who confirmed they received PREA training at the initiation of services and also receive PREA updated training through their companies, at least yearly. The medical and mental health staff also provided the auditor service-specific aspects of their training, based on their duties at the facility. The volunteers interviewed stated they also received initial PREA training and may receive updates from the facility, as the facility necessitates.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.32(c) Provision 115.32(c) states, “The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.”

TDCJ Safe Prisons/PREA Plan (p. 35) states documentation of these trainings for the volunteers and contractors shall be kept and maintained by the TDCJ. Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (p. 1) details that the training received by all health services staff contracted to work for TDCJ will be documented in the employee’s personnel file. Correctional Managed Health Care Policy Manual C-19.1: Continuing Education/Staff Development (p. 1) states refresher training for these staff will be documented and retained on file at the facility at which services are provided for a minimum of three years. TDCJ PERS 631 Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgement Form and the TDCJ Volunteer Services Acknowledgement of Volunteer Training/Orientations, Appendix F Form are the documents utilized by the facility for
documenting volunteer and contractor training. Appendix F states the person signing the form has been fully advised of and clearly understands PREA and the TDCJ zero-tolerance for sexual misconduct and then specifies the reporting requirements of volunteer staff. PERS 631 states the person signing the form acknowledges they have attended the Safe Prisons/PREA training, including viewing the Safe Prisons/PREA training video.

The auditor reviewed the training files provided by the facility, selecting a random sampling between the volunteer and contract staff throughout the facility. The auditor compared the files provided to the rosters of contract staff and volunteer list. All contract staff and volunteers had completed PREA training as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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 the comprehensive education referenced in 115.33(b)? ☒ 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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual E-37.5: Interpreter Services – Monolingual Spanish-Speaking Offenders (01/04/2012)
Interviews:
- Intake staff
- Random inmates
- Targeted inmates

Site Review Observations:
- Inmate files (Inmate education documents)
- Inmate intake/education process
- Posted PREA information
- SAFE Prisons/PREA Automated Network System (SPPANS)
- Informal interviews with staff and inmates

Findings (by provision):
115.33(a) Provision 115.33(a) states, “During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.”

The auditor was provided a Directive from Deputy Director, Management Operations to All Unit Wardens: Offender Safe Prisons/PREA Education Video (p. 1) which states during the intake process, offenders shall be provided with educational information explaining the TDCJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

In the PAQ, the facility reported 898 inmates had been admitted during the past 12 months who were given information at intake.
The agency provided the auditor with multiple facility roster chain lists and sign-off sheets that showed incoming inmates had signed-off on receiving the PREA information during their intake into the facility. The auditor confirmed additional records onsite with the facility’s PREA Compliance Manager, using a random sampling of inmates whom the auditor had interviewed. All records reviewed by the auditor confirmed inmates were given the information at intake into the facility as this provision requires.

The auditor was unable to witness an intake at the facility while onsite, however the staff responsible for intake screening were interviewed and walked the auditor through a compliant process. The auditor interviewed random inmates who provided additional evidence, confirming they had received the agency’s zero-tolerance policy on sexual abuse and sexual harassment and how to make a report, as required by this provision, when they entered the facility’s custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.33(b) Provision 115.33(b) states, “Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.”

The auditor was provided a Directive from Deputy Director, Management Operations to All Unit Wardens: Offender Safe Prisons/PREA Education Video (p. 1) which states within 30 days, the Safe Prisons/PREA Offender Training shall be used to educate all offenders on the unit as a single presentation or in conjunction with the Peer Education Sexual Assault Awareness Class.

In the PAQ, the facility reported 1110 inmates had been admitted during the past 12 months who were given comprehensive education within 30 days of arrival, according to this requirement.

While onsite, the auditor reviewed the SAFE Prisons/PREA Automated Network System (SPPANS) with the PREA Compliance Manager to ensure inmates had received the training required by this provision. The SPPANS system keeps logs of inmate’s PREA education, in addition to the paper training files the facility utilized prior to the network system becoming active (since the last PREA Audit, the facility informed the auditor that it used both systems). Of the inmates interviewed by the auditor, the auditor selected a random sample to confirm inmate education documentation, as well as records in which inmate interviews could not recall comprehensive training received. All selected, including those of inmates that could not recall if they’d received PREA comprehensive education, had received the education information within 2 weeks of arriving at the facility, as required by this provision.

The auditor interviewed the PCM regarding this provision who verified inmates are given all PREA comprehensive education information, in addition to watching the agency’s Offender Safe Prisons/PREA Education Video, which was documented in the SPPANS system (or on file for admissions prior to 2021). The PCM informed the auditor the Peer-Education classes had been placed on a brief hiatus due to the COVID pandemic, however, the comprehensive education was still achieved through video showings.

The auditor interviewed random inmates, with most confirming they had been given comprehensive education and had viewed the agency’s education video, as required by this provision. Some inmates could not recall this education within 30 days of arrival, as many had been in the facility for years. Of those that could not recall, the auditor reviewed the education documentation which confirmed they had received training as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.33(c) Provision 115.33(c) states, “Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility.”

In the PAQ, the facility reported current inmates who had not received such education according to this standard were educated within 30 days of their arrival at the facility.

The PREA Compliance Manager was responsible for ensuring the facility’s inmates had received PREA Education according to this standard. The PCM had been in their position during the inception of the PREA Standards at the facility and confirmed that all inmates who had been in custody when the facility began PREA compliance had been educated as required. The auditor reviewed documentation of inmates who had been in custody during this transition, and all showed they had received PREA education as required. The PCM also informed the auditor that every intake into the facility is reviewed, and each inmate is questioned by the PCM to ensure each inmate has been given PREA Education. If any had not reviewed educations from a prior facility, the PCM stated they would be responsible for providing the education to the inmate upon arrival at the Wallace Unit.

The auditor interviewed several inmates who had either been incarcerated at the Wallace Unit prior to the PREA Standards being implemented or transferred from another facility into the Wallace Unit. All confirmed that they had received PREA education as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.33(d) Provision 115.33(d) states, “The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.”

In the PAQ, the facility informed the auditor it can provide interpretation services to inmates who are limited English proficient, deaf, visually impaired, disabled, or who have limited reading skills.

The agency provided the auditor with TDCJ Security Memorandum S M-05.50: Qualified Spanish Interpreter Guidelines (p. 5) which states an interpreter who is familiar with terminology specific to the specialty area subject (like PREA) shall be used to provide communication. For Deaf and hard of hearing inmates, Correctional Managed Health Care Policy Manual G-51.5: Interpreter Services – Certified American Sign Language (ASL) Interpreter Services (p.1) specifies ASL interpreters may be provided by notifying Assistive Disability Service Department. Correctional Managed Health Care Policy Manual G-51.1: Offenders with Special Needs (p.1) states offenders with special needs for disabilities may contact TDCJ Health Services Division to provide assistance services for offenders. In addition, the facility provided the auditor with a list TDCJ Intake Procedures 1.10, Initial Orientation (p. 1) which states offenders identified as Spanish speaking of LEP will be provided orientation in Spanish [or necessary language] and this will be noted on the Orientation Sign-in Sheet. TDCJ Administrative Directive AD-04.25: Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking (p. 1-3) states TDCJ ensures language assistance services are provided to eligible offenders throughout their incarceration, as necessary. TDCJ Security Memorandum SM-05.50: Qualified Spanish Interpreter Guidelines (p. 1-6) detail the use of Spanish qualified unit interpreters, the qualification process, formal and informal uses of interpretation, spoken and written interpretation services, and what offender services can be utilized for each. TDCJ Safe Prisons/PREA Operations Manual 6.02: Offender Sexual Abuse Awareness Training (p. 1) states the Offender Sexual Abuse/PREA Awareness Video (TDCJ Orientation Video) shall be provided in English and Spanish [and/or] USPPM shall ensure presentation of the video in the language format appropriate for offender needs. The facility provided the auditor with the TDCJ Offender Orientation Video transcript and TDCJ Offender Orientation Handbook that are provided to inmates as part of the PREA education session. Both were available in English and Spanish.
The agency provided the auditor with a list of TDCJ Staff who speak a language other than English or Spanish. The list provided 30 other languages spoken by these staff. In addition, the agency provided the auditor with information on a Language Line in which TDCJ contracts for additional interpretation services, as needed. The agency also gave the auditor a list of Qualified Spanish Interpreters for Wallace/W3, showing 19 staff that specifically work the Wallace unit who have been certified to interpret Spanish.

The auditor confirmed the availability of education materials in both English and Spanish were available onsite for all PREA written information and through video. The auditor informally asked inmates on the site review if they had such information on hand and all confirmed that had the written information, including inmates who were limited English proficient. The auditor also witnessed PREA signage throughout the facility in both English and Spanish.

The auditor interviewed the PREA Compliance Manager who stated any educational items needed to provide effective communication and understanding to inmates who were LEP, Deaf, visually impaired, or otherwise disabled, would be provided through the multiple resources the agency has as described in § 115.16.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.33(e) Provision 115.33(e) states, “The agency shall maintain documentation of inmate participation in these education sessions.”

TDCJ Safe Prisons/PREA Operations Manual 6.02: Offender Sexual Abuse Awareness Training (p. 1) states USPPM shall ensure each offender signs an attendance roster at the time of training and the PCM retains copies of each roster for 3 fiscal years plus current year. A Directive from Deputy Director, Management Operations to All Unit Wardens: Offender Safe Prisons/PREA Education Video (p. 1) states once an offender receives the comprehensive education through viewing the Safe Prisons/PREA Offender Training, the offender shall sign a training roster to document completion of the training. These rosters shall be maintained by the Unit SPPCM. This directive finally states that completion data is also entered into the offenders Individualized Treatment Plan (ITP).

The auditor interviewed the PREA Compliance Manager regarding this provision who verified inmates are given all PREA comprehensive education information, in addition to watching the agency’s Offender Safe Prisons/PREA Education Video, which was documented in the SPPANS system and on the Safe Prisons/PREA Program Offender Sexual Abuse Awareness Education/ Cold and Heat Weather Training Offender Suicide Prevention Training Sign-in Roster. This roster is where inmates sign confirming review of the PREA training video and/or in-person prevention class.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.33(f) Provision 115.33(f) states, “In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.”

TDCJ Safe Prisons/PREA Operations Manual 2.03: Safe Prisons/PREA Program Postings and Brochures (p. 1) states in addition to other education, the USPPM shall ensure key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. This will be done with posters throughout the unit, including in staff and offender work areas. The Zero-Tolerance Policy poster, Sexual Abuse and Sexual Harassment and Extortion Posters, and Sexual Abuse Awareness Brochure are the required materials per this manual and were provided to the auditor for review. TDCJ Executive Directive ED-02.10 (rev. 2): Prison Rape Elimination Act Complaints and Inquires (p. 4) states a
posting providing information about PREA and how to contact the PREA ombudsman shall be posted and made continually and readily available and visible to the offender population at each correctional facility. The posting is then attached in both English and Spanish.

The auditor informally asked inmates on the site review if they had such information on hand and all confirmed that had the written information in handbooks and brochures. The auditor witnessed PREA Signage throughout all areas of the facility, including work, programs, housing, visitation, and staff areas. The Agency’s Zero-Tolerance Policy and reporting methods were largely painted on the walls in these areas in orange and black paint. Each area also had bulletin boards which posted more reporting mechanisms, the Open Arms Rape Crisis Center emotional support services and the PREA Audit Notice.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.))
  ☒ Yes ☐ No ☐ NA

115.34 (b)

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

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

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

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

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

115.34 (d)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (10/30/2013)
- National Institute of Corrections PREA Investigation Training
- OIG NIC PREA Training Test Results
- OIG Training Roster
- OIG Training Section Lesson Plan 2029: Interview and Interrogation (07/15/2013)
- OIG Training Section Lesson Plan 3201: Sexual Assault Investigative Topics (06/2011)
- TDCJ Correctional Training and Staff Development Lesson Plan SPPCTI: Conducting a Thorough Investigation (09/01/2019)
- TDCJ Correctional Training and Staff Development Presentation SPPCTI: Conducting a Thorough Investigation
- TDCJ Executive Directive PD-97 (rev. 7): Training and Staff Development (06/01/2017)
- TDCJ Policy AD-16.03 (rev. 5): Evidence Handling (05/28/2019)
- Agency Response to PAQ

Interviews:

- Facility investigators

Site Review Observations:

- Investigator training files
Findings (by provision):

115.34(a) Provision 115.34(a) states, “In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.”

OIG 2013 Operations Procedures Manual OIG-02.15: Training Procedures (p. 3) states in addition to mandatory training requirements, OIG investigators will receive in-service training that specifically relates to sexual assaults within the prison facilities as well as PREA standards. The agency provided the auditor with the OIG Training Section Lesson Plan: Interview and Interrogation and OIG Training Section Lesson Plan 3201: Sexual Assault Investigative Topics. Both lesson plans were extensive in describing the specificities of conducting sexual abuse investigations in a confinement setting. Topics included in-depth coverage of types of sexual abuse and how they may develop in confinement coupled with best practices for interviewing victims to obtain the most evidence possible to provide justice, and what type of evidence can be expected in these cases. The training included practical scenarios and examples of how to deal with common situations as a sexual abuse investigator. The training also went into a systematic overview of what to expect of the Sexual Assault Forensic Exam as an investigator overseeing the procedure. TDCJ Correctional Training and Staff Development Presentation SPPCTI: Conducting a Thorough Investigation was also provided to the auditor. In this training, the student is given training specific to confinement settings and how and why that is different from traditional investigations outside of confinement. And the agency provided the auditor with TDCJ Correctional Training and Staff Development Lesson Plan SPPCTI: Conducting a Thorough Investigation which details to facility administrative investigator’s sexual abuse investigation training as required by this standard.

In the PAQ, the auditor was informed the facility has 12 investigators for administrative investigations and all 12 investigators had received training, as required by this provision. The auditor verified the training was received by reviewing the training logs of these staff.

The auditor interviewed all administrative investigators who were available at the facility during the onsite audit phase. All interviewed confirmed they had received specialized investigator training as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.34(b) Provision 115.34(b) states, “Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.”

The facility provided the auditor with the OIG Training Section Lesson Plan 2029: Interview and Interrogation which detailed interviewing techniques, to include Miranda and Garrity Warning, evidence collection and evidence criteria as required by this provision. The lesson plan, consistent with the training in the above provision, was very detailed, giving specific examples and best practices of all subjects required by this specific provision. The TDCJ Correctional Training and Staff Development Lesson Plan SPPCTI: Conducting a Thorough Investigation also details the required aspects of the specialized training for facility administrative investigators.

The auditor reviewed the facility’s PREA investigations which showed evidence the investigators for the cases had received training specific to this provision because the reports listed evidence collection requirements and outlined the criteria used to correctly conclude an administrative case as unsubstantiated, substantiated, or unfounded. The facility had 1 pending criminal case for auditor review which also
supported evidence that the OIG investigator was well-versed in the specialized training topics required by this provision.

The auditor interviewed the administrative investigators for the facility who were able to provide the auditor examples and definitions for the training aspects required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.34(c) Provision 115.34(c) states, “The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.”

OIG 2013 Operations Procedures Manual OIG-02.15: Training Procedures (p. 4) states The Training Department is responsible for documenting and maintaining the Agency’s official training records for all personnel. TDCJ Executive Directive PD-97 (rev. 7): Training and Staff Development (p. 5-6) details the verification of attendance, completion, and participation in agency training and states each employee will be recorded on a training roster.

The auditor received a log of OIG staff training that recorded the OIG investigator’s attendance and grade for the National Institute of Corrections PREA Investigation Training. For the facility’s administrative investigators, the auditor received documentation of every investigator’s training, as required by agency policy and this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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 or the agency does not employ medical staff.) ☐ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
Findings (by provision):

**115.35(a)** Provision 115.35(a) states, “The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”

TDCJ Executive Directive ED-97: Training and Staff Development (P. 12) states all unit assigned contract employees and interns shall report to the USPPM for PREA training and this training shall consist of viewing the Safe Prisons/PREA in Texas Training video. The TDCJ Statement of Fact 115.35 directs that the medical staff employed or contracted who work in the facility shall be trained in the requirements as specified in this provision. Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (p. 1) states health services personnel within TDCJ shall receive training as required by this provision. OIG UTMD NEO (p. 1-6) gives detail to UTMB contract medical staff to detect and assess signs of sexual abuse and sexual harassment. The document gives directive and procedures for preserving evidence, and how to report allegations as required by this provision.

The facility reported 18 medical and mental health care practitioners work regularly at the facility and have received training required by policy. The auditor was provided the medical training files for all 18 medical and mental health care practitioners.

The auditor interviewed the facility’s medical and mental health care staff. All confirmed they had received training as required by this provision. The staff were able to give the auditor examples and were well informed on the definitions specific to their medical expertise, as required by this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.35(b)** Provision 115.35(b) states, “If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.”

In the PAQ, the facility reported medical staff do not conduct forensic examinations; these are conducted offsite by hospital staff.
The auditor interviewed medical staff and medical supervisors who confirmed they do not conduct forensic exams, but the staff were aware of how to respond to these incidents and provide triage until the sexual abuse victim may be seen at the hospital for the SAFE.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

**115.35(c)** Provision 115.35(c) states, “The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.”

TDCJ Executive Directive ED-97: Training and Staff Development (P. 12) states all unit assigned contract employees and interns shall document their PREA training in the Safe Prisons/PREA Training Contract Employee or Intern Form. Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (p. 1) directs the documentation of this training of the staff as required.

The facility reported 18 medical and mental health care practitioners work regularly at the facility and have received training required by policy. The auditor was provided the medical training files for all 18 medical and mental health care practitioners.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.35(d)** Provision 115.35(d) states, “Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at the agency.”

TDCJ Executive Directive ED-97: Training and Staff Development (P. 12) states all unit assigned contract employees and interns shall report to the USPPM for PREA training. The TDCJ Statement of Fact 115.35 directs that the medical staff employed or contracted who work in the facility shall be trained in the requirements as specified in this provision. Correctional Managed Health Care Policy Manual C-25.1: Orientation Training for Health Services Staff (p. 1) states health services personnel within TDCJ shall receive training as required by this provision.

The auditor confirmed 18 medical and mental health staff had received training as documented in the TDCJ Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Form. The staff signature on this form shows acknowledgement the employee or intern has attended standard and/or supplemental Safe Prisons/PREA Training provided by TDCJ, which included the Safe Prisons/PREA in Texas training video.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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

**Standard 115.41: Screening for risk of victimization and abusiveness**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

- Are all inmates assessed upon transfer to another 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, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No
Does the facility reassess an inmate’s risk level when warranted due to 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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual A-09.01: Privacy of Care (04/2007)
- Correctional Managed Health Care Policy Manual E-35.01: Mental Health Appraisal for Incoming Offenders (11/05/2019)
- TDCJ CID Intake Procedures 5.06: Security Referrals During Intake Processing (08/2020)
- TDCJ Offender Intake Processing Psychological Screening Interview (rev 06/2020)
- TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (07/2021)
- TDCJ Statement of Fact 115.41 (09/23/20)
- Agency Response to PAQ

Interviews:

- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager) who performs screening for risk of victimization and abusiveness
- Classification staff
- Incident Review Team
Random inmates
Targeted inmates

Site Review Observations:
- Inmate files (Inmate Screening Records)
- Intake screening process
- Safe Prisons/PREA Automated Network System (SPPANS) Assessment
- Informal interviews with staff

Findings (by provision):

115.41(a) Provision 115.41(a) states, “All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.”

TDCJ Safe Prisons/PREA Plan (p. 16) and TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 1) state all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders. The auditor was provided the TDCJ Offender Intake Processing Psychological Screening Interview which is the method for ensuring the assessment process is completed according to this provision. In addition, the auditor was provided Safe Prisons/PREA Automated Network System (SPPANS) Assessments User Guide which details to staff how the TDCJ management system is used to perform these assessments.

The auditor reviewed files of selected inmates with multiple lengths of stay, including those over 2 years’ time, and confirmed an intake screening had been completed for each of these inmates, as required by this provision. The auditor randomly selected files from the list of inmates interviewed and confirmed that all had been assessed as required by this provision, when first arriving at the facility.

The auditor was not able to witness a risk assessment while onsite at the facility, but the PREA Compliance Manager was able to walk the auditor through the process. The PCM asks the intake screening questions to every inmate who arrives at the facility by utilizing the Safe Prisons/PREA Automated Network System (SPPANS), recording the inmate’s response in the system as required.

The auditor interviewed random and targeted inmates who all confirmed they had been asked questions listed on the risk screening assessment as required by this standard when they first arrived at the facility. Some inmates had been at the facility prior to the PREA standards being implemented and they also confirmed they had been asked the intake questions when the facility first began PREA compliance measures.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(b) Provision 115.41(b) states, “Intake screening shall ordinarily take place within 72 hours of arrival at the facility.”

TDCJ Safe Prisons/PREA Plan (p. 16) and TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 1) state the assessment of risk is completed within 24 hours of arrival at the unit.

In the PAQ, the facility reported 881 inmates had been admitted to the facility whose length of stay was more than 72 hours, therefore, 100 percent of the inmate population has been assessed as required by this provision.
The auditor randomly selected files from the list of inmates interviewed and confirmed all had been assessed as required by this provision, when first arriving at the facility. All were completed within 2-4 hours of arrival at the facility.

The auditor interviewed the facility’s PREA Compliance Manager who confirmed one of the first procedures a newly transferred inmate undertakes at the facility is the intake screening assessment. They do this before the inmate is moved anywhere within the facility and it always occurs on the day of the inmate’s arrival. The auditor interviewed targeted and random inmates who mostly recalled the intake assessment occurred as soon as they had arrived at the facility. For those who informed the auditor they could not recall being assessed or within what timeframe, the auditor confirmed the assessment had taken place within the time required by reviewing the specific files with the PCM at the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(c) Provision 115.41(c) states, “Such assessments shall be conducted using an objective screening instrument.”

TDCJ Safe Prisons/PREA Plan (p. 16) and TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 2) state the screening assessment used will be objective. The agency provided the auditor with an example of the screening assessment, the TDCJ Offender Intake Processing Psychological Screening Interview (rev 06/2020). The assessment asks open-ended questions concerning the inmate’s welfare, physically and mentally. For each question, there are several follow-up questions regarding specifics of any issues reported by the inmate with areas for staff to fill-in, as necessary. There is a general comments section on the first page for staff to use to provide further detail. The Safe Prisons/PREA Automated Network System (SPPANS) Assessments User Guide explains how the information from the screening assessment is used to assist in making program, housing, and work assignments for the inmate.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(d) Provision 115.41(d) states, “The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate’s own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.”

TDCJ Safe Prisons/PREA Plan (p. 16) states the assessment will consider, at a minimum, each of the requirements of this provision. The Safe Prisons/PREA Automated Network System (SPPANS) Assessment lists:

- Inmate’s age, height, and weight (2-3)
- Directs intake staff to review the inmates file for prior incarcerations (4)
- If the inmate’s criminal history is exclusively non-violent (5)
- If the file shows evidence that the inmate has history of prior institutional violence or sexual abuse (6)
- If the file shows evidence the offender has history of prior institutional sexual victimization (8)

The assessment then asks the staff to interview the inmate asking if the inmate has:

- Ever experienced sexual victimization (8)
- Engaged in various forms (different forms listed) of sexual abuse (6)
• If the inmate has any mental, physical, or developmental disabilities (1)
• If the inmate feels at risk for sexual abuse, sexual harassment, or other forms of victimization (9)
• How the inmate identifies regarding sexual orientation (7)
• If the inmate is transgender or intersex and whether the inmate is perceived to be such by the intake screening staff (7)

The TDCJ Statement of Fact 115.41 states TDCJ does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals (10).

The facility’s PREA Compliance Manager confirmed the assessment requires the victim criteria listed in this provision. The PCM also informed the auditor that while the facility does not detail solely for civil immigration, the PCM can provide foreign consulate information to inmates, as requested.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(e) Provision 115.41(e) states, “The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.”

TDCJ Safe Prisons/PREA Plan (p. 17) and the TDCJ Statement of Fact 115.41 state the assessment will consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to TDCJ, in assessing offenders for risk of being sexually abusive. TDCJ CID Intake Procedures 5.06: Security Referrals During Intake Processing (p. 1) states if the offender has a sexual assault history, particularly, forcing males into homosexual acts while in State Juvenile Training Schools, county jails, prison, etc., that a security referral to the Security Threat Group (STG) will be made.

The Safe Prisons/PREA Automated Network System (SPPANS) Assessment directs intake staff to review the inmates’ file for prior incarcerations for evidence that the inmate has history of prior institutional violence or sexual abuse. The assessment then asks staff to interview the inmate asking if the inmate has ever engaged in various forms of sexual abuse, specifically if the inmate has forced another inmate by violence, threats or promises to provide protection in exchange for sexual acts or has been disciplined in any other institution for sexual abuse or sexual harassment of another inmate.

The facility’s PREA Compliance Manager confirmed the assessment requires the abuse risk criteria listed in this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(f) Provision 115.41(f) states, “Within a set time period, not to exceed 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 8) states within 15-30 days of arrival at the facility, the offender will be interviewed and reassessed for potential risk of victimization or abusiveness. Staff will review housing/job history, disciplinary records, institutional adjustment records, custody assignment history, grievances, and mental health referrals in addition to the interview.

In the PAQ, the facility reported 1288 reassessments were completed on inmates in the past 12 months, which totaled 100 percent.

The auditor reviewed the Safe Prisons/PREA Automated Network System (SPPANS) with the PREA Compliance Manager. The PCM informed the auditor that SPPANS alerts them when an inmate has been in
the facility’s custody for at least 14 days, and the inmates are required to be reassessed at that time. The PCM explained that the system will continuously alert them to the need for the reassessment, so it is unlikely that one would get missed within 30-day’s time. The regional PREA officer for the facility confirmed with the auditor that they also have access to the system and if an inmate were getting too close to the 30-day in custody mark without a reassessment being completed, that the regional office would alert the facility leadership to ensure an assessment is completed within the allotted 30-day requirement.

The auditor interviewed random and targeted inmates. Most inmates could recall being reassessed within a couple weeks after initial entry. Some could not recall how long it had taken for the reassessment and some did not recall it occurring at all. However, of those inmates who could not recall reassessment, the auditor reviewed their files and confirmed that all had been reassessed as required by this provision, many within 14-16 days, as described by the PCM.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(g) Provision 115.41(g) states, “An inmate’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 7), TDCJ Safe Prisons/PREA Plan (p. 17) states an inmate will be reassessed when warranted, as required by this provision. TDCJ CID Intake Procedures 5.06: Security Referrals During Intake Processing (p. 1) states if information is found regarding assaultive behavior or victimization, which was not identified in the intake interview, the Safe Prisons coordinator will be notified.

The facility informed the auditor in the PAQ that inmates would be reassessed when warranted as required by this provision.

The auditor reviewed the facility’s PREA incidents of sexual abuse. Of the incidents that were substantiated or unsubstantiated incidents of sexual abuse in which an inmate would need to be reassessed per this provision, the inmates were rehoused in other facilities due to non-PREA related security concerns, so the auditor could not review the inmate’s reassessments as they were performed and documented by the other TDCJ facilities as required by § 115.41 (a).

The auditor interviewed the facility’s PREA Compliance Manager, classification staff and facility leadership and investigators who confirmed should an inmate’s risk level come into question, the facility would ensure the inmate was reassessed as required by this provision. While the auditor was onsite, there were no inmates who had alleged victimization or been alleged of sexual abuse in custody at the facility for further interview.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(h) Provision 115.41(h) states, “Inmates may not be 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.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 3) and the TDCJ Safe Prisons/PREA Plan (p. 18) state offenders will not be disciplined for refusing to answer the assessment/reassessment questions or for not disclosing complete information in response to the questions.
The facility’s PREA Compliance Manager confirmed in interview with the auditor that inmates may refuse to answer the assessment questions and that the facility would make all attempts to appropriately place the inmate in housing, work, program, etc. assignments given all available information on hand.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.41(i) Provision 115.41(i) states, “The agency shall implement 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.”

TDCJ Safe Prisons/PREA Operations Manual: Offender Assessment Screening (p. 3) and the TDCJ Safe Prisons/PREA Plan (p. 19) state the facility shall implement appropriate controls on the dissemination of the information received in these assessments to ensure it is not exploited to the detriment of any offender by staff or other offenders.

The auditor reviewed the access abilities of different levels of staff to the Safe Prisons/PREA Automated Network System (SPPANS) and confirmed that the assessment information is protected based on the level of authorization the staff has to the system. The auditor also confirmed that files kept prior to the SPPANS were kept under lock and key in the Safe Prison/PREA office. The auditor reviewed the inmate files kept in the classification’s office. The Classification’s staff also confirmed only authorized staff are allowed access to these files.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

115.42 (b)

Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

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

When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual E-35.01: Mental Health Appraisal for Incoming Offenders (11/05/2019)
- Correctional Managed Health Care Policy Manual G-51.11: Treatment of Offender with Intersex conditions or Gender Dysphoria, formerly known as Gender Identity Disorder (01/10/2017)
- TDCJ Administrative Directive AD-04.17 (rev. 5): Inmate Housing Assignment Criteria and Procedures (02/26/2021)
- TDCJ CID: Classification Plan (04/2018)
- TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (07/2021)
- TDCJ Safe Prisons/PREA Operations Manual 03.02: Special Population Processing and Review (02/2020)
- TDCJ UNIT Classification Procedure 4.00: Offender Housing Assignments (08/2020)
- Agency Response to PAQ

Interviews:

- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager) who performs screening for risk of victimization and abusiveness
- Classification staff
- Medical staff
- Mental health staff
- Random staff
- Random inmates
- Targeted inmates

**Site Review Observations:**
- Classification’s files/office
- Housing/shower areas
- Strip-search areas/privacy shields
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.42(a)** Provision 115.42(a) states, “The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.”

TDCJ Safe Prisons/PREA Plan (p. 10) and TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1) state the Unit Classification Committee (UCC) or reviewing authority for those units without a UCC shall review assessments to facilitate 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. The facility confirmed they have a UCC. The Safe Prisons/PREA Automated Network System (SPPANS) Assessments User Guide has disclaimers throughout the document stating the responses recorded in the network will be determined in the offenders housing, job, and program assignments. TDCJ CID: Classification Plan (p. 22-26) and the TDCJ Administrative Directive AD-04.18: Offender Jobs: Assignments, job, descriptions, selection criteria, work programs, and supervision (p. 1) states offenders shall be assigned housing and job assignments that ensure the safety, security, treatment, and rehabilitative needs of all offenders are met.

The auditor reviewed the classifications files and offices while at the facility. The auditor informally asked classifications staff and PREA Compliance Manager how inmates are housed based on the risk assessment conducted upon intake and was given confirming information about the UCC, as described above in agency policy. Staff were able to walk the auditor through the UCC reviews, providing evidence that the staff responsible for these assignments are knowledgeable of the facility’s various areas of assignment and how best to assign inmates in the safest manner possible, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.42(b)** Provision 115.42(b) states, “The agency shall make individualized determinations about how to ensure the safety of each inmate.”

TDCJ Safe Prisons/PREA Plan (p. 10) states the UCC shall make individualized determinations regarding how to ensure the safety of each offender. TDCJ CID: Classification Plan (p. 1) states classification strives to achieve the goal that each offender is placed in an institutional setting where the offender receives supervision in work, education, vocational training, and treatment consistent with the safety needs of the individual offender, the public, the staff, and the total offender population. TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1) states in making housing assignments, consideration shall be given to characteristics such as age, height, weight, violent/passive tendencies,
criminal sophistication, homosexual (active/passive) tendencies, offender enemies, Security Threat Group (STG) status and current institutional adjustment.

The auditor reviewed randomly selected files from the inmates interviewed while onsite. Each inmate had shown the collection of evidence and UCC review was conducted according to this information and the intake assessment to ensure each determination was made on an individualized basis for each person in custody.

The auditor interviewed the Warden, PREA Compliance Manager, and classification staff regarding the assignments by the UCC. All staff interviewed were able to describe the process and how it is individually applied to each inmate, giving examples of which situations would require specific assignments, as necessary.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.42(c) Provision 115.42(c) states, “In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.”

TDCJ Safe Prisons/PREA Plan (p. 10) states when deciding whether to assign a transgender or intersex inmate to a unit for male or female inmates, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status. TDCJ Safe Prisons/PREA Operations Manual 03.02: Special Population Processing and Review (p. 1-3) also states the requirements of this provision but goes into detail on how USPPM staff are to assign, review and remove population codes for offenders who identify as transgender and intersex during and after the screening process. Additionally, the document details the referral process involving medical, mental health staff, USPPM and unit classifications staff to ensure that each case is given adequate and timely review for the safety of the inmate and the facility. Correctional Managed Health Care Policy Manual G-51.11: Treatment of Offender with Intersex conditions or Gender Dysphoria, formerly known as Gender Identity Disorder (p. 1-3) provides guidelines for contracted health care staff to use when assisting in the management of inmates who have intersex conditions and Gender Dysphoria.

The auditor interviewed the classification staff and PREA Compliance Manager who confirmed each inmate who identifies as transgender or intersex are reviewed on a case-by-case basis, to ensure safety of the inmate and facility. These staff informed the auditor that the housing decision takes into account the inmates health, safety, and possible management issues as well. The auditor interviewed the facility’s medical and mental health staff who confirmed the facility leadership and PREA Compliance Manager refer transgender and intersex inmates to them for review so information can be provided based on the inmate’s medical needs, transition process, or other relative factors to ensure the best option of assignment is made by the UCC for each inmate’s safety at the facility.

The facility did not have any transgender or intersex inmates in custody at the time of the onsite audit, however, the facility leadership involved in the UCC were able to accurately describe the assignment process for transgender and intersex inmates to the auditor in informal conversations and formal interviews.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.42(d) Provision 115.42(d) states, “Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.”
TDCJ Safe Prisons/PREA Plan (p. 10) states placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender. TDCJ Safe Prisons/PREA Operations Manual 03.02: Special Population Processing and Review (p. 1-3) details the referral process involving medical, mental health staff, USPPM staff and unit classification staff to ensure that each case is given adequate and timely review to ensure the safety of the inmate and the facility.

The facility did not have any transgender or intersex inmates in custody at the time of the onsite audit, however, the facility leadership involved in the UCC were able to verify that inmates who needed review at 6 months due to being transgender or intersex would be reassessed in the same manner as the initial assessment. The PREA Compliance Manager informed the auditor the Safe Prisons/PREA Automated Network System (SPPANS) would alert them to perform the assessment in the same manner described for the 30-day reassessment of all inmates; inmates marked transgender or intersex in the SPPANS trigger the alert for the 6 months assessments.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.42(e)** Provision 115.42(e) states, “A transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration.”

TDCJ Safe Prisons/PREA Plan (p. 10) and TDCJ Safe Prisons/PREA Operations Manual 03.02: Special Population Processing and Review (p. 2) state the transgender or intersex inmate’s own views with respect to his or her own safety shall be given serious consideration. TDCJ SPP Operations Manual also states the inmates will be asked specific questions to ensure they are safe in the facility and follow-up questions will be asked on a case-by-case basis to obtain information needed to ensure the person’s safety.

The auditor formally interviewed the Warden, PREA Compliance Manager, and classification staff regarding the assignments by the UCC. All staff interviewed confirmed the inmate’s own views to safety would be asked and addressed in-person at the UCC meeting, as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

**115.42(f)** Provision 115.42(f) states, “Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.”

TDCJ Safe Prisons/PREA Plan (p. 9) states offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) policies.

The auditor observed privacy strip-search walls/shields from approximately neck height to the ankle that were used to ensure each inmate was given privacy during an unclothed search. Interviews with random staff gave further insight that transgender or intersex inmates are also required to be unclothed-searched at the very end of a search procedure to ensure other inmates do not accidentally view the inmate being searched.

The auditor formally interviewed the Warden, PREA Compliance Manager, and classification staff regarding this provision. All were able to explain to the auditor that the facility has single-showers throughout the facility, except for the dormitory areas and transgender or intersex inmates would be allowed to use the facilities’ single-man showers to ensure privacy.
The facility has ensured that transgender and intersex inmates are given the opportunity to shower separately from other inmates. In addition to this housing assignment practice, the facility has understood the intent of this standard is to ensure this population is given privacy in all aspects of custody to include the unclothed-search procedures. The facility has gone through physical changes with search privacy walls in addition to staff trainings concerning privacy for transgender and intersex inmates during non-clothed searches. These efforts show the agency’s goal is to keep these populations safe by giving privacy needed to keep gender status' unknown to other inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115.42(g) Provision 115.42(g) states, “The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.”

TDCJ Safe Prisons/PREA Plan (p. 10) states LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.

The auditor interviewed the PREA Compliance Manager and classification staff who confirmed there are no dedicated facilities, wings, or units at the Wallace Unit in which gay, bisexual, transgender or intersex inmates would be solely assigned. Inmates of this orientation/identity would be housed according to the UCC in any of the areas of the facility, on a case-by-case bases. The auditor interviewed targeted inmates who were documented to be gay or bisexual. These inmates informed the auditor they had not been placed in any such assignment as prohibited by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Administrative Directive AD-04.63 (rev. 5): Transient Status Offenders (06/30/2014)
- TDCJ Protective Safekeeping Plan (07/2015)
- TDCJ Restrictive Housing Log (08/2019)
- TDCJ Restrictive Housing Plan (August 2019)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Safe Prisons/PREA Program Offender Protection Investigation Form (07/2014)
- Agency Response to PAQ

Interviews:
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Classifications staff
- Staff who supervise inmates in segregated housing

Site Review Observations:
- Inmate files (segregation assignment/review)
- Informal interviews with staff

Findings (by provision):

115.43(a) Provision 115.43(a) states, “Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.”

TDCJ Safe Prisons/PREA Plan (p. 18) states 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 segregation while completing the assessment for no longer than 24 hours. TDCJ Administrative Directive AD-04.63 (rev. 5): Transient Status Offenders (p. 5) states assignment to transient housing shall be made only if the offender’s safety or security requirements cannot otherwise be met and if the offender cannot be appropriately housed due to pending classification reviews, the offender may be assigned to transient housing. While in this housing, offenders’ classifications are being reviewed by the UCC and according to TDCJ Administrative Segregations Plan and the TDCJ Safe Prisons/PREA Plan. TDCJ Restrictive Housing Plan (p. 10) states the decision to place an offender in Protective Housing Designation (PHD) without written notice or an initial
hearing shall be made by the highest-ranking security supervisor on duty, lieutenant and above, and must be approved within 24 hours by the warden or designee.

The facility reported in the past 12 months there had been no inmates held in involuntary segregated housing for risk of sexual victimization.

The auditor reviewed randomly selected inmate files from random and targeted inmates, as well as inmate files from the facility’s PREA investigations. Of the inmates who may have a propensity of a risk for sexual victimization (gay, bisexual, first time incarcerated, etc.) the auditor found no inmates had been moved to involuntary segregated housing for their protection for any period.

The auditor interviewed the facility’s Warden who stated if an inmate’s risk of sexual victimization meets such a level to where the facility has concern for the person’s safety, they may involuntarily segregate the inmate for their protection, if no other available alternatives are possible to keep the person safe. The Warden confirmed if this scenario were to occur, the facility staff would follow agency policy. The facility’s PREA Compliance Manager was also interviewed regarding this provision and confirmed involuntary segregation may be utilized but verified to the auditor they knew of no such need or incident necessitating involuntary segregation for sexual victimization risk.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.43(b) Provision 115.43(b) states, “Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.”

TDCJ Safe Prisons/PREA Plan (p. 18-19) states in protective safekeeping for this purpose, inmates shall have access to programs, privileges, education, and work opportunities to the extent possible and should these items be restricted, the unit shall document what has been limited and how long and the reasons for such as required by this provision.

The facility provided the auditor with the TDCJ Restrictive Housing Log as an example of the documentation required by this provision, should the facility need to place an inmate in segregated housing for risk of sexual victimization.

The auditor interviewed staff who worked the segregation unit at the facility. All staff confirmed if an inmate was placed in segregation, they may or may not be allowed certain privileges, based on the level of security the person had, and the facility leadership would provide instruction as to these specific cases. These staff also informed the auditor they had not known of any inmates placed in segregation for risk of sexual victimization. Since no inmates had been housed in segregation for risk of sexual victimization at the facility at the time of the onsite audit, the auditor interviewed inmates in segregation for disciplinary findings. Some inmates confirmed they believe access to certain privileges, education/work programs have occurred for certain situations, but they were not aware of any at the time. The others interviewed did not know if access to these items/areas would be allowed.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.43(c) Provision 115.43(c) states, “The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.”
TDCJ Safe Prisons/PREA Plan (p. 18) states offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abuses is arranged, for no longer than 30 days. TDCJ Restrictive Housing Plan (p. 10) and TDCJ Protective Safekeeping Plan (p. 3-4) state an offender housed in PHD for 10 days without disciplinary hearing shall be released from PHD unless extended by a warden; the extension may only last an additional 10 days. Additionally, this document requires all offenders in restrictive housing be afforded a hearing within 7 days of placement, and every 7 days thereafter, for at least every 30 days.

The auditor reviewed the files of inmates in segregated housing for other reasons than sexual victimization while onsite. The files showed inmates had been housed in segregation from 2-7 days, and none showed housing had been over 30 days.

The facility’s PREA Compliance Manager explained to the auditor in informal conversations that since segregated housing is limited, the facility is very critical to who is in the housing and for how long. The facility utilizes disciplinary sanctions within the other housing blocks and attempts to reserve the segregation unit for those inmates the facility believes need more separation from general population. Again, the PCM confirmed they had no such need of separation for inmates at high risk of sexual victimization in the past that they could recall.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.43(d) Provision 115.43(d) states, “If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility’s concern for the inmate’s safety; and (2) The reason why no alternative means of separation can be arranged.”

TDCJ Safe Prisons/PREA Plan (p. 18) states if a protective safekeeping housing assignment is made, the unit shall clearly document the basis for the concern for the offender’s safety and the reason why no alternative means of separation can be arranged. The agency provided the auditor with TDCJ Safe Prisons/PREA Program Offender Protection Investigation Form (p. 5) which requires the housing committee to document the justification for decision of the following actions: housing change, job change, unit transfer, safekeeping, protective custody, and no action taken.

The auditor interviewed the facility’s Warden and PREA Compliance Manager. The staff confirmed inmates placed in segregation for this reason would have documentation as required by agency policy and this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.43(e) Provision 115.43(e) states, “Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.”

TDCJ Safe Prisons/PREA Plan (p. 19) states every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from general population. The TDCJ Administrative Directive AD-04.63 (rev. 5): Transient Status Offenders (7), TDCJ Protective Safekeeping Plan (p. 3-4) and the TDCJ Restrictive Housing Plan (p. 11-12) state these reviews shall occur every 7 days for the first 30 days of housing.

The auditor reviewed cases of the facility’s segregation housing needs while onsite and found that each had completed a weekly review of the inmate’s reason and status in segregated housing.

The staff assigned to segregation housing confirmed to the auditor in interview that they believe the facility’s classifications staff and leadership look at each inmate in segregation housing on a weekly basis. The
auditor interviewed inmates in segregation for disciplinary reasons and not sexual victimization. Of those that had been assigned to the housing for more than a week, they confirmed their housing had been reviewed weekly by the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

### 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

#### 115.51 (c)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Email on Sealed and Uninspected Mail to PREA Ombudsman (08/29/2018)
- TDCJ Board Policy BP-03.91 (rev. 5): Uniform Inmate Correspondence Rules (06/25/2021)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- TDCJ General Information Guide for Families of Offenders (04/2016)
- TDCJ Offender Orientation Handbook (02/2017)
- TDCJ Safe Prisons/PREA Operations Manual 2.03: Safe Prisons/PREA Program Postings and Brochures (02/2020)
- TDCJ Safe Prisons/PREA Program Attachment C: Achieving a Safe Environment for All Through Positive Change by All (Offender Brochure)
- TDCJ Statement of Fact 115.51 (09/23/20)
- Texas Board of Criminal Justice PREA Ombudsman Office Brochure (05/2019)
- Agency Response to PAQ

Interviews:

- Grievance staff
- Mailroom staff
- Random staff
- Random inmates

Site Review Observations:

- Open Arms Rape Crisis Center poster
- PREA case files
- Informal interviews with staff and inmates
Findings (by provision):

**115.51(a)** Provision 115.51(a) states, “The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”

TDCJ Safe Prisons/PREA Plan (p. 20) states offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including retaliation by other offenders or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The document states offenders may report allegations directly to the major, Office of Inspector General or the PREA Ombudsman. TDCJ Executive Directive ED-02.10 (rev. 2): Prison Rape Elimination Act Complaints and Inquiries (p. 4) states a posting providing information about PREA and how to contact the PREA Ombudsman shall be posted at each correctional facility. The posting is attached in both English and Spanish.

TDCJ Safe Prisons/PREA Operations Manual 2.03: Safe Prisons/PREA Program Postings and Brochures (p. 1-2) states information about PREA and reporting shall be provided to offenders through posters, handbooks, or other written material in the forms of Zero-Tolerance Policy posters, Sexual Abuse, Sexual Harassment and Extortion Awareness Posters, and the Sexual Abuse Awareness Brochure. The auditor was provided a copy of these documents which list the following methods for inmates to make a report: reporting to the unit major, requests for report through a friend or person, any staff member, grievance process, or by writing a family member asking them to call the ombudsman office immediately.

The auditor observed the agency’s PREA postings throughout the facility, in entry, housing, work, programs, visitation, and medical areas. The facility, in many areas, had enlarged the poster on the wall and painted it in black and orange paint so that it couldn't be tampered with easily and also stand out for fast viewing. The painted posting listed the zero-tolerance policy and how to make reports to the Unit Major, Office of Inspector General (OIG), or the PREA Ombudsman. On the site review, the auditor also witnessed inmates in possession of an inmate handbook. The agency had provided the auditor with a copy of the TDCJ Offender Orientation Handbook (p. 28) that lists the reporting mechanisms include telling any staff member, contacting the PREA Ombudsman in writing, or having family or friends report to the PREA Ombudsman on their behalf.

The auditor interviewed random and specialized staff regarding the ability for inmates to make a report of sexual abuse or sexual harassment. All staff confirmed they were aware that inmates could make a report at any time and to any staff member. Most staff also confirmed the OIG and PREA Ombudsman offices can also take reports of inmate sexual abuse or sexual harassment. All staff were knowledgeable of the facility’s ability to take third party reports as well. The auditor interviewed random inmates regarding this provision. All inmates interviewed confirmed they were aware that they could make a report of sexual abuse and sexual harassment, and most were aware of the PREA Ombudsman's ability to take reports as well. Of those that were not sure of methods outside of verbal reporting, the auditor confirmed with the inmates that they had received an inmate handbook containing the information, if needed in the future.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.51(b)** Provision 115.51(b) states, “The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.”
TDCJ Safe Prisons/PREA Plan (p. 20) states offenders may report allegations directly to the Office of Inspector General or PREA Ombudsman. The Texas Board of Criminal Justice PREA Ombudsman Office Brochure and the TDCJ General Information Guide for Families of Offenders (p. 36) state the PREA Ombudsman was established by the Texas Board of Criminal Justice and serves as an external, independent office to monitor and conduct administrative investigations of allegations of sexual abuse and sexual harassment. The TDCJ Offender Orientation Handbook (p. 26), TDCJ Safe Prisons/PREA Program Attachment C: Achieving a Safe Environment for All Through Positive Change by All (Offender Brochure) and Zero-Tolerance Policy posters state offenders may contact the PREA Ombudsman anonymously by treating the correspondence as “special mail.” Special Correspondence, according to the TDCJ Board Policy BP-03.91 (rev. 5): Uniform Inmate Correspondence Rules (p. 3) is any mail sent to the Texas Board of Criminal Justice, the executive director, the deputy executive director, any division directors, deputy directors, PREA ombudsman or wardens of the TDCJ. The document further states letters to these entities shall not be opened and sent directly to the intended correspondent. The auditor was provided an email detailing how inmates may send information to the PREA Ombudsman; the email stated offenders can address the ombudsman with or without a name, TDCJ# or return address when mailing information to the ombudsman’s office. The email further states the correspondence is allowed to be sent sealed and without inspection.

TDCJ Statement of Fact 115.51 (p. 1) states TDCJ does not detain individuals solely for civil immigration purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

The auditor witnessed the PREA Ombudsman’s contact procedure throughout the facility on the orange painted postings and on other PREA information postings on bulletin boards that contained other, non-PREA related material for inmate information. In addition to these postings, the facility also displayed the Open Arms Rape Crisis Center Poster on the bulletin boards. The Open Arms Rape Crisis Center primarily provides emotional support and victim advocacy, however, the auditor interviewed staff at the center who confirmed they could take private reports of inmates, should the inmate make a report through them. While the center cannot provide the sole, external private reporting as intended by this provision, it is a supplemental reporting mechanism to the PREA Ombudsman’s Office’s ability to take private reports from inmates. The auditor confirmed with the facility that inmates may also use the crisis center to make a private report and the center would contact the facility on an inmate’s behalf. The calls are not recorded or monitored by the facility.

The auditor interviewed the facility’s mailroom staff who confirmed inmates may write the PREA Ombudsman, OIG or Open Arms Rape Crisis Center as specified in policy, which would allow inmates the ability to make a private report in the same manner they would be allowed to send legal mail. The auditor interviewed random inmates regarding this provision. Most inmates interviewed were aware of the PREA Ombudsman’s ability to take reports and of those inmates not sure of a private reporting entity, the auditor confirmed these inmates had received inmate handbooks. The auditor also asked inmates if they had seen the orange PREA postings painted on the walls and all were aware of them and knew they could refer to those postings if they needed to find reporting methods, including private reporting abilities.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.51(c) Provision 115.51(c) states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.”

TDCJ Safe Prisons/PREA Plan (p. 21) state staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. TDCJ Offender Orientation Handbook (p. 28) informs inmates they should report incidents to any staff member immediately and that all staff have been trained to receive such reports and maintain confidentiality. The Texas Board of Criminal Justice PREA Ombudsman Office Brochure states any staff member knowledgeable of sexual abuse or sexual harassment of an offender must immediately report the allegation to unit administration.
The auditor interviewed random staff; all confirmed inmates may make reports verbally, in writing, anonymously and that the facility can take third party reports. All staff stated as soon as a report is made, they are required to document verbal reports and notify the facility’s supervisors. The auditor interviewed random inmates. All inmates were aware of their ability to make a verbal report to staff. Most inmates were aware of their ability to make a report in writing and that third parties could also report on an inmate’s behalf. Some inmates were aware of how to make an anonymous report. Of the inmates who were unaware of reporting mechanisms or abilities outside of verbal reports, the auditor confirmed with those inmates that they had received PREA education through video and brochures/handbooks as outlined in agency policy. The auditor requested documentation for these inmates to ensure the facility had recorded their PREA education. All reviewed by the auditor had signed acknowledgement/receipt of inmate education regarding PREA.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.51(d) Provision 115.51(d) states, “The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.”

TDCJ Safe Prisons/PREA Plan (p. 21) state a method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (p. 5) states an employee or other individual may privately report alleged sexual misconduct of offenders directly to the PREA ombudsman, an OIG investigator, or the OIG Records Management Office without reporting such misconduct through the chain-of-command.

The agency confirmed in the PAQ the PREA Ombudsman and OIG are the established procedures for staff to privately report sexual abuse or sexual harassment.

The auditor interviewed random staff about their knowledge of how to make a private report. Most staff stated they would inform the SAFE Prisons/PREA Officer of any PREA concerns, or report to facility leadership. Many staff also confirmed to the auditor they were aware of the PREA Ombudsman’s Office and knew they could contact that office to file a private report. Some staff acknowledged they knew there was a mechanism but were not sure and would have to look through their information from the training received. These staff confirmed to the auditor they had received training, but they could not recall the mechanism for private staff reporting at the time of interview. The auditor confirmed that these staff had received the PREA training that listed the private reporting mechanisms available to staff and inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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

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**

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Example of TDCJ Offender Grievance Form
- Offender Third Party Investigation Form
- TDCJ Board Policy BP-03.77 (rev. 9): Offender Grievances (12/10/2015)
- TDCJ Offender Grievance Operations Manual 1.04 PREA Allegations (07/2016)
- TDCJ Offender Grievance Operations Manual 4.00 Grievance Time Limits (09/2014)
- TDCJ Offender Grievance Operations Manual 9.00 Third Party Grievances (03/2016)
- TDCJ Offender Grievance Operations Manual Appendix B, Instructions on How to Write and Submit Grievances (07/2016)
- Agency Response to PAQ

Interviews:
- Facility investigative staff
- Grievance staff
- Inmate disciplinary staff
- Targeted inmates

Site Review Observations:
- PREA case files
- Grievance responses to PREA allegations
- Informal interviews with staff and inmates

Findings (by provision):
115.52(a) Provision 115.52(a) states, “An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.”

In the PAQ, the agency advised the auditor that it has an administrative procedure for dealing with inmate grievances regarding sexual abuse. This provision is applicable to this facility’s audit.

TDCJ Board Policy BP-03.77 (rev. 9): Offender Grievances (p. 1) states that the TBCJ encourages resolution of grievances at the lowest possible level, and it will enable the development, implementation, and operation of a grievance program for offenders within the TDCJ.

115.52(b) Provision 115.52(b) states, “(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency’s ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.”

TDCJ Safe Prisons/PREA Plan (p. 22) states a time limit shall not be imposed when an offender may submit a grievance regarding an allegation of sexual abuse. The plan also states, in accordance with the TDCJ Offender Grievance Operations Manual, an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint. TDCJ Offender Grievance Operations Manual 1.04 PREA Allegations (p. 2) states all sexual abuse/harassment grievances shall be reported in accordance with the TDCJ Safe Prisons/PREA Plan. The auditor reviewed the TDCJ Offender Orientation Handbook (p. 74) which explains the process of filing an offender grievance and that this
process is used in all manners except for sexual abuse and PREA related cases. The handbook also reads (p. 28) inmates may make reports to staff verbally or in writing or may write the PREA Ombudsman and then it lists an address for this contact.

The auditor was given 2 reports of staff-on-inmate sexual harassment that had been reported through the facility’s grievance process. Both cases were fully investigated and there was no evidence showing a time limit had been applied to the grievances.

The auditor interviewed the facility’s grievance staff who confirmed there is no time-limit on any grievances relating to sexual abuse or sexual harassment. The staff stated that for non-PREA related grievances, the facility imposes time limits. Staff further stated the facility requests inmates to resolve their grievances not related to PREA issues with staff, but for all grievances, including sexual abuse allegations, there is not a requirement for inmates to use an informal grievance process to resolve an issue with staff. The auditor interviewed inmates who had made an allegation of sexual harassment by staff by utilizing the facility’s grievance system. The inmates informed the auditor they were not required to first attempt to resolve the incident with the alleged staff member.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.52(c)** Provision 115.52(c) states, “The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.”

TDCJ Safe Prisons/PREA Plan (p. 22) states in accordance with the TDCJ Offender Grievance Operations Manual, an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint. The agency provided the auditor with multiple grievance policies and procedures to include TDCJ Offender Grievance Operations Manual 1.04 PREA Allegations, Offender Third Party Investigation Form, TDCJ Administrative Directive AD-03.82 (rev. 8): Management of Offender Grievances, and the TDCJ Board Policy BP-03.77 (rev. 9): Offender Grievances which all state offender grievances regarding an allegation of sexual abuse shall be handled according to the TDCJ Safe Prisons/PREA Plan.

For the allegations on staff that were reported through the facility’s grievance process, the cases showed evidence the investigations were only referred to grievance and investigative staff and had not been referred back to the alleged staff.

The auditor interviewed the facility’s grievance staff who stated an allegation of sexual abuse would not be referred to the staff member who is the subject of the complaint and that any such allegations would be referred to the facility’s leadership and PREA staff for immediate investigation. The auditor interviewed inmates who had made an allegation of sexual harassment by staff by utilizing the facility’s grievance system. The inmates informed the auditor they had submitted the grievance directly to the grievance staff and had not been required to submit it to the staff who was subject to the complaint nor was the case referred to the alleged staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.52(d)** Provision 115.52(d) states, “(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the
inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level."

TDCJ Safe Prisons/PREA Plan (p. 22) states a final decision [regarding sexual abuse allegations made through the grievance system] shall be made on the merits of any portion of a grievance alleging sexual abuse within 90-days of the initial filing of the grievance. The plan states the computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal and if the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted and when this occurs, the offender shall be notified in writing of the extension and date by which the decision will be made. The plan also states at any level of the process, including the final level, if the offender does not receive a response within the allotted time, including the extension, the offender may consider the absence of the response to be a denial at that level.

The facility reported in the PAQ there had been no grievances filed in the past 12 months that alleged sexual abuse. The auditor reviewed the facility’s sexual abuse and sexual harassment investigations and did not find any sexual abuse allegations but there were 2 sexual harassment allegations that had been made through the grievance process. The auditor reviewed these files and the cases had been fully investigated, according to the PREA Standards. Both cases had documentation that showed the inmate had been given a facility response to their allegations within 30-days of the allegations being made.

The auditor interviewed the facility’s grievance staff who stated there had been a few instances of sexual harassment alleged through the grievance system but no grievances concerning sexual abuse in the past year; the staff stated that PREA related grievances are rare at the facility. The auditor interviewed the inmates who had filed sexual harassment allegations through the grievance system, and they confirmed they had received responses on their cases within 30-days.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.52(e) Provision 115.52(e) states, “(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision.”

TDCJ Safe Prisons/PREA Plan (p. 23) states family members of other individuals may report verbally or in writing to the unit administration any time they have knowledge of, or suspect an offender has been sexually abused, sexually harassed, or requires protection. The plan states staff shall accept reports regarding this provision to include a grievance submitted through the grievance process, anonymously and from third parties. TDCJ Offender Grievance Operations Manual 9.00 Third Party Grievances (p. 1-2) is a detailed procedure directing staff to process third-party grievances relating to allegations of sexual abuse, sexual assault, or sexual contact. The process directs staff to review the complaint, interview the alleged victim so the allegation can be determined how to be coded and where it shall be sent for resolution. TDCJ Administrative Directive AD-03.82: Management of Offender Grievances (p. 4) states a third-party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse shall be processed as an emergency grievance. The alleged offender victim shall be given an opportunity to agree or disagree with the allegations and to have the request processed on the offender’s behalf and that the offender’s decision shall be documented using the Third-Party Preliminary Investigation Form. The auditor was provided a copy of this form that includes an area for the inmate to mark YES or NO, agreeing
to the request on their behalf and if yes, instructions on how to write and submit the grievance, which will begin immediately. There is an area for the inmate and two staff witnesses to sign and date the form.

The auditor reviewed the PREA allegations that had been made through the grievance system and none had been made by a third party.

The facility’s grievance staff confirmed in interview with the auditor that the facility accepts third party grievances. The auditor interviewed facility investigators who confirmed all incidents, including those made by an inmate on another inmate’s behalf would be fully investigated regardless of the alleged victim’s request for the allegation to be pursued.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.52(f) Provision 115.52(f) states, “(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”

TDCJ Safe Prisons/PREA Plan (p. 22) states when an emergency grievance is received, any portion that alleges substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. The plan states in these cases, an initial response shall be provided within 48 hours of receipt, and a final agency decision rendered within 5 calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. TDCJ Offender Grievance Operations Manual 1.04: PREA Allegations p. 2-3) and TDCJ Administrative Directive AD-03.82: Management of Offender Grievances (p. 4) state unit staff shall immediately notify designated unit administration of any sexual abuse allegations and the unit administration shall respond within 5 days, describing the action taken.

The facility reported in the PAQ there had been no emergency grievances alleging that an inmate was at substantial risk of imminent sexual abuse in the past 12 months.

The auditor reviewed the PREA allegations that had been made through the grievance system and none had been filed as an emergency grievance. However, the cases were both immediately addressed and investigated within the same day of the report being received.

The auditor interviewed the facility’s grievance staff who confirmed an emergency grievance would immediately start action by the facility’s leadership and investigation team to ensure the safety of the inmate. The staff confirmed the response to the grievance would be addressed as required by agency policy and this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.52(g) Provision 115.52(g) states, “The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.”

TDCJ Safe Prisons/PREA Plan (p. 22) states an offender may be disciplined for filing a grievance related to alleged sexual abuse only where the investigation determines the offender filed the grievance in bad faith.
The agency informed the auditor the facility may discipline an inmate for filing a grievance related to sexual abuse only when the investigation determines it was filed in bad faith. The facility reported no grievances were found to have been filed in bad faith, however the facility investigators had informed the auditor in interviews that other allegations regarding sexual harassment had been found to be made in bad faith and the inmates who had filed had been disciplined for their bad-faith allegation. The auditor reviewed these cases and found 1 inmate who had received disciplinary actions for filing a case of staff-on-inmate sexual harassment. In this case, the allegation had not met the definition of sexual harassment according to PREA Standards and the facility investigators had found substantial evidence, which the auditor reviewed and confirmed, that the inmate had lied about the allegation.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- 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

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Modification of Contract between TDCJ and Families in Crisis, Inc. example (Wallace Unit not in the agreement) (11/1/2016)
- TDCJ Board Policy BP-03.91 (rev. 5): Uniform Inmate Correspondence Rules (06/25/2021)
- TDCJ Memorandum of Understanding, Open Arms Rape Crisis Center (04-02-2021)
- TDCJ Offender Orientation Handbook (02/2017)
- TDCJ Safe Prisons/PREA Program Attachment C: Achieving a Safe Environment for All Through Positive Change by All (Offender Brochure)
- TDCJ Solicitation Letters between TDCJ units and Various Community Rape Crisis Organizations (2018-2020)
- TDCJ Statement of Fact 115.53 (10/18/2021)
- Texas Association Against Sexual Assault (TAASA) Service Directory (10/23/2018)
- Agency Response to PAQ

Interviews:

- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Open Arms Rape Crisis Center staff
- Mailroom staff
- Random inmates
- Targeted inmates

Site Review Observations:

- Open Arms Rape Crisis Center posters
- Call to the Open Arms Rape Crisis Center

Findings (by provision):

115.53(a) Provision 115.53(a) states, “The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.”
TDCJ Safe Prisons/PREA Plan (p. 13) states offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. The auditor was provided the TDCJ Safe Prisons/PREA Program Attachment C: Achieving a Safe Environment for All Through Positive Change by All (Offender Brochure) which informs inmates mental health staff are available for crisis care and for additional emotional support. It states local Rape Crisis Center may be obtained from the USPPM. The facility provided the auditor with the Texas Association Against Sexual Assault (TAASA) Service Directory which is what would be provided to requesting inmates. The list contains names, locations, mailing addresses, hotline numbers, toll-free numbers (where available) for rape crisis centers across Texas.

TDCJ Board Policy BP-03.91 (rev. 5): Uniform Inmate Correspondence Rules (p. 3) states special correspondence includes correspondence from a rape crisis center that possess a memorandum of understanding with the TDCJ to provide emotional support to inmates and inmates may send sealed and uninspected letters directly to these entities.

The auditor learned in the PAQ that the agency was able to recently arrange an agreement for victim advocacy services for the Wallace Unit with the Open Arms Rape Crisis Center and the auditor was provided a signed Memorandum of Understanding signed by the Open Arms Rape Crisis Center and TDCJ Chief Financial Officer on 04-02-2021. The memorandum (p. 3) states the Open Arms Rape Crisis staff will provide [inmate] clients at the Wallace Unit with confidential emotional support services, that the [inmate] client may accept or reject, following a reported sexual abuse incident and during a forensic medical examination process and investigatory interviews. The auditor was provided the Open Arms Rape Crisis Center poster during the pre-audit phase and while onsite; the auditor witnessed these posters in English and Spanish posted throughout the facility. The poster informed that Open Arms Rape Crisis Center will provide emotional support to the Wallace Unit including, victim advocacy during forensic medical exams and investigations, emotional support, crisis intervention and information regarding rights, medical and mental health referrals, face-to-face counseling at the facility, private and confidential communication over the phone, and help to heal trauma from experiencing abuse. The poster informs inmates how to make a call to the center and that the calls are not monitored by the agency. There is also a mailing address listed.

TDCJ Statement of Fact 115.53 (p. 1) states the TDCJ does not detain individuals solely for civil immigrations purposes, but TDCJ does make available foreign consulate general addresses for all foreign nationals.

While on the site review, the auditor was able to dial the phone number and contact a person at the Crisis Center. The call was conducted as instructed on the poster and the phones did not stipulate that the call was being monitored as other calls normally do. The crisis center staff walked the auditor through the process that would be executed had an inmate been calling them for emotional support services. The staff the auditor spoke to confirmed they had not had to take any such calls from the facility, but the staff were informed on how to do so.

The auditor interviewed the mailroom staff at the facility who were able to list various entities in which mail could be sent without full inspection. The staff confirmed the Open Arms Rape Crisis Center was an entity in which mail would be treated as confidential, as other legal mail, and only inspected for contraband in front of the receiving inmate, but not thoroughly inspected and read, as other, non-legal correspondence may be handled. The auditor interviewed random inmates regarding their understanding of emotional support services. Most inmates were not aware of the crisis center but when questioned further, the inmates confirmed they had seen the posters in various areas throughout the facility, and that they could access the information on the posters, if necessary. The auditor also interviewed inmates who had reported sexual harassment. These inmates confirmed they were given information on contacting emotional support services. Of the inmates who had been given this information after the MOU with the Open Arms Rape
Crisis Center had been put into place, they confirmed they were aware of the center and the ability to call them for emotional support. None of the inmates interviewed had disclosed contacting the center.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.53(b)** Provision 115.53(b) states, “The facility shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 13) states offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The TDCJ Safe Prisons/PREA Program Attachment C: Achieving a Safe Environment for All Through Positive Change by All (Offender Brochure) informs inmates that all correspondence is subject to monitoring and reports of abuse may be forwarded to authorities with mandatory reporting laws. The auditor reviewed the crisis center posters while onsite as well and all stated that calls to Open Arms Rape Crisis Center were not monitored by the agency.

While on the site review, the auditor was able to dial the phone number and contact a person at the Crisis Center. The call was conducted as instructed on the poster and the phones did not stipulate that the call was being monitored as other calls normally do. The Crisis Center staff informed the auditor that they believe the calls are not monitored and also confirmed that if an inmate wished to remain anonymous, the center’s staff would keep their information confidential.

The auditor interviewed random inmates regarding their knowledge of the emotional support services offered by the facility. Most inmates were not able to specifically recall the types of services available, however, all were aware that they could look at the posters or request the information from the facility’s PREA Compliance Manager, if necessary. These inmates were not aware of the ability for the phones to not be monitored when making these calls, but the inmates informed the auditor that they had not “paid attention” to the postings concerning the center. The inmates who had reported sexual harassment were also interviewed and while they had been given information by the facility concerning the ability to contact services for emotional support, and the monitoring capabilities of doing so, the inmates had not looked into this protocol when given the information and were not aware of it. Again, these inmates informed the auditor they had not needed the services, so they hadn’t “paid attention” to the pamphlets they had been given.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.53(c)** Provision 115.53(c) states, “The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.”

The auditor learned in the PAQ that the agency was able to recently arrange an agreement for victim advocacy services for the Wallace Unit with the Open Arms Rape Crisis Center and the auditor was provided a signed Memorandum of Understanding signed by the Open Arms Rape Crisis Center and TDCJ Chief Financial Officer on 04-02-2021. The memorandum (p. 3) states the Open Arms Rape Crisis staff will provide [inmate] clients at the Wallace Unit with confidential emotional support services, that the [inmate] client may accept or reject, following a reported sexual abuse incident and during a forensic medical examination process and investigatory interviews.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
Corrective Action:
The auditor recommends no corrective action.

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

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ General Information Guide for Families of Offenders (04/2016)
- TDCJ Offender Orientation Handbook (02/2017)
- TDCJ Safe Prisons/PREA Operations Manual 04.02: Receiving Allegations of Sexual Abuse from an Outside Agency (02/2020)
- Agency Response to PAQ

Interviews:
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Random staff
- Random inmates
Findings (by provision):
115.54(a) Provision 115.54(a) states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.”

TDCJ Safe Prisons/PREA Plan (p. 20) states information that an offender may be in need of protection can come from the offender, other offenders, the offender’s family, TDCJ staff or others. The TDCJ Offender Orientation Handbook (p. 25-26) informs inmates they may file allegations of sexual abuse and sexual harassment to any staff member or ask a family member to call the Ombudsman Office immediately. The TDCJ Executive Directive ED-02.10 (rev. 2): Prison Rape Elimination Act Complaints and Inqueries (p. 4) states contact, mailing address, and phone number for direct inquiries and complaints to the PREA Ombudsman shall be available on the TDCJ website. The auditor reviewed the TDCJ website during the pre-onsite audit phase and found the information required by this provision: https://www.tdcj.texas.gov/tbcj/prea.html. Finally, the TDCJ General Information Guide for Families of Offenders (p. 35) is provided to the public and states public contacts of offenders are encouraged to immediately report allegations of sexual abuse or sexual harassment on behalf of their offender by contacting the PREA Ombudsman Office and the phone number, mailing address and website are provided.

The auditor reviewed the facility’s PREA investigations and found two investigations had been initiated by the facility after receiving a third-party complaint. The facility’s PREA investigators confirmed received third-party reports of sexual harassment and sexual abuse are always investigated according to agency policy and the PREA Standards.

The auditor interviewed random and investigative staff regarding an inmate’s or third-party’s ability to make a report on behalf of an inmate. All staff interviewed confirmed all reports, to include third-party reports, were accepted by the facility staff and most staff were able to list how third-party reports could be made. Of the staff who were not sure of how third-party reports were made, the staff confirmed the information is available to them and inmates through facility supervisors, posters, policy, publications provided to inmates and staff, and training/inmate education videos. The auditor interviewed random and targeted inmates, asking if they were aware of the facility’s requirement to take third-party reports. Most inmates were aware of this ability and of those who were not sure, they were referred to the PREA posters that listed the information regarding this reporting mechanism.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual E-35.02: Mental Health Evaluation (05/28/2019)
- Correctional Managed Health Care Policy Manual G-57.01: Sexual Assault/Sexual Abuse (08/28/2019)
- OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (11/19/19)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- TDCJ State Jail Youthful Offender Program Services 02.03: Requirement to Contact Department of Family Protective Services (DFPS) (02/2017)
- Texas Administrative Code RULE §705.103: How is abuse defined?
- Texas Statute Human Resources Code Chapter 40: Department of Family and Protective Services
- Agency Response to PAQ

**Interviews:**
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Medical staff
- Mental Health staff
- Random staff

**Site Review Observations:**
- PREA case files
- Informal interviews with staff

**Findings (by provision):**

115.61(a) Provision 115.61(a) states, “The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

TDCJ Safe Prisons/PREA Plan (p. 23) states all staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. TDCJ Executive Directive PD-29: Sexual Misconduct with Offenders (p. 4) states an employee who becomes aware of alleged sexual misconduct shall immediately report such misconduct. The document lists how the reports can be made. TDCJ Administrative Directive AD-16.20: Reporting Incidents/Crimes to the Office of the Inspector General (p. 3) states any TDCJ employee, contract employee, intern or volunteer who is aware of or has knowledge of an incident or allegation of an administrative violation, criminal offense, emergency incident, or other incident required to be reported must immediately report the incident or allegation to their supervisor.
The auditor interviewed random and specialized staff about their reporting duties and requirements. All staff were aware of their requirement to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff for making a report of such incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff were able to give the auditor multiple ways in which a report would be accepted and referred for immediate first response as required by agency policy and this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.61(b) Provision 115.61(b) states, “Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.”

TDCJ Safe Prisons/PREA Plan (p. 23) states staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions. TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (p. 4) states staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, as required by this provision.

The auditor interviewed random staff asking if they were aware of their duty to keep information private, outside of first response, treatment, investigation and other security and management decisions. All staff were aware the information about a report should not be revealed unless necessary, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.61(c) Provision 115.61(c) states, “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”

TDCJ Safe Prisons/PREA Plan (p. 23) states unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality. The Correctional Managed Health Care Policy Manual E-35.2: Mental Health Evaluation (p. 2) and the Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2-3) state health care staff shall report incidents to the warden and/or OIG, as necessary, and the offender shall be informed of the practitioner’s duty to report as required by this provision. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p 5) requires the investigators to report sexual assaults of offenders according to state laws.

The auditor interviewed medical and mental health staff who confirmed they are required to inform inmates of their duty to report as outlined in this provision. All medical and mental health staff interviewed were knowledgeable of their legal requirements concerning duty to report and could explain the limitations of confidentiality, and what types of inmates may be affected by this limitation.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.61(d) Provision 115.61(d) states, “If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.”

The Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) states health care staff shall report incidents of sexual assault/abuse of an offender who is less than 18 years of age to the OIG. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 5) requires investigators to report sexual assaults of offenders under 18 years of age to the Texas Department of Family and Protective Services, Child Protective Services and/or Adult Protective Services, as required by state laws.

The auditor interviewed the unit Warden who confirmed the facility does not house inmates under the age of 18. The Warden stated should an inmate be considered a vulnerable adult, the facility would report the allegation as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.61(e) Provision 115.61(e) states, “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.”

TDCJ Administrative Directive AD-16.20: Reporting Incidents/Crimes to the Office of the Inspector General (p. 3) states all investigations are required to be referred to the OIG from facility supervisors, as necessary, according to the Immediate Reporting Guidelines. The Immediate Reporting Guidelines list all sexual assaults within 120 hours of occurrence (those after 120 hours are reported during business hours) and incidents of sexual contact between an employee and offender.

The auditor interviewed the Warden and PREA Compliance Manager regarding this provision. Both confirmed every allegation of a sexual nature, including third-party or anonymous report, is referred to the OIG, as required by this provision and agency policy. The OIG reviews the referral for possible criminal aspects, and should criminality be possible, the OIG would investigate the incident. The PCM confirmed most cases get deferred back to the facility as administrative investigations since there are rarely criminal incidents of this nature. The auditor reviewed the facility’s PREA investigations and confirmed they were administratively investigated as no criminal aspects were found. Each case was fully investigated by designated, trained investigators including two allegations made by third parties.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 05.03: Time Frames Associated with Offender Protection Investigations (02/2020)
- Agency Response to PAQ

Interviews:

- Warden
- Facility investigative staff
- Random staff

Findings (by provision):

115.62(a) Provision 115.62(a) states, “When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.”

TDCJ Safe Prisons/PREA plan (p. 22) states when any portion of an emergency grievance is received that alleges substantiated risk of imminent sexual abuse, it shall be forwarded to a level of review for immediate corrective action. The TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (p. 3) states staff shall immediately separate the alleged victim from the alleged assailant(s) to eliminate the potential for additional violence. TDCJ Safe Prisons/PREA Operations Manual 05.03: Time Frames Associated with Offender Protection Investigations (p. 1) states upon receipt or request for offender protection, the unit major or highest-ranking security supervisor shall determine the type of housing required for the alleged offender victim pending completion of the investigation. Finally, the TDCJ Safe Prisons/PREA Operations Manual 02.04: Intervention Practices (p. 1-4) list various resolutions and the processes that may be taken by staff depending on the circumstance and range from verbal intervention to transfer of the inmate to another state (interstate corrections compact).
The facility reported no times in the past 12 months had an inmate been determined to be a substantial risk of imminent sexual abuse. The auditor reviewed the facility’s PREA Investigations and confirmed that there had been no report or suspicion of imminent sexual abuse of an inmate based on the allegations made.

The auditor interviewed the Warden who stated should an inmate be at substantial risk of imminent sexual abuse, the inmate would be immediately separated from the potential abuser and the facility would take action immediately to ensure the inmate victim’s protection. The auditor interviewed random staff and facility investigators who also supported this procedure of immediate protection for an inmate victim, should the need arise.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Examples of Notice to and from other TDCJ Facility
- TDCJ Example of Emergency Action Center Incident Report (03/20/2019, 03/23/2019)
- TDCJ Safe Prisons/PREA Operations Manual 04.01: Reporting Allegations of Sexual Abuse to Other Confinement Agencies (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 04.02: Receiving Allegations of Sexual Abuse from an Outside Agency (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 05.05: Completing the Offender Protection Investigation (02/2020)
- Agency Response to PAQ

Interviews:
- Agency Head Representative
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)

Site Review Observations:
- PREA case files

Findings (by provision):
115.63(a) Provision 115.63(a) states, “Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.”

TDCJ Safe Prisons/PREA Plan (p. 24) states after receiving an allegation that an offender was sexually abused while confined at another facility, the individual taking the initial report shall immediately notify the USPPM. The TDCJ Safe Prisons/PREA Operations Manual 04.01: Reporting Allegations of Sexual Abuse to Other Confinement Agencies (p. 1) states the SPPMO will notify the head of the facility or appropriate office where the alleged incident occurred.

The facility reported it had not received an allegation that an inmate was abused while confined in another facility within the last 12 months. The auditor confirmed this by reviewing the facility’s PREA investigation files.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.63(b) Provision 115.63(b) states, “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.”
The auditor was provided a telephone interview with an Agency Head Representative for TDCJ who states reports received from one facility to another, or from another facility are referred to OIG and PREA Ombudsman and investigated in the same manner as if an inmate were to make an internal report. The auditor’s interview with the Warden confirmed this process. The auditor also interviewed the PREA Compliance Manager for the facility who confirmed when allegations are received from another facility, the facility head would make notification to the other facility immediately as required by agency policy and this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.63(c)** Provision 115.63(c) states, “The agency shall document that it has provided such notification.”

The facility provided the auditor with an example of such report and documented actions of another TDCJ facility. The example showed the allegation would be provided to the other facility and documented according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**115.63(d)** Provision 115.63(d) states, “The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”

The facility informed the auditor it had received 1 notification that an inmate no longer in its custody had made an allegation of sexual abuse to another TDCJ facility. The auditor reviewed this case and the notification from the other facility to the Wallace unit was received immediately and investigated, as required by agency policy and this provision.

The auditor was provided a telephone interview with an Agency Head Representative for TDCJ who stated reports received from one facility to another, or from another facility are referred to OIG and PREA Ombudsman and investigated in the same manner as if an inmate were to make an internal report. The auditor’s interview with the Warden and PREA Compliance Manager confirmed this process.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.
Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Administrative Directive AD-16.03 (rev. 5): Evidence Handling (05/28/2019)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- Agency Response to PAQ

Interviews:
- Facility investigative staff
- Non-security staff
- Random staff
- Targeted inmates

Site Review Observations:
- PREA case files
- SAFE Prisons/PREA Automated Network System (SPPANS)

Findings (by provision): 115.64(a) Provision 115.64(a) states, "Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating."

TDCJ Safe Prisons/PREA Plan (p. 26) states after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:
- Separate the alleged victim and assailant (1)
- Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence (2)
- Be required to request that the alleged victim not take any actions that could destroy physical evidence, as required by this provision (3), and
- Ensure the alleged abuser does not take any actions that could destroy physical evidence, as required by this provision (4).

TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (p. 3-4) also details the needed actions of first responders as required by this provision. TDCJ Administrative Directive AD-16.03: Evidence Handling (p. 1-4) states all employees shall take steps necessary to protect life and property as well as provide for the identification, protection, preservation, and collection of physical evidence in such a manner as to maintain its integrity. The document then lists the need for responding staff to secure a crime scene and maintain evidence as well as the need for parties involved to remain separated.

The auditor learned in the facility’s response to the PAQ that the first response duties required by this provision are required for all PREA incidents of sexual abuse reports and sexual harassment reports. The auditor reviewed the facility’s PREA incidents and confirmed that first response duties are carried out, to the degree necessary, based on the incident and evidence, as listed in this provision. Even when the evidence was only verbal comments, the inmates were photographed by the facility as a precautionary measure for evidence, as described to the auditor by the facility’s investigators and witnessed in the case files reviewed.
The auditor interviewed random security staff regarding their first response procedures for an incident of sexual abuse. All security staff were able to list the first response procedures as required by this provision. The staff were also able to give examples to the auditor of how these procedures were to be carried out, according to the training they had received. The auditor confirmed these duties are applied to all of the facility’s PREA incidents, including sexual harassment cases, depending on the type of evidence applicable to the case. The auditor interviewed inmates who had reported sexual harassment and they verified the first response by security staff included separation of the alleged victim from the alleged perpetrator, even if the accusation was sexual harassment. These inmates also verified they had been requested to take photographs for possible injury evidence, even though the allegations were sexual harassment.

The facility has policies in place as required by this provision and all staff interviewed were very knowledgeable of their duties to act as first responders according to the PREA Standards and TDCJ policies. In addition, the facility ensures that all alleged victims are separated from alleged abusers in all cases of sexual abuse and sexual harassment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115.64(b) Provision 115.64(a) states, “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

TDCJ Safe Prisons/PREA Plan (p. 26-27) states if the first staff responder is not a correctional officer, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

The facility reported in the PAQ there had been no times in the past 12 months in which a non-security staff member was a first responder to an inmate allegation of sexual abuse. The auditor reviewed the facility’s PREA cases and confirmed no cases of sexual abuse had been reported to a non-security staff member.

The auditor interviewed non-security staff about their first responder duties. All staff confirmed they would take the actions required by this provision. Most staff were also aware of the possible need to “secure the scene” to provide additional evidence preservation, as they could provide in a non-security capacity.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

**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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Requests for Service between TDCJ units and Various Community Rape Crisis Organizations (2018-2020)
- TDCJ Safe Prisons/PREA in Texas Wallace Unit Sexual Abuse Response and Investigation Coordinated Response Plan
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- Agency Response to PAQ

Interviews:
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)

Findings (by provision):

115.65 Provision 115.65 states, “The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”

The auditor was provided a copy of the TDCJ Safe Prisons/PREA Plan (p. 26-27) which details the first responder duties for a sexual abuse incident. The auditor was also given the TDCJ Safe Prisons/PREA in Texas Wallace Unit Sexual Abuse Response and Investigation Coordinated Response Plan (p. 1-6) which further details the coordinated actions of all parties involved in a sexual abuse incident to include, first responders, medical and mental health, investigators, facility leadership and the Open Arms Rape Crisis Center. The plan also lists detailed contact information for each of these entities. The document explicitly states the duties of each entity.

The auditor interviewed the facility’s Warden who confirmed the Coordinated Response Plan has been completed and is followed during an incident of sexual abuse. The Warden also informed the auditor any need to update or improve the document is looked at as necessary and those actions are taken to ensure the document is current so that appropriate response is given to their PREA incidents. The auditor interviewed the facility’s PREA Compliance Manager who confirmed they are able to give information to facility leadership, when necessary, to ensure the document is kept relevant and usable so that incidents of sexual abuse and sexual harassment are handled in a streamlined and coordinated manner.
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders 03/01/2017)
- TDCJ Executive Directive PD-35 (rev. 4): Independent Dismissal Mediation and Dispute Resolution (03/01/2020)
- Agency Response to PAQ
Interviews:
- Agency Head Representative
- Warden

Findings (by provision):

15.66(a) Provision 115.66(a) states, “Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew 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.”

Executive Directive PD-35: Independent Dismissal Mediation and Dispute Resolution (p.1-3) does not limit 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. TDCJ Executive Directive PD-22: General Rules of Conduct and Disciplinary Action Guidelines for Employees (p. 5) states as appropriate per case, TDCJ staff may be temporarily reassigned to other duties to limit contact with offenders.

The facility informed the auditor in the PAQ its agency does not have collective bargaining.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who confirmed there is no agreement in place concerning this standard. The facility’s Warden also verified this information in interviews with the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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: 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 any inmate program changes? ✔ Yes ☐ No

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)
• Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- TDCJ Safe Prisons/PREA Operations Manual 5.08: 90-Day Monitoring for Retaliation (02/2020)
- Agency Response to PAQ

**Interviews:**

- Agency Head Representative
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Designated staff members charged with monitoring staff/inmates

**Site Review Observations:**

- PREA case files
- SAFE Prisons/PREA Automated Network System (SPPANS)
- Informal interviews with staff and inmates

**Findings (by provision):**

15.67(a) Provision 115.67(a) states, "The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation."

TDCJ Safe Prisons/PREA Plan (p. 24) states offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The plan designates the SPPOM will monitor for retaliation. TDCJ Executive Directive PD-29: Sexual Misconduct with Offenders (p. 1) states employees are prohibited from subjecting another employee, offender or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct. TDCJ Executive Directive PD-22: General
Rules of Conduction and Disciplinary Action Guidelines for Employees (p. 35, 51) defines retaliation and in
Attachment B of this document, retaliation for participation in an investigation is a Level One Violation of the
TDCJ Policy, which will result in a disciplinary recommendation of dismissal from employment.

The auditor interviewed the PREA Compliance Manager who confirmed their role in monitoring retaliation
against inmates who may have reported or cooperated with an incident of sexual abuse or sexual
harassment. The auditor was shown the SAFE Prisons/PREA Automated Network System (SPPANS) that
alerts the PCM for any retaliation monitoring needs to ensure the inmates listed for needing retaliation
monitoring are met with according to agency policy and this provision. The PCM clarified any staff retaliation
monitoring that would need to occur would be the responsibility of staff with rank of Captain or above. The
auditor spoke with the higher-level supervisors who were charged with monitoring staff retaliation who
confirmed that the retaliation checks on staff would be completed as required and would consist of speaking
with the effected staff, checking post assignments and performance reviews and any other area of concern
necessary.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is
fully compliant with this provision.

115.67(b) Provision 115.67(b) states, “The agency shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 24) states as appropriate, multiple protective measures may be taken,
such as housing changes or transfers for offender 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 cooperating with investigations. TDCJ Safe Prisons/PREA
Operations Manual 02.04: Intervention Practices (p. 1-4) states changes to offender housing assignments,
work assignments, or work-shift hours are particularly effective when an offender is experiencing specific
problems with another offender in a housing or work assignment not directly related to an offender protective
investigation. The document requires aggressive offenders to be placed in restrictive housing, undergo
changes of custody levels and unit transfers, as necessary. The document also states that safekeeping
housing and status may be made for vulnerable offenders, as necessary. TDCJ Safe Prisons/PREA
Operations Manual 5.08: 90-Day Monitoring for Retaliation (p. 1) states the warden and USPPM shall
monitor staff and offenders according to this provision.

The auditor reviewed the facility’s retaliation monitoring documentation; 2 sexual harassment cases had
been monitored during the reporting period. In both cases the staff had documented 90-Day Monitoring/
Status Check History with the alleged victims, notating any assignment changes, retaliation or threats
disclosed by the inmate, or other new information. These checks occurred every 30-days as required by
agency policy and this provision.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who confirmed
that staff and offender retaliation monitoring occur as required by TDCJ policy and this standard. The
facility’s Warden also confirmed multiple protection measures may be used, depending on the situation and
need of protection for the person involved. The auditor interviewed inmates who had reported sexual
harassment, however, in these cases the need for retaliation monitoring was not necessary based on the
allegation and findings of the cases.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is
fully compliant with this provision.

115.67(c) Provision 115.67(c) states, “For at least 90 days following a report of sexual abuse, the agency
shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

TDCJ Safe Prisons/PREA Plan (p. 24) states for at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff and shall act promptly to address any retaliation. TDCJ Safe Prisons/PREA Operations Manual 5.08: 90-Day Monitoring for Retaliation (p. 1) state the warden and USPPM shall monitor staff and offenders for at least 90 days, as required by this provision. The document requires these staff to continue monitoring beyond 90-days if such a need is witnessed. The document also states upon discovery that a monitored person is experiencing retaliation, the USPPM shall promptly initiate an OPI pursuant to SPPOM 5.05: Offender Protection Investigation and continue with the monitoring process.

The auditor reviewed the facility’s retaliation monitoring documentation; 2 sexual harassment cases had been monitored during the reporting period. In both cases the staff had documented 90-Day Monitoring/Status Check History with the alleged victims. These checks occurred every 30-days as required by agency policy and this provision.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative who confirmed that staff and inmate retaliation monitoring occur as required by TDCJ policy and this standard. The facility’s Warden and PREA Compliance manager stated monitoring occurs at 30, 60 and 90 days and this timeframe can be extended if retaliation monitoring indicates that such is required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.67(d) Provision 115.67(d) states, “In the case of inmates, such monitoring shall also include periodic status checks.”

TDCJ Safe Prisons/PREA Plan (p. 24) states the monitoring shall include periodic status checks. TDCJ Safe Prisons/PREA Operations Manual 5.08: 90-Day Monitoring for Retaliation (p. 2) states the periodic status checks shall be no less than once per month. The document then lists how monitoring is conducted to include face-to-face interviews in a private setting with the alleged victim, reporter, and witness.

The auditor reviewed the retaliation monitoring provided by the facility for each incident in which this protocol was needed. Each showed a physical, status check was performed by the PREA Compliance Manager and an interview with the inmate about their status specific to any possible retaliation after the incident took place was conducted.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.67(e) Provision 115.67(e) states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.”

TDCJ Safe Prisons/PREA Plan (p. 24) states if any other individual cooperates with an investigation and expresses a fear of retaliation, TDCJ shall take appropriate measures to protect that individual against retaliation. TDCJ Safe Prisons/PREA Operations Manual 5.08: 90-Day Monitoring for Retaliation (p. 1-4) gives procedures to the warden and USPPM on how to conduct retaliation monitoring for all possible parties to a sexual abuse investigation.
The facility’s Warden confirmed multiple safety and security measures may be used, depending on the situation and should any safety concerns be detected for any involved party, the person would be appropriately protected as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

### Standard 115.68: Post-allegation protective custody

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

**115.68 (a)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** *(Policies, directives, forms, files, records, etc.)*
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Administrative Directive AD-04.63 (rev. 5): Transient Status Offenders (06/30/2014)
- TDCJ Protective Safekeeping Plan (07/2015)
- TDCJ Restrictive Housing Plan (August 2019)
- Agency Response to PAQ

**Interviews:**
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Facility investigative staff

**Site Review Observations:**
- PREA case files
Inmate files (segregation assignment/review)

Findings (by provision):
115.68 Provision 115.68 states, “Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.”

TDCJ Safe Prisons/PREA Plan (p. 18) states 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 segregation while completing the assessment for no longer than 24 hours. The plan also states (p. 19) every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from general population. The TDCJ Administrative Directive AD-04.63 (rev. 5): Transient Status Offenders (7), TDCJ Protective Safekeeping Plan (p. 3-4) and the TDCJ Restrictive Housing Plan (p. 11-12) all state these reviews shall occur every 7 days for the first 30 days of housing.

The facility reported there had been no inmate moves to involuntary segregation as a result of needing to protect an inmate who had alleged to have suffered sexual abuse. The auditor reviewed the facility PREA investigations. There were 3 concluded cases, and 1 pending case of inmate sexual abuse alleged in the past 12 months. Of these cases, the inmates were removed from their housing and assignments. The auditor reviewed each of these cases with the facility and PREA Compliance Manager. The auditor found documented evidence for each case in the inmate’s files and investigation files that the facility needed to move these inmates based on other security reasons and not for the reason of believing the inmate needed protection from sexual abuse (i.e., suicidal ideation precautions).

The auditor interviewed the facility’s Warden, PREA Compliance Manager and facility investigators regarding the use of segregated housing to protect inmates who had reported sexual abuse. All confirmed involuntary segregated housing used in this manner for sexual abuse reports would follow agency policy. There were not inmates who had alleged sexual abuse in custody at the time of the onsite audit phase for the auditor to interview regarding this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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).]

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<th>115.71 (a)</th>
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<td>Yes ☒</td>
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<td>No ☐</td>
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Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?

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<th>115.71 (b)</th>
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<td>Yes ☒</td>
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<td>No ☐</td>
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Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?

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<th>115.71 (c)</th>
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<td>Yes ☒</td>
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<td>No ☐</td>
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Do investigators interview alleged victims, suspected perpetrators, and witnesses?

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<th>115.71 (d)</th>
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<td>Yes ☒</td>
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Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?

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<tr>
<td>Yes ☒</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>115.71 (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
</tr>
<tr>
<td>No ☐</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>115.71 (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
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<tr>
<td>No ☐</td>
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</table>

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?

<table>
<thead>
<tr>
<th>115.71 (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☒</td>
</tr>
<tr>
<td>No ☐</td>
</tr>
</tbody>
</table>
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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (11/19/19)
- TDCJ Administrative Directive AD-16.03 (rev. 5): Evidence Handling (05/28/2019)
Site Review Observations:
- PREA case files

Findings (by provision):

15.71(a) Provision 115.71(a) states, “When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”

TDCJ Safe Prisons/PREA Plan (p. 25) states investigations of sexual abuse, threatened sexual abuse and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 7) states after reporting serious or unusual incidents, the warden or supervisor shall conduct a prompt, thorough investigation and complete an Administrative Incident Review. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 1) states to enhance the probability of a successful prosecution, investigators will complete a prompt, thorough and objective investigation. The manual also states when sufficient information reveals that a sexual assault occurred, including third-party and anonymous reports, investigators are required to initiate a sexual assault investigation. TDCJ Board Policy BP-1.07: Inspector General Policy Statement (p. 2) states the OIG has the authority and responsibility to initiate and direct investigations related to the enforcement of all appropriate federal and state laws, regulations and TBCJ and TDCJ policies.

The auditor reviewed the facility’s investigations files and confirmed each investigation began immediately after the allegation was made, to include third-party reports. There were no anonymous reports made in the 12 months preceding the onsite audit.

The auditor interviewed the facility’s investigative staff who confirmed any allegations of sexual abuse or sexual harassment are immediately investigated, promptly, thoroughly, and objectively, including third-party and anonymous reports. The investigators interviewed were able to provide the auditor with a sound procedure in how administrative investigations are initiated and completed, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(b) Provision 115.71(b) states, “Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.”

TDCJ Safe Prisons/PREA Plan (p. 26) states investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

In the PAQ, the auditor was informed that the facility has 12 investigators for administrative investigations and all 12 investigators had received training, as required by this provision. The auditor verified the training
was received by reviewing the training logs of these staff. The auditor reviewed the facility’s PREA Investigations and confirmed each investigation utilized an agency or OIG investigator that had been trained pursuant to § 115.34.

The auditor interviewed the facility’s investigators who confirmed all had received the specialized investigation training required by this provision and § 115.34 and all investigation reports reviewed by the auditor confirmed that the investigations were conducted by these trained staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(c) Provision 115.71(c) states, “Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

TDCJ Safe Prisons/PREA Plan (p. 26-27) states all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The plan states investigations shall include 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. TDCJ Administrative Directive AD-16.03: Evidence Handling (p. 1-4) describes physical and DNA evidence and how to handle items that may contain such evidence, including preservation and collections, according to a uniform evidence protocol. The directive also requires video evidence to be obtained and collected whenever possible.

The auditor reviewed the facility’s investigations and confirmed witness statements, photographs of victims, medical triage, prior complaints (as available), and staffing and unit rosters and other evidence available was collected, reviewed, and documented as required by this provision. One case had been investigated for possible criminality; however, the case was still pending. This pending case’s initial and ongoing documentation did use a uniform evidence collection as required by this provision and agency policy.

The auditor’s interviews with investigative staff supported compliance with this provision in that all investigators were able to give multiple evidence collection techniques and examples, to include providing sound procedures in gathering, collecting, and preserving evidence.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(d) Provision 115.71(d) states, “When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

TDCJ Safe Prisons/PREA Plan (p. 28) states when the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.

The facility reported in the PAQ it had 1 incident of sexual abuse reported that had possible criminal elements, however, the case was still under investigation and had not concluded at the time of this audit. The documentation gathered on this case at the time of review during the onsite audit, did not require compelled interviews.

The facility investigators informed the auditor any criminal investigations would be handled by the OIG, who have policy in place concerning this provision.
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 71(e) Provision 115.71(e) states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

TDCJ Safe Prisons/PREA Plan (p. 28-29) states an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation. The plan also states 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. TDCJ Executive Directive ED-16.41: Use of Polygraph Examinations in Administrative Investigations (p. 2) states an offender who alleges sexual abuse shall not be required to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

The auditor reviewed the facility’s investigation files and reviewed the findings with the facility investigators and PREA Compliance Manager. All cases showed the credibility of an alleged victim, suspect or witness for sexual abuse allegations was not determined based on the person's status as inmate and/or staff.

The auditor interviews with the facility's investigators confirmed staff standardize credibility of an alleged victim, suspect or witness on an individual basis and not based on the status of being a staff member or inmate. All investigative staff confirmed polygraph examinations are not utilized as a condition of proceeding with an allegation of sexual abuse. There were not any inmates in the custody of the facility who had alleged sexual abuse for the auditor to interview regarding this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 71(f) Provision 115.71(f) states, “Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 29-30) states staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. The plan also states information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report. And the plan states administrative investigations shall include an effort to determine if staff actions or inactions contributed to the abuse and document the description of physical and testimonial evidence, the reasoning behind credibility assessment and investigate facts and findings. TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 7-8) state the Administrative Incident Review shall include a review of the circumstances of the incident, a consideration of whether the actions taken were consistent with TDCJ policies and procedures, an identification of actions that could be taken to avoid future incidents of a similar nature, and a determination of whether employee action or inaction was a factor in the incident.

The auditor's review of the facility's investigation reports showed administrative investigations documented the investigator’s findings of staff actions/failures and all available descriptions of physical and testimonial evidence, credibility assessments, and investigations facts and findings.

The interviews with investigation staff confirmed all aspects of an incident include determinations as whether staff actions and/or failures could have contributed to the incident. The staff confirmed this is looked at for
sexual abuse and sexual harassment allegations. The staff also stated all reports are documented and include the required elements of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(g) Provision 115.71(g) states, “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

TDCJ Safe Prisons/PREA Plan (p. 29-30) states criminal investigations shall be documented in accordance with OIG policies and procedures. The plan states staff shall document the description of physical and testimonial evidence in the body of the report and a description of physical and testimonial evidence.

The facility had 1 criminal investigations for this audit cycle as confirmed by auditor review, however, the case was still under investigation and had not been completed. The pending report was reviewed by the auditor; it contained descriptive evidence and testimonial accounts from all parties involved, and attachments of all evidence currently gathered and under review.

The auditor interviewed the facility’s administrative investigators who confirmed for criminal cases, the OIG would be making the primary report and documenting the information as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(h) Provision 115.71(h) states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

TDCJ Safe Prisons/PREA Plan (p. 30) states substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures. TDCJ Board Policy BP-1.07: Inspector General Policy Statement (p. 2) states the OIG has the authority and responsibility to refer matters to appropriate administrative and prosecutorial agencies for further civil, criminal, or administrative action.

The auditor reviewed the facility investigations and there had not been any substantiated allegations of criminal conduct.

The facility’s Warden, PREA Compliance Manager and investigators confirmed in interview with the auditor that those cases are referred for prosecution, as necessary, by the OIG.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.71(i) Provision 115.71(i) states, “The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

TDCJ Safe Prisons/PREA Plan (p. 30) states all administrative and criminal investigations shall be retained in accordance with the TDCJ Records Retention Schedule. The TDCJ Records Retention Schedule (p. 29) shows that all administrative and criminal investigations are held for 7-20 years for storage after the inmates’ transfer out of the facility’s legal custody. OIG Operational Procedures Manual OIG-3.72: Records Retention PREA (p. 1) states reports involving any sexual assault related offenses must be retained for as long as the alleged abuser(s) is incarcerated or employed within TDCJ, plus five years.
The auditor reviewed the facility’s reports of administrative and criminal investigations while onsite. The facility retained all its current and past investigations onsite, as required by this provision and according to agency policy and agency retention schedule.

The auditor interviewed the PREA Compliance Manager who confirmed all cases are kept in the Safe Prisons/PREA Office as required by this provision and the TDCJ Records Retention Schedule.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 71(j) Provision 115.71(j) states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

TDCJ Safe Prisons/PREA Plan (p. 28) states the departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation.

The investigative staff at the facility confirmed in auditor interviews the departure of a victim or alleged abuser would not terminate an investigation and the staff would utilize all possible resources to gather evidence and complete the investigation.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 71(l) Provision 115.71(l) states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

TDCJ Safe Prisons/PREA Plan (p. 29) states unit staff conducting OPIs shall cooperate with the OIG when applicable to avoid interfering with possible criminal investigation related to the same incident. TDCJ Board Policy BP-1.07: Inspector General Policy Statement (p. 5-6) states the OIG has the authority and responsibility to advise TDCJ executive management as required by this provision.

The auditor reviewed 1 pending allegation of sexual abuse while onsite. The facility’s PREA Compliance Manager had sent email requests to the OIG to stay informed on the status of the case. The case was still pending at the conclusion of this audit.

The auditor was provided a telephone interview with the TDCJ PREA Ombudsman who confirmed the OIG provides monthly reports to their office and the TDCJ on the progress of all open investigations. A quarterly meeting with both entities is also held to discuss investigative updates. The Warden and PREA Compliance Manager confirmed the facility would keep informed of any investigation, including OIG cases, to ensure it was investigated completely and concluded in a timely manner.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

Standard 115.72: Evidentiary standard for administrative investigations

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Correctional Training and Staff Development Lesson Plan SPPCTI: Conducting a Thorough Investigation (07/08/2019)
- TDCJ Correctional Training and Staff Development Presentation SPPCTI: Conducting a Thorough Investigation (09/27/2019)
- Agency Response to PAQ

Interviews:

- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Facility investigative staff

Site Review Observations:

- PREA case files

Findings (by provision):

115.72 (a) Provision 115.72 states, “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

TDCJ Safe Prisons/PREA Plan (p. 28) states no standard higher than preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated. TDCJ Correctional Training and Staff Development Lesson Plan and Presentation SPPCTI: Conducting a Thorough Investigation state the highest standard a facility can set to move forward with administrative action is a preponderance of the evidence. The meaning of this is then defined as more than 50% of the evidence supports the allegation occurred.

The auditor reviewed the facility’s administrative investigation files and confirmed the proper standard of proof, given the evidence for each case, was utilized as required by this provision.
The auditor interviewed the facility PREA Compliance Manager and facility investigators regarding the standard of evidence for administrative investigations. All staff interviewed were aware of the standards of evidence and were able to provide the auditor with examples of substantiated, unsubstantiated, and substantiated allegations.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Safe Prisons/PREA Operations Manual 05.10: Reporting Sexual Abuse Criminal Case Status to Offenders (02/2020)
- TDCJ Safe Prisons/PREA Program Offender Protection Investigation Form (07/2014)
- TDCJ Safe Prisons/PREA Program Staff-on Offender Sexual Abuse Investigation Worksheet (07/2014)
- TDCJ Safe Prisons/PREA Program UCC Notification of OPI Outcome Form (05/2014)
- Agency Response to PAQ

Interviews:

- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
Site Review Observations:

- Targeted inmates

Findings (by provision):

15.73(a) Provision 15.73(a) states, “Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

TDCJ Safe Prison/PREA Plan (p. 27, 30) states offenders shall be notified of relevant information regarding criminal investigations, in accordance with SPPOM. The plan states following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated or unfounded. TDCJ Safe Prisons/PREA Operations Manual 05.10: Reporting Sexual Abuse Criminal Case Status to Offenders (p. 1) states following an investigation into an offender allegation of any criminal sexual assault offense, the offender shall be informed as to whether the investigate finding was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not sustained) or unfounded. The facility provided the auditor with the TDCJ Safe Prisons/PREA Program UCC Notification of OPI Outcome Form which has an area for cases of Sexual Abuse, Sexual Harassment, Violence, Threat of Violence or Retaliation to be marked as determined to be substantiated, unsubstantiated or unfounded. The form is in both English and Spanish.

The auditor reviewed the facility’s investigations and all in which the alleged victim was confined at the facility contained documentation that the inmate was notified of the investigator’s findings.

The auditor interviewed the PREA Compliance Manager and Warden who stated all investigations are completed, and all alleged victims are given notification of the finding. This includes sexual abuse and sexual harassment allegations. The auditor interviewed inmates who had reported sexual harassment as there were no inmates in custody at the time of the onsite audit phase that had reported sexual abuse. All inmates confirmed they had been provided notification of the findings of the case.

The facility has complete procedures and supporting documentation to ensure notification to inmate victims occurs for all allegations of sexual abuse and this process is also completed for sexual harassment allegations. All investigations reviewed by the auditor gave evidence that supports this provision is followed for all types of sexual allegations.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115.73(b) Provision 115.73(b) states, “If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.”

TDCJ Safe Prison/PREA Plan (p. 28) states TDCJ SPPM shall ensure the relevant criminal information is received from the OIG in order to inform the offender.

The facility did not have any concluded cases where an outside investigative agency conducted an investigation on its inmates in the past 12 months. The auditor verified the facility stays informed of any investigation, even those conducted by another agency, as documented in email evidence provided to the auditor from the PREA Compliance Manager.

The PCM informed the auditor that once a case concludes from the OIG, the inmate would be notified of the finding as required by this provision.
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.73(c) Provision 115.73(c) states, “Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

TDCJ Safe Prison/PREA Plan (p. 27) states if an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when the staff member is no longer assigned to the offender’s unit or if the staff member is no longer employed by the TDCJ. The plan states when the sexual abuse is determined criminal, the SPPMO shall inform the offender when the staff member has been indicted on a charge related to sexual abuse within the unit or the staff member has been convicted on a charge related to sexual abuse within the unit. TDCJ Safe Prisons/PREA Operations Manual 05.10: Reporting Sexual Abuse Criminal Case Status to Offenders (p. 1) states upon receipt of the OIG case information, the SPPM shall inform the alleged offender victim of sexual abuse when the criminal outcomes or status changes, as required by this provision concerning staff abusers. The facility provided the auditor with the TDCJ Safe Prisons/PREA Program Staff-on Offender Sexual Abuse Investigation Worksheet which has an area for the notification outcome to be recorded and shows boxes that may be checked, with areas to record staff names, when the offender is needing to be notified of staffing assignments, employment, criminal charges, indictments, and convictions, as necessary.

The facility had no substantiated or unsubstantiated findings that a staff member had committed sexual abuse against an inmate. However, the investigations reviewed by the auditor had notifications of investigative findings as required by this provision for all allegations of sexual abuse and sexual harassment, including those that were unfounded. The facility ensures each investigation finding regarding staff is given to the alleged inmate victim in every case.

The facility has a well-developed policy and supporting forms and documentation to ensure information is provided to inmate victims as required by this provision as well as for cases of sexual harassment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115.73(d) Provision 115.73(d) states, “Following an inmate’s allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

TDCJ Safe Prison/PREA Plan (p. 27-28) states if the offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when the alleged assailant has been indicted on a charge related to sexual abuse within the unit or the alleged assailant has been convicted on a charge related to sexual abuse within the unit. TDCJ Safe Prisons/PREA Operations Manual 05.10: Reporting Sexual Abuse Criminal Case Status to Offenders (p. 1) states upon receipt of the OIG case information, the SPPM shall inform the alleged offender victim of sexual abuse when the criminal outcomes or status changes as required by this provision concerning inmate abusers. The facility provided the auditor with the TDCJ Safe Prisons/PREA Program Offender Protection Investigation Form which has an area for the notification outcome to be recorded and shows boxes that may be checked, with areas to record inmate names, when the offender is needing to be notified of criminal charges, indictments, and convictions, as necessary.
The facility had no substantiated or unsubstantiated findings that another inmate had committed sexual abuse against an inmate. However, the investigations reviewed by the auditor had notifications of investigative findings for all allegations of sexual abuse and sexual harassment, including those with the finding of unfounded.

The facility has a well-developed policy and supporting forms and documentation to ensure information is provided to inmate victims as required by this provision as well as for cases of sexual harassment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

115.73(e) Provision 115.73(e) states, “All such notifications or attempted notifications shall be documented.”

TDCJ Safe Prison/PREA Plan (p. 28) states all offender notifications or attempted notifications shall be documented. TDCJ Safe Prisons/PREA Operations Manual 05.10: Reporting Sexual Abuse Criminal Case Status to Offenders (p. 1) states the SPPM shall maintain a log and document each notification or attempted notification sent to an offender sexual abuse victim.

The facility provided the auditor with the TDCJ Safe Prisons/PREA Program Offender Protection Investigation Form and TDCJ Safe Prisons/PREA Program Staff-on Offender Sexual Abuse Investigation Worksheet. Each have areas for the inmate notification of sexual abuse and/or sexual harassment outcome to be recorded.

Of the facility’s investigations in which the inmate victim was confined at the Wallace Unit, each contained a notification to the inmate victim which disclosed the findings and any necessary information as required by the above provisions.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

### DISCIPLINE

**Standard 115.76: Disciplinary sanctions for staff**

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

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

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

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Executive Directive PD-29 (rev. 5): Sexual Misconduct with Offenders (03/01/2017)
- Agency Response to PAQ

Site Observations:

- PREA case files

Findings (by provision):

15.76(a) Provision 115.76(a) states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”
TDCJ Safe Prisons/PREA Plan (p. 31) states disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.” TDCJ Executive Directive PD-22: General Rules of Conduct and Disciplinary Action Guidelines for Employees (p. 2-33) lists disciplinary sanctions up to and including termination for violation of agency policy, as necessary.

The facility reported in the past 12 months there had been no facility staff who had violated agency sexual abuse or sexual harassment policies. The auditor review of the facility’s investigation supports the facility’s report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.76(b) Provision 115.76(b) states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

TDCJ Safe Prisons/PREA Plan (p. 39) states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The facility reported in the past 12 months there had been no facility staff terminations due to staff sexual abuse. The auditor review of the facility’s investigation supports the facility’s report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.76(c) Provision 115.76(c) states, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in 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.”

TDCJ Safe Prisons/PREA Plan (p. 39) states disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility reported in the past 12 months there had been no facility staff who had been disciplined due to violating agency sexual abuse or sexual harassment policies. The auditor review of the facility’s investigation supports the facility’s report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.76(d) Provision 115.76(d) states, “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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

TDCJ Safe Prisons/PREA Plan (p. 39) states all terminations for violations of TSCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to OIG and to any relevant licensing bodies, unless the activity was clearly not criminal.
The facility reported in the past 12 months there had been no facility staff reported to law enforcement licensing boards after termination for violating agency sexual abuse or sexual harassment policies. The auditor review of the facility’s investigation supports the facility’s report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
Provision 115.77(a) states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.”

TDCJ Safe Prisons/PREA Plan (p. 39-40) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, and to relevant licensing bodies, unless the activity was clearly not criminal. TDCJ Volunteer Services Training Plan (p. 11) states volunteers and contractors attend training concerning the rules of conduct for TDCJ. The facility provided the auditor with a TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation form which is intended for volunteers to sign after receiving the training required by PREA and it states that any offenders who engage in sexual misconduct will be referred for prosecution, as is required by this standard.

The facility reported in the PAQ there had been no incidents involving contractors or volunteers requiring notification to law enforcement agencies and relevant licensing bodies as required by this provision. The auditor’s review of the facility’s investigations supported this report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Provision 115.77(b) states, “The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”

TDCJ Safe Prisons/PREA Plan (p. 40) states the unit shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer. TDCJ Volunteer Services Training Plan (p. 11) states volunteers and contractors attend training concerning the rules of conduct for TDCJ.

The auditor interviewed the facility Warden who confirmed any findings of sexual abuse or sexual harassment conducted by a contractor or volunteer would result in the necessary actions as outlined in agency policy.
Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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)
If the agency prohibits all sexual activity between inmates, 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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual A-08.1: Decision Making for Serious Mentally Ill Patients (05/28/2019)
- TDCJ Disciplinary Rules and Procedures for Offenders in English and Spanish (08/2019)
- TDCJ Sex Offender Rehabilitation Programs SOTP 01.04: Referral from Other Sources (02/2013)
- Agency Response to PAQ

Interviews:

- Warden
- Facility investigative staff
- Incident Review Team
- Inmate disciplinary staff
- Mental health staff

Site Review Observations:

- PREA case files
- Informal interviews with staff

Findings (by provision):

15.78(a) Provision 115.78(a) states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.”

TDCJ Safe Prisons/PREA Plan (p. 31) states offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders. TDCJ Disciplinary Rules and Procedures for Offenders (p. 23) states offenders who engage in sexual abuse or sexual misconduct are subject to disciplinary sanctions.
The facility reported in the PAQ no administrative or criminal findings of sexual abuse had occurred at the facility in the past 12 months. The auditor’s review of the facility’s investigations supports this report.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (b) Provision 115.78(b) states, “Sanctions shall be 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.”

TDCJ Safe Prisons/PREA Plan (p. 31) states sanctions shall be appropriate to the nature of abuse committed, the offender’s disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories. TDCJ Disciplinary Rules and Procedures for Offenders (p. 22-23) states penalties given to other offenders for the same or similar violations, as well as an offender’s disciplinary record and nature and seriousness of offenses will be a guideline for appropriate sentences for offenders found guilty of a disciplinary violation.

There were not any reports of substantiated criminal or administrative findings of sexual abuse or sexual harassment to review, however the auditor did review other disciplinary findings and found evidence that the facility conducts disciplinary boards and issues sanctions according to agency policy.

The auditor interviewed the facility’s Warden who confirmed any inmate found guilty of sexual abuse or sexual harassment would receive appropriate disciplinary sanctions, as required by this provision. The auditor also interviewed the facility’s disciplinary supervisor who stated disciplinary boards are conducted and appropriate sanctions are given for guilty offenders after reviewing the inmate’s history, the facts of the case and any other necessary factors.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (c) Provision 115.78(c) states, “The disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”

TDCJ Safe Prisons/PREA Plan (p. 31) states the disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility Warden and Incident Review Team staff were interviewed by the auditor. All confirmed should an evaluation by a provider show an inmate’s mental illness or disability may have contributed to a sexual abuse, the behavior would be considered when determining the disciplinary sanctions for the offender. The auditor also interviewed the facility’s mental health staff who verified inmates are referred to them after reports of sexual abuse and sexual harassment and staff will schedule meetings with inmate victims and perpetrators at the facility requests. The mental health staff informed the auditor any findings of mental disability or illness that may have caused an incident of sexual abuse or sexual harassment are disclosed to the agency’s leadership so appropriate actions may be taken as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (d) Provision 115.78(d) states, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.”
TDCJ Safe Prisons/PREA Plan (p. 31) states if the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. TDCJ Sex Offender Rehabilitation Programs SOTP 01.04: Referral From Other Sources (p. 1) and the Correctional Managed Health Care Policy Manual A-08.1: Decision Making for Serious Mentally Ill Patients (p. 1-2) state referrals from TDCJ unit are accepted for offenders who have mental health needs and are put into appropriate contact with professionals, as necessary.

The facility had no criminal or administrative findings of sexual abuse, however, each PREA investigation conducted by the facility, including allegations of sexual harassment, resulted in medical and mental health referrals, regardless of the findings of the case. The auditor was provided examples of the TDCJ Referral to Medical/Mental Health Services which lists that during the evaluation the provider can document if the ‘problems are likely related to the offender’s medical/mental health condition; medical/mental health services staff is currently addressing the problems.’

The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The auditor interviewed mental health staff who confirmed the therapy options and should an evaluation show that an inmate’s sexual abusiveness may have been a contributing factor in an incident, the facility would provide services as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (e) Provision 115.78(e) states, “The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”

TDCJ Safe Prisons/PREA Plan (p. 31) and TDCJ Disciplinary Rules and Procedures for Offenders (Attachment B) state an offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

There had been no incidents of inmate on staff sexual contact, however, the disciplinary supervisor confirmed to the auditor in interview that this behavior would result in disciplinary sanctions as outlined in this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (f) Provision 115.78(f) states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

TDCJ Safe Prisons/PREA Plan (p. 31) states a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. 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.

The facility confirmed in the PAQ it is prohibited from disciplining inmates who make allegations in good faith. The auditor reviewed the facility’s PREA investigations and inmate files and did not witness any disciplinary actions imposed on an inmate for filing a report of sexual abuse made in good faith. The auditor reviewed cases in which the evidence provided by the facility investigators supported the inmates may have filed their allegations against staff (for sexual abuse) in an attempt to retaliate against the staff for non-PREA related
incidents (i.e. inmate was written up for non-PREA rule violations prior to the inmates PREA allegations being made).

The facility’s disciplinary supervisor confirmed to the auditor that inmates who make good-faith PREA allegations are not disciplined. The auditor asked about the cases in which there was evidence the inmate may have made a bad-faith allegation and was informed in most cases, inmates are not disciplined for any PREA allegation unless there is determining evidence the inmate had lied about the allegation. In those cases, the facility may discipline an inmate for making a bad-faith allegation.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.78 (g) Provision 115.78(g) states, “An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.”

TDCJ Safe Prisons/PREA Plan (p. 31) states 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. TDCJ Disciplinary Rules and Procedures for Offenders (Attachment B) states intentional contact between the genitals of one offender and the genitals, mouth, anus, or hands of another offender with the consent of both participants is prohibited.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

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 ☒ NA

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual E-35.1: Mental Health Appraisal for Incoming Offenders (11/05/2019)
- Correctional Managed Health Care Policy Manual E-35.2: Mental Health Evaluation (05/28/2019)
- Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (08/28/2019)
- Correctional Managed Health Care Policy Manual H-61.1: Confidentiality and Release of Protected Health Information (11/14/2017)
- TDCJ Offender Assessment Screening Form (Attachment E) (04/2017)
- TDCJ Offender Assessment Screening Form (Attachment E-1) (12/2017)
Findings (by provision):

15.81(a) Provision 115.81(a) states, “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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”

TDCJ Safe Prisons/PREA Plan (p.17) states if a 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. Correctional Managed Health Care Policy Manual E-35.2: Mental Health Evaluation (p. 1-2) states offenders with potential mental health needs will have a comprehensive mental health evaluation completed by a qualified mental health professional within 14 days of the referral, request and/or identification of mental health need. TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1) states all offenders during an intake screening and upon transfer to another unit shall be assessed of their risk of being sexually abused by other offenders. Correctional Managed Health Care Policy Manual E-35.1: Mental Health Appraisal for Incoming Offenders (p. 1) states all incoming offenders who have been identified as having a mental illness or receiving treatment of mental illness will have a history of sexual violence and/or sexual trauma are assessed by a qualified mental health professional (QMHP). The TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1-2) shows how the inmate’s history of sexual abuse would be recorded and also indicates “yes” answers to sexual victimization disclosures by inmates are forwarded to medical/mental health services and requires the user to attach a copy of the referral to the screening form.

The facility reported in the PAQ 3 inmates revealed in their initial screening they had been victims of prior sexual victimization and all 3 were provided follow-up meetings with medical and mental health practitioners. The auditor reviewed the follow-up meetings with medical and mental health practitioners to confirm the inmates were met with as required by this provision. Each case showed the meeting was given within 1 week of the inmate’s screening upon arrival at the facility, with most cases being given follow-up the same day or arrival.

The auditor interviewed the facility’s screening staff who confirmed if an inmate indicated they had been previously sexually victimized, they are required to make a medical/mental health referral. The auditor interviewed inmates who had disclosed previous sexual victimization at screening and all recalled being seen by the facility’s medical and mental health practitioners as soon as they had completed screening, within the same day of referral.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.81 (b) Provision 115.81(b) states, “If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.”

TDCJ Safe Prisons/PREA Plan (p.17) states if the screening indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1) states all offenders during an intake screening and upon transfer to another unit shall be assessed of their risk of being sexually abusive toward other offenders. Correctional Managed Health Care Policy Manual E-35.2: Mental Health Evaluation (p. 1) states offenders with potential mental health needs will have a comprehensive mental health evaluation completed by a qualified mental health professional within 14 days of the referral, request and/or identification of mental health need. TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1) states all offenders during an intake screening and upon transfer to another unit shall be assessed of their risk of being sexually abusive to other offenders. Correctional Managed Health Care Policy Manual E-35.1: Mental Health Appraisal for Incoming Offenders (p. 1) states all incoming offenders who have been identified as having a mental illness or receiving treatment of mental illness will have a history of sexual violence and/or sexual trauma assessed by a qualified mental health professional (QMHP). The TDCJ Safe Prisons/PREA Operations Manual 03.01: Offender Assessment Screening (p. 1-2) shows how the inmate’s history of sexual abuse would be recorded and also indicates “yes” answers to sexual abusiveness disclosures by inmates are forwarded to medical/mental health services and requires the user to attach a copy of the referral to the screening form.

The facility reported in the PAQ that no inmates revealed in their initial screening that they had been perpetrators of prior sexual abuse.

The auditor interviewed the facility’s screening staff who confirmed if an inmate’s screening had indicated an inmate may have perpetrated sexual abuse, the screening officer would be required to make a medical/mental health referral.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.81 (c) Provision 115.81(c) states, “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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”

The TDCJ Wallace Unit is not a jail. Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility’s audit.

115.81 (d) Provision 115.81(d) states, “Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.”

TDCJ Safe Prisons/PREA Plan (p.19-20) states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Correctional Managed Health Care Policy Manual H-61.1: Confidentiality and Release of Protected Health Information (p. 2) states protected health information of offenders in any form,
either verbal, written or electronic, is to be protected and safeguarded against inappropriate use or release. Correctional Managed Health Care Policy Manual H-61.1: Confidentiality and Release of Protected Health Information (p. 1) details the exceptions in which protected health information may not be kept confidential to include valid authorize release of the offender or the offender’s legally authorized representative, when state or federal laws permit the release without offender authorization, or when a valid subpoena or court order is issued requiring the release of the offender’s information.

The auditor visited the medical facility and witnessed the security in which the inmate’s medical files were kept during the site review. The staff working the medical file area informed the auditor only approved access is allowed for the files, and no one has access to the files without prior approval.

The auditor interviewed medical and mental health staff who confirmed the inmate medical and mental health files are restricted to practitioners and higher-ranking staff who may require the information to make security and management officials.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.81 (e) Provision 115.81(e) states, “Medical and mental health practitioners shall 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.”

TDCJ Safe Prisons/PREA Plan (p.20) states 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 inmate is under the age of 18. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 3) states when an offender who is 19 years of age or older reports sexual abuse to health care staff, the staff must report the incident to the OIG. TDCJ State Jail Youthful Offender Program Services 02.03: Requirement to Contact Department of Family Protective Services (DFPS) (p, 1) outlines how and when to contact the Department of Family and Protective Services and details that the Unit Warden shall ensure notification is made with 24 hours of the report.

The facility does not house inmates under the age of 18, which the auditor confirmed onsite while reviewing the facility and inmate files. The medical and mental health staff interviewed were aware of their duty to obtain informed consent from any inmate reporting prior sexual victimization that had not occurred in an institutional setting, unless the inmate is under the age of 18, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

**Standard 115.82: Access to emergency medical and mental health services**

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No
115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual A-01.1: Access to Care (03/07/2017)
- Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (08/28/2019)
- TDCJ Referral to Medical/Mental Health Services (08/2019)
- TDCJ Safe Prisons/PREA Operations Manual 05.01: Sexual Abuse Response and Investigation (02/2020)
- Agency Response to PAQ

Interviews:
- Medical staff
- Mental health staff
- Random staff
- Targeted inmates

**Site Review Observations:**
- PREA case files

**Findings (by provision):**

15.82(a) Provision 115.82(a) states, “Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.”

TDCJ Safe Prisons/PREA Plan (p. 13) states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 1) states all offenders who present with complaints of sexual abuse will be immediately evaluated and examined and appropriately referred for required services. The policy further states 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. The policy then details the reporting and assault time frames and requires medical and mental health staff to complete a referral for medical treatment and crisis intervention services, as necessary.

The facility’s investigation files were reviewed by the auditor. In all cases, including allegations of sexual abuse and sexual harassment, the inmate victims were taken to medical and referred to mental health; each inmate was seen by medical staff within the same day of the allegation being made, regardless of the length of time which had elapsed between the time of the incident and the examination.

The auditor’s interviews with medical staff confirmed medical examinations for all PREA allegations, even sexual harassment, are triaged for medical necessity as soon as possible. The medical staff confirmed mental health services are referred by medical staff and the mental health provider sees the inmate in a timely manner. The auditor interviewed the facility’s mental health staff who verified inmate victims are given crisis intervention services, as required by this provision. The auditor interviewed inmates who had reported sexual harassment, as none who reported sexual abuse were at the facility at the time of the onsite audit. Those who had made allegations informed the auditors they had received information on emotional support services, and they had seen medical, as necessary.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.82(b) Provision 115.82(b) states, “If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.”

TDCJ Safe Prisons/PREA Plan (p. 13) states if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) states in the event a “qualified medical practitioner” is not available at the facility, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams.

The auditor interviewed medical staff who stated while they are not assigned to the facility over a 24-hour period, there is always a medical practitioner on-call who would report to the facility to assist in any medical needs. If emergency services are required, the inmate would be transported to the local hospital. In all
instances, non-medical staff are required to protect the inmate victim until appropriate medical and mental health staff could be notified. The auditor interviewed random staff who confirmed they are required to provide immediate protection for the inmates (as required by § 115.62) and medical and mental health would be notified as soon as the scene is secured.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.82 (c) Provision 115.82(c) states, “Inmate victims of sexual abuse while incarcerated shall be 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.”

TDCJ Safe Prisons/PREA Plan (p. 13) states offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) states prophylactic and sexually transmitted disease treatments will be offered to the offender, along with education, testing, and medications, as necessary.

The facility had 1 pending case of sexual abuse which the auditor reviewed while onsite. The victim in this case was provided information as required by this provision through the SANE. Medical and Mental Health staff also followed-up with this inmate after the SAFE, to ensure the inmate received necessary information as required by this provision.

The medical and mental health staff interviewed by the auditor confirmed all inmates received professionally accepted standards of care, and are provided continuity of care, where medically appropriate. Medical staff verified any services, to include emergency contraception, STD prophylaxis and other necessary care would be provided to the inmate victims as necessary as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.82 (d) Provision 115.82(d) states, “Treatment services shall be 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.”

TDCJ Safe Prisons/PREA Plan (p. 13) states treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) states treatment services associated with sexual abuse or alleged sexual abuse will not result in the application of the Health Services Fee to the victim.

The facility had 1 pending case of sexual abuse which the auditor reviewed while onsite. The victim was provided medical and mental health services, and SAFE at a local hospital. The auditor confirmed through the documentation provided by the facility that the inmate was not charged for these services.

Medical staff confirmed in interviews with the auditor that inmate victims are not charged for any services related to an incident of sexual abuse or sexual harassment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.
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. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)
  - ☐ 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. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)
  - ☐ 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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- Correctional Managed Health Care Policy Manual G-44.1: Continuity of Care (10/30/2013)
- Correctional Managed Health Care Policy Manual G-57.01: Sexual Assault/Sexual Abuse (08/28/2019)
- Agency Response to PAQ

Interviews:
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Medical staff
- Mental health staff
- Targeted inmates

Site Review Observations:
- PREA case files

Findings (by provision):
15.83(a) Provision 115.83(a) states, “The facility shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 14) states all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.
The auditor reviewed the facility PREA investigations, and each had documentation that the inmates who have alleged sexual abuse or sexual victimization, or who disclosed sexual abuse in any prison, jail, lockup, or juvenile facility were referred to medical and mental health staff as required by this provision, regardless of the length of time which may have elapsed between the time of the incident and the examination. This was documented for each case on the TDCJ Referral to Medical/Mental Health Services form.

The auditor’s interviews with medical and mental health staff confirmed evaluations for all PREA allegations, even sexual harassment, are offered to inmate victims.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.83 (b) Provision 115.83(b) states, “The evaluation and treatment of such 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 facilities, or their release from custody.”

TDCJ Safe Prisons/PREA Plan (p. 14) states 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, or their release from custody. Correctional Managed Health Care Policy Manual G-44.1: Continuity of Care (p. 1) states offenders being release from TDCJ with special medical needs will have a summary entered in the health record, a transitional form will be completed and sent to TDCJ Field Services Department, and a care plan will be prepared in conjunction with Texas Correctional Office on Offenders with Medical or Mental Impairments.

The auditor reviewed the facility’s PREA investigations and medical and mental health files for any inmates who had disclosed sexual abuse or sexual harassment allegations. For the inmates who had remained in the Wallace unit at the time of the onsite audit phase, none had required follow-up services.

Medical and mental health staff were interviewed by the auditor and confirmed any treatment plan or necessary follow-up services would be provided to the inmate to ensure continuity of care if they are transferred or released from custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.83 (c) Provision 115.83(c) states, “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”

TDCJ Safe Prisons/PREA Plan (p. 14) states offender victims shall be provided medical and mental health services consistent with the community level of care.

The medical and mental health staff confirmed in interview with the auditor that the services provided to all inmates are consistent with the community level of care.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.83 (d) Provision 115.83(d) states, “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”

TDCJ Safe Prisons/PREA Plan (p. 14) and Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) state offenders who have the capacity to become pregnant as a result of sexually abusive vaginal penetration while incarcerated shall be offered tests pregnancy tests.
The facility is an all-male facility, as confirmed by the auditor through interview with Classifications Staff and viewing the daily population reports during the onsite audit.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.83 (e) Provision 115.83(e) states, “If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

TDCJ Safe Prisons/PREA Plan (p. 14) and Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) state if pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services.

The facility is an all-male facility, as confirmed by the auditor through interview with Classifications Staff and viewing the daily population reports during the onsite audit.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this facility audit.

115.83 (f) Provision 115.83(f) states, “Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”

TDCJ Safe Prisons/PREA Plan (p. 14) and Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) state offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility had 1 pending case of sexual abuse which the auditor reviewed while onsite. The victim was provided medical services required by this provision through the SANE at a local hospital. The inmate had not remained in custody at the facility to confirm other tests were necessary after the initial forensic exam.

The medical and mental health staff interviewed by the auditor confirmed all inmates received professionally accepted standards or care, where appropriate. Medical staff verified any services, to include emergency contraception, STD prophylaxis and other necessary care would be provided to the inmate victims as necessary as required by this provision. No inmates who had alleged sexual abuse had remained in the Wallace unit at the time of the onsite audit phase, therefore inmate interviews specific to this provision could not be conducted.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.83 (g) Provision 115.83(g) states, “Treatment services shall be 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.”

TDCJ Safe Prisons/PREA Plan (p. 13) and Correctional Managed Health Care Policy Manual G-57.1: Sexual Assault/Sexual Abuse (p. 2) state 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 facility had 1 pending case of sexual abuse which the auditor reviewed while onsite. The auditor confirmed through the documentation provided by the facility that the inmate was not charged for these services.
Medical staff confirmed inmate victims are not charged for any services related to an incident of sexual abuse or sexual harassment.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115. 83(h) Provision 115.83(h) states, “All prisons shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 14) states a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate.

The facility’s PREA investigation files were reviewed by the auditor and in all cases of inmate-on-inmate sexual abuse or sexual harassment, there had been no known inmate abusers found in the investigation.

The auditor interviewed the facility’s Warden, PREA Compliance Manager and Incident Review Team staff, asking if mental health evaluations are completed for known-inmate abusers. All confirmed mental health evaluations are conducted as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: *(Policies, directives, forms, files, records, etc.)*

- TDCJ Safe Prisons/PREA Plan (02/2019)
- Instructions for Submitting Reports of Alleged Sexual Abuse and Sexual Harassment
- TDCJ Safe Prisons/PREA Operations Manual 02.01: Role of the Unit Investigation Team (02/2020)
**Wallace Unit Investigation Team Roster and Rank (12/13/21)**

**Agency Response to PAQ**

**Interviews:**
- Warden
- PREA Compliance Manager (Unit Safe Prison/PREA Manager)
- Incident Review Team
- Medical staff
- Mental health staff

**Site Review Observations:**
- SAFE Prisons/PREA Automated Network System (SPPANS)
- PREA case files

**Findings (by provision):**

**115.86(a)** Provision 115.86(a) states, “The facility shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 32) states an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 7) states after reporting a serious or unusual incident, the warden or supervisor shall conduct a prompt, thorough investigation, and complete an Administrative Incident Review.

The facility reported in the PAQ it had undergone 2 Incident Reviews in the past 12 months. The facility’s investigation files were reviewed by the auditor and both reviews were conducted as required by agency policy. Both cases were for alleged sexual harassment, and both were unsubstantiated. All other investigations were unfounded, and the review was not required per agency policy or this provision.

The auditor interviewed the facility’s Warden, PREA Compliance Manager and Incident Review Team staff who confirmed the facility meets at least monthly to discuss any PREA investigation cases, to include sexual abuse and sexual harassment cases that are not unfounded.

The facility has a practice in place, inline with agency policy to conduct sexual abuse and sexual harassment incident reviews for every allegation received that has not been determined to be unfounded. The facility is only required to complete an incident for sexual abuse cases; however, the facility and agency policy also requires incident reviews for cases of sexual harassment involving staff, which exceeds the standard. Facility staff interviews and incident review documentation support evidence that this occurs.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility exceeds standards in this provision.

**115.86 (b)** Provision 115.86(b) states, “Such review shall ordinarily occur within 30 days of the conclusion of the investigation.”

TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 8) states the Administrative Incident Review shall be forwarded to the appropriate regional director, PFCMOD deputy director of operations, or department head no later than 10 working days.

The auditor reviewed the Incident Review Team documentation contained within the facility’s PREA reports. The auditor found the investigation concluded and the inmate victim was notified of the findings, within 2
days of the allegation being made. The documentation listed the Incident Review Team met and reviewed the incident; however, the SAFE Prisons/PREA Automated Network System (SPPANS) did not list a date in which this occurred. The facility’s regional PREA staff was onsite who was able to provide the auditor with the dates in which the reviews had been submitted to their regional office; both were within 30 days of the investigation conclusion, as required by this provision.

The auditor interviewed the facility’s Warden, PREA Compliance Manager and Incident Review Team members. All confirmed the facility conducts these reviews monthly. The PCM also informed the auditor the SPPANS platform will flag any case requiring an Incident Review Team review to ensure it is conducted within 10 days after the investigation concludes. The regional PREA staff confirmed this to the auditor as well.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.86 (c) Provision 115.86(c) states, “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.”

TDCJ Safe Prisons/PREA Plan (p. 32) states the unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review.

The auditor reviewed the documentation from the facility’s Incident Review Team meeting notes. All staff who sat on the review team for the 2 cases reviewed were upper-level management officials, including classifications staff. The auditor was provided a roster of all facility staff designated to sit on the Incident Review Team and all were confirmed upper-level management staff as required by this provision.

The facility’s Warden informed the auditor the review team consists of upper-Chain of Command Staff and will include the PREA Compliance Manager and classifications supervisor, as available. The auditor interviewed medical and mental health staff who confirmed they may occasionally sit on, and/or provide input to facility leadership for the incident reviews, as necessary.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.86 (d) Provision 115.12(b) states, “The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.”

TDCJ Safe Prisons/PREA Plan (p. 32) states the review shall be conducted in accordance with AD-02.15. TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 7-8) states the review shall include a consideration of the factors that are provided by the investigations team. TDCJ Safe Prisons/PREA Operations Manual 02.01: Role of the Unit Investigation Team (p. 1-4) details which staff are charged with gathering the information as required by this provision so the review can be made.
The auditor interviewed the facility’s Warden, PREA Compliance Manager and other members of the facility’s Incident Review Team. All confirmed the questions required by this provision are investigated, reviewed, and documented.

The auditor reviewed the 2 instances in which an incident review was conducted at the facility in the last 12 months. Both listed and answered the following questions in SPPANS (Safe Prisons/PREA Automated Network System):

- Team Members of the incident review
- Summary of the incident
- Policy and Practice, specifically if there needs to be a change in policy, if staff understood the policy, if staff need training on the policy, does practice match policy, are corrections best-practices being utilized
- Motivation for the incident, specifically if LGBTI, gang affiliation, culture/race/ethnicity/gender is a factor, staff culture, need for training and/or disciplinary
- Physical Plant, specifically if there are blind spots, key control issues, vulnerability areas, staff/offender allowance in unauthorized areas, procedures to ensure these areas are kept secure
- Supervision, specifically if staffing is sufficient, post assignment changes, need for additional technology, or, if present, was technology working
- Other factors
- Overall recommendations and findings of the team

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.86 (e) Provision 115.86(e) states, “The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.”

TDCJ Safe Prisons/PREA Plan (p. 32) states the unit shall implement recommendations that result from the review or document the reasons for not doing so. TDCJ Administrative Directive AD-02.15: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents (p. 9) states all Administrative Incident Reviews containing recommendations or corrective action require a written 90-day follow-up report that is submitted by the regional director, PFCMOD deputy director of operations or department head to the deputy director for Prison and Jail Operations, PFCMOD deputy division director or the appropriate division director for review.

The auditor reviewed the facility’s Incident Review Team documents for recommendations for improvement. None were listed in the reviews.

The Warden and PREA Compliance Manager confirmed in interview with the auditor all recommendations from an incident review would be implemented to the best of their ability. The Warden confirmed if an implementation could not be granted, for instance if monitoring technology changes were not financially capable at that time, the request for such would be documented as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.
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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (11/19/19)
- TDCJ Safe Prisons/PREA Operations Manual 01.01: Safe Prisons/PREA Management Office (02/2020)
- TDCJ Safe Prisons/PREA Operations Manual 08.01: Unit Investigation Team Meeting Flow Sheet, Attachment S (02/2020)
- TDCJ Safe Prisons/PREA Program Annual Report 2020
- Agency Response to PAQ

Interviews:
- PREA Coordinator (PREA Ombudsman)

Site Review Observations:
- PREA case files
- SAFE Prisons/PREA Automated Network System (SPPANS)

Findings (by provision):

115.87(a) Provision 115.87(a) states, “The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.”

TDCJ Safe Prisons/PREA Plan (p. 36) states accurate, uniform data shall be collected for every sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions. TDCJ Board Policy BP-02.09: Prison Rape Elimination Act Ombudsman Policy (p. 5) states the PREA ombudsman’s responsibilities include collecting statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA Standards. OIG Operational Procedures Manual OIG-04.05: Offender Sexual Assault Investigations (p. 11-12) states incidents involving sexual abuse have timely, complete, and accurate information.

The auditor was provided the agency’s SAFE Prisons/PREA Automated Network System (SPPANS) which is the collection system for the facility’s incidents. The instrument is standardized for every facility in the agency’s control. The auditor was also provided with the Operations Manual for this system which gives detail in how to use the instrument to ensure continuity between users. The instrument includes the data necessary to answer all questions from the most recent version of Survey of Sexual Violence conducted by the Department of Justice.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.87(b) Provision 115.87(b) states, “The agency shall aggregate the incident-based sexual abuse data at least annually.”

TDCJ Safe Prisons/PREA Plan (p. 36) states incident-based sexual abuse data shall be aggregated at least annually. TDCJ Safe Prisons/PREA Operations Manual 08.01: Monthly Safe Prisons/PREA Report (p. 1) states each month the USPPM shall compile statistical data collected. TDCJ Safe Prisons/PREA Operations Manual 01.01: Safe Prisons/PREA Management Office (p. 1) states the SPPMO shall compile
and provide a monthly report to the Correctional Institutions Divisions directors utilizing the information obtained from the Monthly Safe Prisons/PREA Report to analyze and evaluate trends in sexual abuse, sexual harassment, and extortion. The document also states the SPPMO shall prepare technical reports concerning identified trends to assist agency administration in making decisions related to unit operations.

The auditor interviewed the PREA Coordinator informally who described that the SPPANS pulls all information into one location for the agency to use in making individual facility reports annually. The auditor reviewed the aggregated annual data for the facility that was provided to the auditor, and which was collected as described by the PREA Coordinator.

The auditor reviewed the TDCJ Safe Prisons/PREA Program Annual Report 2020 (p. 28-44) on the agency’s website which listed the aggregated data as required by this provision. The website lists similar reports for previous years back to 2009.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.87(c) Provision 115.87(c) states, “The incident-based data collected shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 36) states 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 Violent (SSV) conducted by the Department of Justice. TDCJ Board Policy BP-02.09: Prison Rape Elimination Act Ombudsman Policy (p. 5) states the PREA ombudsman’s responsibilities include collecting statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA Standards.

The Survey of Sexual Violence conducted by the Department of Justice lists each category of sexual violence as defined under the Prison Rape Elimination Act of 2003. The survey requests the following: if the agency records all nonconsensual inmate-on-inmate sex acts or just substantiated cases; the number of nonconsensual inmate-on-inmate sex acts, nonconsensual inmate-on-inmate abusive contacts, staff sexual harassment and staff sexual misconducts are reported for the year; and, of those reported, how many were substantiated, unsubstantiated, unfounded, or ongoing for each category.

The auditor reviewed the TDCJ Safe Prisons/PREA Program Annual Report 2020 (p. 28-44) which specifies each case investigated by the agency and goes into detail for each unit under the agency’s control. The report covers all areas of the SSV, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.87(d) Provision 115.87(d) states, “The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”

TDCJ Safe Prisons/PREA Plan (p. 36) states all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV. TDCJ Safe Prisons/PREA Operations Manual 08.01: Monthly Safe Prisons/PREA Report (p. 1-2) states each month the USPPM shall coordinate with the unit Major to schedule a UIT meeting as soon as possible following the last day of the month to discuss statistics related to the previous months Safe Prisons/PREA Activity. The document also states the activity will be compared on a month-to-month basis, and appropriate actions will be discussed.
The auditor witnessed the agency’s SAFE Prisons/PREA Automated Network System (SPPANS) retention areas for past investigation files and incident reviews and other relevant documentation to confirm the facility maintains these items as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.87(e) Provision 115.87(e) states, “The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.” TDCJ Safe Prisons/PREA Plan (p.20)

TDCJ Safe Prisons/PREA Plan (p. 36) states accurate, uniform data shall be collected for every sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions. TDCJ Board Policy BP-02.09: Prison Rape Elimination Act Ombudsman Policy (p. 5) states the PREA ombudsman’s responsibilities include collecting statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with PREA Standards.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.87(f) Provision 115.87(f) states, “Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

TDCJ Safe Prisons/PREA Plan (p. 36) states once requested, the TDCJ shall provide all relevant data from the previous calendar year to the Department of Justice. The facility provided the auditor with the SSV-2 forms from the years 2014-2019 as evidence for compliance with this standard. The forms were completed in their entirety.

The auditor’s informal conversation with the PREA Coordinator confirmed that the agency has been asked to complete the SSVI each year since the agency’s compliance with the PREA Standards. The surveys from 2014-2019 were provided by the agency for review.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

**Corrective Action:**
The auditor recommends no corrective action.

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**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

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020
- Website: https://www.tdcj.texas.gov/tbcj/prea.html
- Agency Response to PAQ

Interviews:

- Agency Head Representative
- PREA Coordinator (PREA Ombudsman)

Findings (by provision):
115.88(a) Provision 115.88(a) states, “The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.”

TDCJ Safe Prisons/PREA Plan (p. 36) states TDCJ shall review data collected [pursuant to § 115.87] in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by identifying problematic areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each unit, as well as TDCJ as a whole, in collaboration with the OIG and PREA Ombudsman.

The auditor was provided the TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020. The reports contained a vast comparison of the current year’s data and corrective actions from years prior giving extensive information on how the agency has improved its effectiveness in its sexual abuse prevention, detection, and response policies, as required by this provision. The reports gave a comprehensive rendering of how the agency has improved its operations where needed and expanded upon successful practices so that the intent of the PREA Standards may be achieved by the Texas Department of Criminal Justice.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative and the agency’s PREA Coordinator. The representative stated any policy changes will occur if indicated in the reviews to include increasing staff and surveillance equipment, as needed. The representative emphasized the TDCJ facilities have been able to remain safe, even during the COVID-19 pandemic, and the central office staff have been present by “walking and talking” at the institutional level. The PREA Coordinator confirmed the wardens and the SPPMO are responsible for generating the statistics for these reports. They are reviewed by the Executive Services Division, which generates recommendations for policy, procedures, and staffing changes. The Coordinator states they are involved with any issues related to a specific PREA Standard and will recommend policy, practice and/or training changes, as necessary, and that any corrective action is taken immediately, when identified.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.88(b) Provision 115.88(b) states, “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.”

TDCJ Safe Prisons/PREA Plan (p. 36) states the annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.

The auditor was provided the TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020. The reports contained a comparison of the current year’s data and corrective actions from years prior giving extensive information on inmate education improvements, staff training improvements, facility and monitoring upgrades and many other factors that would contribute to an agency’s ability to producing and advancing a sexually safe environment and addressing sexual abuse for its persons in custody.

The auditor was provided a telephone interview with the agency’s PREA Coordinator who confirmed the annual report is prepared as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
115.88(c) Provision 115.88(c) states, “The agency’s report shall be 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.”

TDCJ Safe Prisons/PREA Plan (p. 36) states annual reports shall be approved by the TDCJ Executive Director and made readily available to the public through the TDCJ website. The auditor was provided the TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020. Each was accessed by the auditor and made available through the agency’s website as reviewed by the auditor on 03/25/2022.

The auditor was provided a telephone interview with a TDCJ Agency Head Representative. The representative stated they approve all annual written reports pursuant to this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.88(d) Provision 115.88(d) states, “The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.”

TDCJ Safe Prisons/PREA Plan (p. 37) states personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. The auditor was provided the TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020. The reports excluded information as required by this provision.

The auditor was provided a telephone interview with the PREA Coordinator who confirmed the data in the annual report has redacted information; no personal identifiable data is included in the report as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?
  ☒ Yes ☐ No

115.89 (c)
Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- TDCJ Safe Prisons/PREA Plan (02/2019)
- TDCJ Safe Prisons/PREA Program Annual Report, years 2015-2019
- Website: https://www.tdcj.texas.gov/tbcj/prea.html
- TDCJ Records Retention Schedule (09/2020)
- TDCJ Executive Directive ED-02.29 (rev. 1): Records Management (05/30/2014)
- Agency Response to PAQ

Interviews:
- PREA Coordinator (PREA Ombudsman)

Site Review Observations:
- PREA case files
- SAFE Prisons/PREA Automated Network System (SPPANS)
- Informal interviews with staff

Findings (by provision):

115.89(a) Provision 115.89(a) states, “The agency shall ensure that data collected pursuant to § 115.87 are securely retained.”

TDCJ Safe Prisons/PREA Plan (p. 37) states all data collected pursuant to § 115.87 shall be securely retained.

The auditor reviewed the areas and the SAFE Prisons/PREA Automated Network System (SPPANS), and physical files and storage of the information used in the facility’s PREA data collections. All users in the
SPPANS have specific access granted, and this was observed by the auditor when different levels of staff were able to show the access they had in the system, based on their roles and authority.

The auditor was provided a telephone interview with the PREA Coordinator who confirmed the data collected goes into an automated system that is securely retained as required by this provision. The auditor also informally interviewed staff during the site review when witnessing physical files of this documentation. The information is securely retained and access to the area is monitored and only authorized by higher-command staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.89(b) Provision 115.89(b) states, “The agency shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 37) all aggregated sexual abuse data, from TDCJ operated facilities, including privately contracted facilities, shall be readily available to the public at least annually through a website or other means. The auditor was provided the TDCJ Safe Prisons/PREA Program Annual Report, years 2009-2020. Each was accessed by the auditor and made available through the agency’s website as reviewed by the auditor on 03/25/2022.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.89(c) Provision 115.89(c) states, “Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.”

TDCJ Safe Prisons/PREA Plan (p. 37) states personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material. The auditor did not see personal identifiers in the information that was released publicly, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.89(d) Provision 115.89(d) states, “The agency shall 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.”

TDCJ Safe Prisons/PREA Plan (p. 37) states all sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The TDCJ Records Retention Schedule (p. 31) shows all sexual abuse reports and annual PREA reports are held for 10 years. The schedule also shows (p. 35) all sexual abuse investigation files are held permanently. The auditor confirmed onsite that the physical files for the facility’s reports had been held since the facility began practicing the PREA Standards.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.
Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? *(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* ☒ Yes  ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? *(Note: a “no” response does not impact overall compliance with this standard.)* ☐ Yes  ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)* ☐ Yes  ☒ No  ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? *(N/A if this is not the third year of the current audit cycle.)* ☒ Yes  ☐ No  ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes  ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes  ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes  ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes  ☐ No

Auditor Overall Compliance Determination
Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)
- PREA Audit Final Report for TDCJ Daniel Webster Wallace Unit (05/14/2019)
- Agency response to PAQ

Findings (by provision):

115.401 (a) Provision 115.401(a) states, “During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.”

The facility received a PREA Compliance Audit report for the previous PREA Audit Cycle on 05/14//2019. The facility exceeded 0 standards, met 43 standards, and did not meet 0 standards in the previous audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.401 (b) Provision 115.401(b) states, “During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.”

This is the third year of the third audit cycle.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

115.401 (h) Provision 115.401(h) states, “The auditor shall have access to, and shall observe, all areas of the audited facilities.”

The auditor was given access to, and was able to observe, all areas of the audited facility. The Warden and staff assisting with the audit while onsite were extremely helpful and willing to provide access to any additional area and/or documentation needed. In addition, the site review interactions the auditor had with all staff at the facility were pleasant, yet security minded. After verifying identity of the auditor, the auditor was allowed into every requested area of the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.
Provision 115.401(i) states, “The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).”

All staff at the facility were extremely helpful in obtaining any necessary information, including electronically stored information, while onsite. In addition, the agency staff provided well-organized and thorough information necessary for the auditor to conduct the audit and when additional information was necessary, the facility’s PREA Compliance Manager and regional PREA staff were able to provide all documents requested in a timely manner.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Provision 115.401(m) states, “The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.”

Due to the COVID-19 pandemic, in an effort to minimize face-to-face interactions, the auditor opted to conduct phone interviews with specialized staff during the pre-onsite phase, as outlined by the PREA Resource Center’s Guidance on Virtual PREA Audits. The auditor was able to schedule and complete interviews with agency leadership and other specialized staff prior to the onsite audit phase.

During the onsite audit, the auditor’s interviews were conducted in the visitation area that was away from inmate housing areas. The interview area was not occupied and allowed discrete conversations to be conducted. Staff did not interfere with the interviewing of any inmates or staff and the auditor believes both parties were at ease with disclosing information to the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Provision 115.401(n) states, “Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.”

The auditor did not receive any pre-onsite audit correspondence from inmates of the facility, however, the auditor confirmed the Audit Notices were posted in advance of the audit, as required by the PREA Auditor’s Handbook. The auditor interviewed mailroom staff who confirmed that any correspondence to the auditor would be treated as legal counsel correspondence. The auditor did not receive inmate correspondence after the onsite audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.

Standard 115.403: Audit contents and findings

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

115.403 (f)
The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed: (Policies, directives, forms, files, records, etc.)

Findings (by provision):
115.403 (f) Provision 115.401(f) states, “The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.”

The facility was previously audited in the second audit cycle and has published the PREA Audit Report from 05/14/2019 on its public website.

Based upon review and analysis of all the available evidence, the auditor has determined that the facility is fully compliant with this provision.

Corrective Action:
The auditor recommends no corrective action.
AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Tracy Shumard #P3207 03/30/2022

Auditor Signature Date

¹ See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.