

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** April 18, 2016

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| <b>Auditor Information</b>   |   |  |   |
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| <b>Date of facility visit:</b> March 9-11, 2016  |   |  |   |
|  |   |  |   |
| <b>Facility name:</b> Wallace/Ware Complex   |   |  |   |
| <b>Facility physical address:</b> 1675 S FM 3525 Colorado City, TX 79512 / 1681 S FM 3525 Colorado City, TX 79512  |   |  |   |
| <b>Facility mailing address:</b> <i>(if different from above)</i>  |   |  |   |
| <b>Facility telephone number:</b> (325) 728-2162   |   |  |   |
| <b>The facility is:</b>  | <input type="checkbox"/> Federal                | <input checked="" type="checkbox"/> State                  | <input type="checkbox"/> County             |
|  | <input type="checkbox"/> Military               | <input type="checkbox"/> Municipal                         | <input type="checkbox"/> Private for profit |
|  | <input type="checkbox"/> Private not for profit |  |   |
| <b>Facility type:</b>  | <input checked="" type="checkbox"/> Prison      | <input type="checkbox"/> Jail                              |   |
| <b>Name of facility's Chief Executive Officer:</b> Linda Gonzales  |   |  |   |
| <b>Number of staff assigned to the facility in the last 12 months:</b> 86/7  |   |  |   |
| <b>Designed facility capacity:</b> 1384-64/508   |   |  |   |
| <b>Current population of facility:</b> 1002/486  |   |  |   |
| <b>Facility security levels/inmate custody levels:</b> G1, G2, G4,/G1, G2, Transient   |   |  |   |
| <b>Age range of the population:</b> 18-73/19-74  |   |  |   |
| <b>Name of PREA Compliance Manager:</b> Steven Boyd/David Gonzales   |   | <b>Title:</b> Unit Safe Prison PREA Compliance Manager     |   |
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| <b>Agency Information</b>  |   |  |   |
| <b>Name of agency:</b> Texas Department of Criminal Justice  |   |  |   |
| <b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas   |   |  |   |
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| <b>Agency-Wide PREA Coordinator</b>  |   |  |   |
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for D. W. "80 John" Wallace and W3 Work Camp and Dick Ware Transfer Unit from initial notification through this auditor's Summary Report Adult Prisons and Jails/PREA Final Report began December 2015 with the notice that the Texas Department of Criminal Justice (TDCJ) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of March 9-11, 2016, of the Wallace Unit/Ware Transfer Facility called the Wallace/Ware Complex (WWC), Colorado City, Texas. PREA Certified Auditor Marilyn (Lynn) McAuley (lead) and Darren Lanier Bryant (team member) were notified by ACA e-mail of their appointment and schedule.

The audit process started with a contact from the TDCJ Office of Administrative Review and Risk Management, Huntsville, Texas. The Manager for the TDCJ, Review and Standards, mailed a USB thumb drive to the lead auditor. The thumb drive contained three essential parts with: part one including master file documents for each of the 43 standards; part two included supporting documents; and part three contained the PREA Pre-audit Questionnaire. Part one had separate documentation that was labeled for easy access to each part of the 43 standards. The areas of part two included: American Correctional Association (ACA) notice of accreditation report for March 4-7, 2013 audit; agency mission statement; facility layout; and population report for the daily facility's staffing plan showing offender population on the 1<sup>st</sup>, 10<sup>th</sup> and 20<sup>th</sup> day of each month for twelve months prior to the audit. Part three of the thumb drive contained the PREA Pre-audit Questionnaire folder (PAQ). The Wallace/Ware Complex layout provided valuable information prior to the actual facility visit and gave the auditors information necessary to complete pre-audit work. A tremendous amount of material was included in these folders including: facility staffing and inmate population reports; each PREA Standard compliance documentation; ACA Visiting Committee (VCR) Report; and PREA Pre-audit Questionnaire (PAQ) folder. Some of the information provided in advance on the flash drive required hard copy and was requested in advance to be available for the first briefing meeting at the beginning of the facility audit. The 43 standards folders (one for each standard) contained substantiated compliance documentation for each of the standards addressing: interviews, screening appraisals of the incoming inmates, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The ACA Standards Compliance Reaccreditation Report provided valuable information on facility description, condition of confinement, medical, mental health and programs that could be confirmed with observation, review of documentation and interviews. The Pre-audit Questionnaire which was a stand-alone folder provided required data necessary for the auditor to make a decision on compliance of the standards, and information for the auditor to use in completing the PREA Compliance Audit Instrument. The PAQ provided comprehensive, specific material that could be verified by the auditor on site with review of documentation, interviews with staff and inmates and observations during the tour of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by New York Department of Corrections and Community Supervision; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. These instruments were used for guidance during the tour, interviews with staff and inmates and recommendations for review of documentations.

The facility is accredited by the American Correctional Association (ACA) and the reaccreditation audit was scheduled for March 7-9, 2016 the same week as the ACA PREA audit. The previous ACA Reaccreditation Report dated March 4-7, 2013 was provided and reviewed by the auditors. The Audit Report was for the three year period of 2010, 2011 and 2012 confirming that the last three years of the audit WWC had zero notices of non-compliance with local, state, or federal laws or regulations, class action lawsuits or adverse judgment. Staff confirmed zero notices of non-compliance during the last three years 2013, 2014 and 2015. There is one Consent Decree, Brown V. Beto regarding religious practices for Muslims that is still in effect. The Consent Decree was filed with the Court on July 20, 1977.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Wallace Ware Complex) the auditor, on her own, began review of the Pre-Audit Questionnaire and the material sent prior to discussion and the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditors was the detailed information in the Pre-Audit Questionnaire completed by the Manager for the TDCJ, Review and Standards, in January 2016. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other Documents in advance to identify additional information that might be required and could be collected prior and during the audit visit.

The auditor stayed in Colorado City, Texas and commuted a short distance each way each day to the Wallace/Ware Complex with TDCJ staff. In the evening of March 8, 2016 Wallace/Ware staff, with the help of the community, hosted a function for the auditors to meet staff and discuss the PREA audit. On the first day of the audit, the Auditors proceeded to the Administration Building where a brief meeting was held with: the auditors; Senior Warden; PREA Regional Manager; Unit Safe Prisons PREA Compliance Manager; and facility Executive Staff. During the brief meeting the PREA Auditors were given hard copy of significant information that was on the flash drive and sent to the auditor in advance of the site visit. Included in this information was the inmate count list for Wednesday, March 9, 2016 for random selection of inmates to be interviewed during the audit. Also provided were; list of employees, population reports, Wallace/Ware

Complex information packet with facility data important to the audit, interoffice memorandums and various reports confirming WWC staffing, facility diagram with location of camera upgrades, agency and facility missions and organizational charts. The weekly audit schedule for the Wallace Ware Complex included PREA and ACA Reaccreditation audits at the facility.

The auditor sent a daily audit activity schedule for the 3 days of the audit prior to arriving at the facility. This schedule was discussed during the initial briefing and revised based on the needs of individuals involved in the audit process. The first audit briefing discussed tour protocols and points of interest for the following two days and prior to beginning the facility tour. The interview process started with the Senior Warden II and facility Unit Safe Prison PREA Manager Interviews after the morning PREA audit briefing on the first day of the audit. At this time, a review of the inmate population inmate counts on the first day of the audit: 999 inmates at Wallace and 35 inmates at the Work Camp; and 492 inmates at Ware. The inmates to interview at Wallace, Camp and Ware were made and the random inmates were selected from each housing unit for interview by the auditors. Random selection of inmates resulted in: 38 Wallace inmates (3.8% of 999 Wallace inmates) and 3 Camp inmates (8.6% of 35 Camp inmates) and 18 Ware inmates (3.7% of 492 Ware inmates) were interviewed. Inmates selected to be interviewed including: one non-English inmate with an interpreter; two inmates who had reported sexual abuse and one gay inmate. Interviews with security, non-security and specialized staff included male and female staff with years of service ranging from 6 months to 35 years. Staff at the Wallace/Ware Complex was 439 and included: 255 at Wallace; 26 at Camp; and 158 at Ware. Random selection of 29 staff included: 17 Wallace staff (6.7% of 255 Wallace staff) and 2 Camp staff (7.7% of 26 Camp staff) and 10 Ware staff (6.3% of 159 Ware staff) were interviewed. Additionally 20 specialized staff was interviewed and are not broken down by unit since the specialized staff covered Wallace, Camp and Ware.

Security staff were interviewed from both day and evening shifts and included: 1 Major; 2 captain; 2 Lieutenants; 5 Sergeants; Correctional Officers; 1 SHU officer; 1 intake officer; 1 first responder; 2 intermediate/higher-level staff (unannounced rounds); and 1 staff who perform inmate screening. Non-security staff included: 1 transitional staff; 2 program staff; 3 administrative staff; 1 medical staff; 1 mental health staff; 1 human resource manager; 1 SAFE/SANE staff; 1 volunteer; 1 contractor; 1 investigative staff; 1 incident review team member; 1 retaliation monitor; and 1 first responder.

The Wallace/Ware Complex tour began on the first day with the Wallace unit and included the auditor, Senior Warden, PREA Regional Manager, Unit Safe Prison PREA Manager and Security staff. In the afternoon one of the auditors toured the Camp and the Ware unit tour was on the second day of the audit. The Complex has 35 buildings on 524 acres with 17 buildings in Wallace Unit and 18 buildings in Ware Unit. Based on the size of the complex the tour was broken down into two days. Interviews with specialized staff, random sample of staff and inmates were conducted on all three days of the audit. The tour of Wallace Unit started on the first day with administration and continued to include: vocational/education; medical/FS; commissary; laundry; maintenance; industry; line building; housing units J1, J2, J3, J4; and Gym. Ware Unit tour was on the second day of the audit starting with administration and continued to include: vocational/education; medical/line building; intake; FS/commissary and laundry; maintenance; and housing units H1, H5, J1, J5 with H and J recreation. On the final day of the audit the auditors, Unit Safe Prison PREA Compliance Managers (Wallace and Ware) reviewed the 43 PREA Standard files using the Pre-Audit Questionnaire and PREA Audit Tool to assess final compliant review.

Observations during the tours, informal interviews with staff and inmates, and review of documents confirm that the Wallace/Ware Complex staff considers PREA a number one priority and have developed, implemented and are monitoring all of the 43 standard to ensure compliance with the standards requirements.

Data gathering was accomplished prior to the audit by receipt of a flash drive from Safe Prisons/PREA Management Office (SPPMO). Information from the flash drive was used during pre audit prior to site visit and post audit when writing the report. Data received required review to confirm documentation for each part of the 43 standards was in place by policy and confirmed by practice. Information on the flash drive, provided in advance of the site visit, is as described in paragraph two.

Review of the documentation received in advance of the site visit included a thorough look at: policies, procedures and directives; letters and emails, training curriculum and attendance reports; organizational charts; posters, brochures, inmate orientation manual, films and other PREA related materials; unannounced round logs; Annual TDCJ Report on Sexual Victimization for 6 years 2009-2014; employee manual; facility specific material; staffing plan with annual review; investigation guidelines; and ACA VCR report. Each piece of information received and identified with a part of the standard was compared for compliance. Missing and additional information required was requested and presented to the auditor during the beginning day of the site visit.

The facility provided an outline of Wallace Unit and Ware Unit Layout plans showing all the building on site to review prior to actual tour. The major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour paying special attention to the following areas: intake/reception; general housing; segregated housing; residential mental health unit; health care and mental health; food service; disciplinary office; training; academic/vocational programs; guidance and community supervision; ministerial services; and law library and general library. The PREA audit instrument was used to look at areas recommended and questions to ask; recording the answers for use in deciding compliance in the standards. It was important to observe and confirm the required signs, telling inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse, were posted. During the tour of the facility the auditor observed logs to confirm unannounced rounds are being done on both the day and evening shifts.

Sampling techniques for interviews with staff, inmates, and files included random selection of staff and inmates from: list of all inmates by housing unit; list of all employees broken down by security and non-security staff; list of employees hired during the last 12 months; list of volunteers and contractors; investigators assigned to facility; specialty staff; available SANE/SAFE staff; intake staff; medical and mental health staff; and list of inmates who: are disabled/limited English proficient; transgender/intersex/gay/bisexual; in SHU for risk of sexual victimization; who reported a sexual abuse; and who disclosed sexual victimization during risk screening. Files selected for review were based on requirements of the standards.

The facility provided the auditors offices to hold staff and inmate reviews. Facility staff provided excellent service making sure the individuals selected were available for the auditors to interview them. The auditors used the PREA Audit Instrument for: random sample of inmates; special class of inmates; random sample of staff (security and non-security); specialized staff; Warden; and Unit Safe Prison PREA Managers. While the recommended questions were asked for staff and inmates the auditors also added questions that would help in deciding compliance of the various standards.

Wallace/Ware Complex is well-managed operation with obvious complete cooperation between management, security, medical, mental health and other staff in developing, implementing and monitoring on a daily basis the requirements of the 43 PREA standards. Review of documentation, observations during the tour, interviews with staff and inmates and comparing the information with the total requirements of the PREA audit was enhanced by the extreme cooperation of all staff at Wallace/Ware Complex in providing additional information as requested. Staff is completely knowledgeable of the PREA standards and enforces the standards to ensure the safety of inmates and staff at the Wallace/Ware Complex. In conclusion the auditors based the decision of compliance for the standards on: data gathering; review of documentation; observations during tour of facility; sampling techniques for interviews with staff, inmates, and files; interviews; and comparing policies and practice to the requirements of the standards addressing all parts of each of the 43 standards.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Texas Department of Criminal Justice's mission is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime. The Wallace/Ware Complex's mission is; to provide for the safety of their surrounding communities by maintaining custody and control of all offenders assigned to their care; dedicated to providing a safe, secure and sanitary correctional environment for all staff members and the convicted adults offenders to both live and work; to provide various programs that offer adult offenders an opportunity and means to reintegrate into society as a productive member.

The D. W. "80 John" Wallace Unit and the R. C. "Dick" Ware Unit known as the Wallace/Ware Complex is located at 1675 South FM 3525, off Interstate Highway 20 in Colorado City, Texas, located in Mitchell County, which has a population of just over 9,000. The Complex is built on approximately 779 acres with 524 acres located within fences. The complex is 90 miles from Abilene, Texas. The Wallace Unit has a satellite W-3 Work Camp (Camp) located 97 miles from Colorado City in San Angelo, Texas. All three facilities are administered by one senior warden.

The D. W. "80 John" Wallace Unit (Wallace) was opened in May 1994. The Wallace Unit is also the host unit for the W3 (San Angelo) Work Camp housing around 40 offenders (trusties) managed by TDCJ staff of 26. There were 35 trusties on the first day of the PREA audit. These trusties do community service work for the surrounding counties. The Wallace Unit rated capacity is 1,448 with current population 1,002 and 999 population on the first day of the audit. The Wallace Unit has 17 buildings with housing units: 504 multiple occupancy cells; 4 open bay/dorms and 7 segregation single cells located in the security center. Video monitoring includes 2 digital exterior cameras and 50 digital interior cameras. The average length of stay for inmates at Wallace is 7 years 2 months. There were 739 offenders admitted to Wallace during the last 12 months that received training on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment upon arrival at the facility. Additionally, these offenders were assessed during intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates within 72 hours of their arrival to the facility. Currently staff that has contact with inmates at Wallace is 225 with 86 hired within the last 12 months. Background record checks were completed on the 86 new staff.

The R. C. "Dick" Ware Unit (Ware) was opened in April 1997. The Ware Unit rated capacity is 508 with current population 486 and 492 population on the first day of the audit. The average length of stay for inmates at Ware is 326 days. The Ware Unit has 18 buildings with housing units: 25 single segregation cells; 14 multiple occupancy cells; and 16 open bay/dorms and. Video monitoring includes 75 digital cameras. There were 572 offenders admitted to Ware during the last 12 months that received training on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment upon arrival at the facility. Additionally, these offenders were assessed during intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates within 72 hours of their arrival to the facility. The Ware Unit depopulation was conducted during December of 2012, where 408 beds and one vocational program were eliminated due to shortage of staff. Currently staff that have contact with inmates at Wallace is 129 with 7 hired within the last 12 months. Background record checks were completed on the 7 new staff.

During the audit documentation reviewed confirmed 100% of staff in the Wallace/Ware Complex had received the original PREA training prior to the last 12 months and 100% of staff was retrained during the last 12 months. Staff is very proud of their jobs, knowledgeable about their duties especially to the PREA Standards and confirms they have received and understand the required original PREA training and new PREA updated training. Review of files confirms that staff has signed forms confirming they have received and understood the original and new PREA training as required by the standards.

There has been no expansion, renovations or changes at Wallace/Ware Complex since August 20, 2012. However, during the interview with the PREA Coordinator confirmed a multi-disciplinary team from maintenance, engineering, security, Safe Prisons/PREA Management Office, and administration are involved in the process and would account for assessment of design for safe environment. Camera schematics for the facility were provided and reviewed by the auditors. The facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since August 20, 2012. The Ware unit did fix cameras that were not working so they are now functional. However, the interview with the PREA Coordinator confirm when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology enhances the agency's ability to protect inmates from sexual abuse. Camera and mirror coverage at Wallace/Ware Complex appears to be sufficient to ensure the safety of staff and inmates.

The Wallace/Ware Complex have excellent security, offender movement and tracking. Offenders wear an identification bracelet that designates classification status and carry an identification card. Supervision of offenders is maintained by unit management, in-direct supervision for those offenders in general population and segregation. Each housing unit has a central control center. The Complex has implemented policies and procedures that enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing. Observations during tours of the housing units confirm staff of the opposite gender announces their presence when entering an inmate housing unit. All staff, 100% have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The Agency has zero tolerance for sexual abuse and sexual harassment. Sexual abuse and sexual harassment violate Department rules and

threaten security. All reports of sexual abuse, sexual harassment, and retaliation against an inmate or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment is thoroughly investigated and if there is evidence that a crime was committed, it will be prosecuted to the fullest extent permitted by law. Today, TDCJ is proud to be a leader in the national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). The Wallace/Ware Complex is a well-managed prison housing G1, G2, G4/G1, G2 Transient classification of offenders. Administration has designed, developed, implemented and now are monitoring a comprehensive PREA practice to prevent, detect and respond to sexual abuse and sexual harassment that meets or exceeds all of the required PREA standards.

## SUMMARY OF AUDIT FINDINGS

Comparing policies and practice with data received and reviewed, observations, and interviews to the standard requirements began with the pre-audit activity, continued during the site visit and was completed during the post audit summary report stage. There were 4 standards that substantially exceed requirement of the standard: 115.11 Zero tolerance of sexual abuse and sexual harassment: PREA Coordinator; 115.31 Employee training; 115.33 Inmate education; and 115.64 Staff first responder duties. Standards that are non-applicable include: 115.12 Contracting with other entities for the confinement of inmates; 115.14 Youthful inmates; and 115.66 Preservation of ability to protect inmates from contact with abusers. The other 32 standards are compliant.

An explanation of the findings related to each standard showing policies, practice, observations and interviews are provided in this report under each standard. The Texas Department of Criminal Justice is a leader in national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). Evidence supports PREA is a priority for the Department and there is exceptionally strong leadership at the Wallace/Ware Complex enforcing the Department's PREA policies that were developed using best practices in corrections.

|                                     |    |
|-------------------------------------|----|
| Number of standards exceeded:       | 4  |
| Number of standards met:            | 36 |
| Number of standards not met:        | 0  |
| Number of standards not applicable: | 3  |

## Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The auditor reviewed: ED-03.03 P:1; PREA Plan, ii, P:14-16; and confirm policies are in place and enforced to ensure the agency has written policies 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. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in prohibited behaviors. Also, the PREA Plan includes the agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates.

Interviews with specialty and random selection staff and inmates confirm they have been trained on PREA compliance and know PREA means Safe and Secure Prisons and TDCJ has a zero tolerance toward all forms of sexual abuse and sexual harassment. During the tour of the facility the auditor observed posters regarding TDCJ zero tolerance toward all forms of sexual abuse and sexual harassment strategically placed throughout the facility.

The TDCJ Agency Head appointment of the Director, Correctional Institutions Division as the state-wide PREA Coordinator (TDCJ organizational Chart) confirms the Agency Head has designated an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its facilities at all times.

Interview with the PREA Coordinator confirms he is responsible for the TDCJ agency-wide PREA requirements and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator position in the agency's organizational structure is Director, Correctional Institutions Division reporting to the Agency Head. Interview with the PREA Coordinator, observation during the audit and review of TDCJ Organizational Chart confirms his status.

Wallace/Ware Complex is one of many facilities under the direction of TDCJ. Interview with the PREA Coordinator and review of the PREA Coordinator duties confirms the agency operates more than one facility, and has required each facility to designate a PREA Compliance Manager or PREA Point Person with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards.

The agency's commitment to PREA is shown in the organizational structure developed. There is a PREA Coordinator responsible for the agency-wide PREA with PREA Compliance Managers responsible for PREA in a number of facilities. If a facility does not have a PREA Compliant Manager located at the facility then the facility Warden designates a Unit Safe Prison PREA Manager. Interviews with the PREA Coordinator, the area Unit Safe Prison PREA Manager confirm that the Unit Safe Prison PREA Manager has been designated at Wallace and Ware Units and they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The Wallace and Ware Unit Safe Prison PREA Managers are Officers with direct access to the Unit Warden.

Review of documentation, observation of zero tolerance posters during tours of facility and interviews with staff and inmates, as described, confirms TDCJ is compliant with Standard 115.11. The agency's zero tolerance for sexual abuse and sexual harassment is a top priority. The Wallace/Ware Complex staff is committed to operating in compliance with PREA and continues to report all allegations of any form of sexual misconduct to the Office of Inspector General (OIG) a separate division of TDCJ for review and follow up. The facility has invested the necessary resources and time to educate the inmate population about their rights under PREA and to train security and civilian staff, contract staff, and volunteers concerning their obligation to identify and report knowledge or suspicion of inappropriate activity related to PREA. The agency's strong support for developing, implementing and monitoring the PREA Standards is evident with the policies developed and enforced. The agency's priority commitment to PREA is evident with three levels of staff beginning with the agency-wide PREA Coordinator, PREA Compliant Managers with multiple facilities and facility Unit Safe Prison PREA Manager. In conclusion, the auditor finds the facility substantially exceeded the requirement for Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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. The Wallace/Ware Complex does not independently contract with any private agencies or other entities; therefore this part of the standard is non-applicable.

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Wallace/Ware Complex does not independently contract with any private agencies or other entities; therefore this part of the standard is non-applicable.

The auditor conclusion for Standard 115.12 is non-applicable since Wallace/Ware Complex does not independently contract with any private agencies or other entities.

### Standard 115.13 Supervision and monitoring

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of Wallace/Ware Complex Unit: staffing plans; AD-11, 52 P: 2-3; Annual Security Chart/Staffing Review - Report with Recommended Changes staffing plans; interviews with Warden, PREA Compliance Manager and facility Unit Safe Prison PREA Managers confirm policies are in place and enforced to ensure Wallace/Ware Complex has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Wallace/Ware Complex has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors.

Interviews with the PREA Coordinator and Warden found Wallace/Ware Complex has staffing plans providing adequate staffing levels to protect inmates against sexual abuse using video surveillance to monitor inmate movement throughout the complex. The staffing plan is: reviewed annually; documented and available. According to the Unit Safe Prison PREA Managers the staffing positions are allocated from the staffing plan established by TDCJ. The Staffing Plan is: within generally accepted guidelines and practices; considers all 11 areas in the

first paragraph; determined by the facility physical layout and its daily operational needs and is review annually.

The facility provided an example of the Wallace/Ware Complex Facility Post Closure Report showing circumstances: when the staffing plan was not complied with; the facility documents and justifies all deviations from the plan as reviewed; and reasons staffing plan not met. Deviations from the Staffing Plan are documented in reports and include: staff shortage; and medical transports;

The auditor reviewed the Wallace/Ware Complex Facility Annual Staffing Audit Review RE: Consultation with PREA Coordinator confirming the agency, whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by 115.11, the agency assess, determine, and document whether adjustments are needed to: 1) The staffing plan established pursuant to the first paragraph of this section; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. The current average daily staffing level is based on 1,448 inmates in Wallace and 508 inmates in Ware with the actual average daily number of inmates since August 20, 2012 being 1,232 inmates in Wallace and 486 inmates in Ware. This staffing level is within generally accepted guidelines and practices. Interview with the PREA Coordinator confirmed he is consulted regarding assessments of and adjustments to the staffing plan for Wallace/Ware Complex on an annual basis.

Review of agency's PO-07.002 P:2; PO-07.003 P:2; PO-007.004 P:2; PO-007.005 P:2; Staffing Rosters; and PREA Plan P:9; confirm Wallace/Ware Complex has 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 has been implemented for night shifts as well as day shifts. The facility has 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.

The auditor reviewed data in example of log book entries: executive team and security supervisor announced/unannounced rounds on day and evening shifts; examples of weekly administrative activity report; day and evening shifts, and examples of security supervisor report; Interviews with the PREA Coordinator, Warden, intermediate-level and higher-level supervisors confirm unannounced rounds are being done on both shifts on a regular basis. Observation while visiting the housing units and reviewing the log books confirm unannounced rounds are being done per Standard 115.13.

In conclusion, based on: review of documentation showing development, review and recommendations for improvement of the staffing plan; observation during tour of the facility; interviews with staff during tours; and interviews with random selection of staff and inmates; Wallace/Ware Complex is compliant with Standard 115.13 Supervision and Monitoring.

### Standard 115.14 Youthful inmates

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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. Wallace/Ware Complex does not house any youthful inmates. Therefore, this part of the standard is non-applicable.

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. Wallace/Ware Complex does not have any youthful inmates so this part of the Standard is non-applicable.

Agencies shall make its 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. Wallace/Ware Complex does not have any youthful inmates so this Standard is non-applicable.

## Standard 115.15 Limits to cross-gender viewing and searches

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of AD-03.22 P:2-3 confirms the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

Interview with random selection of staff and inmates found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. There were zero cross-gender searches or cross-gender visual body cavity searches at Wallace/Ware Complex during the last twelve months. During the tour of housing units the auditor interviewed security staff who confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches.

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. Wallace/Ware Complex is an all-male facility. Therefore, this part of the Standard is non-applicable.

Review of TDCJ AD-03.22 PL2-3 confirms the facility documents all cross-gender strip searches and cross-gender visual body cavity searches, and documents all cross-gender pat-down searches of female inmates.

Wallace/Ware Complex is an all-male facility so there were non-cross-gender pat-down searches of female inmates. Interviews with staff confirmed there were no cross-gender strip searches or cross-gender visual body cavity searches during the audit period.

Review of AD-03.22 P: 2-3 confirm the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Interviews with random selection of staff and random selection of inmates from each housing unit confirm that inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the Standard. Interviews with staff and inmates confirm staff of the opposite gender announces their presence when entering an inmate housing unit. Observation during the tour of the housing units confirms staff of the opposite gender announces their presence when entering an inmate housing unit.

Review of: AD-03.22 P: 16; PREA Plan P: 1-2; confirm policies are in place to ensure the facility 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.

Interview with a random selection of: Major; Captain; Lieutenants; Sergeants; and Correctional Officers confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility did not have such a search occurring in the past 12 months.

Review of CTSD Curricula P: 11-13 confirm policies are in place to ensure training 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.

Documentation was provided showing that all security staff (100%) have signed a document showing they have received and understand the cross-gender pat-down searches and searches of transgender and intersex inmates. Interviews with random selection of staff confirmed they have received this training in training academy, with initial PREA training and receive in-service PREA training annually.

In conclusion, based on documentation provided and reviewed; observations of showers, toilet areas and dressing areas and interviews with staff and inmates Wallace/Ware Complex is compliant with Standard 115.15 Limits to Cross-Gender Viewing and Searches.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of SPPOM 02.03 – Safe Prison/PREA Program Postings; CHMC G 51.1 – Offenders with Special Needs; CHMC G 51.5 – Certified American Sign Language (ASL) Interpreter Services; AD 04.25 – Language Assistance Services to Offenders Identified as Monolingual Spanish Speaking; SM 05.50 – Qualified Spanish Interpreters Guidelines; confirm the agency has policies in place and enforced to ensure the agency takes 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 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 ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

Interview with the CID Director confirms: information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any offender identified as having a Special Needs in accordance with Correctional Managed Health Care policy, i.e. American Sign Language Interpreter Services; language assistance is provided to monolingual Spanish offenders; and alert systems are on facilities that house blind and deaf offenders use a system of lights and bells to alert gender supervision changes in the housing area. Interviews with a handicap inmate and limited English speaking inmate confirmed the facility provides information about sexual abuse and sexual harassment that he is able to understand and he is aware additional assistance is available to him.

Review of SM-05.50 P: 3 confirms the agency has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Interview with the CID Director confirms the agency has procured Interpretation Services for Individuals with Limited English Proficiency that is available over-the-phone Interpretation Services and in-person (consecutive) Interpretation Services. There was no request for interpretation services at Wallace/Ware Complex during the last 12 months.

Review of AD-04.25 P: 2-4, 8-9 confirms the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or the investigation of the inmate's allegations.

Interviews with staff confirm that inmate interpreters for sexual abuse and sexual harassment are not allowed and facility approved interpreters are available for inmates if necessary. In the past 12 months there were zero instances where inmate interpreters, readers, or other types of inmate assistants were used.

In conclusion, based on review of policies and procedures; observation of posters placed strategically in the facility and interviews with CID Director, staff and inmates Wallace/Ware Complex has taken more than 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 and is compliant with Standard 115.16 Inmates with Disabilities and Inmates who are limited English Proficient.

### **Standard 115.17 Hiring and promotion decisions**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PD-71 P:2, 24-25; PD-73 P:1, 3-4; PD-75 P:4; confirm policies are in place and enforced to ensure the agency not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section.

The interview with the Human Resource Manager found prior to appointment the facility performs criminal record background checks and considered pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment is conducted as described in the first paragraph. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Review of TDCJ's hiring policies confirm the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Review of policies and procedures and interview with Human Resource Manager confirms that incidents of sexual harassment are strongly considered in considering employment, promotions and contractor.

Review of PD-27 P: 1-5 and PD-75 P:4 confirm before hiring new employees who may have contact with inmates, the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Review of policies, procedures and forms; random sample of employee files; and interview with the Human Resource Manager confirm the agency perform criminal record background checks. In the past 12 months 86 Wallace and 7 Ware people who have contact with inmates were hired who had criminal background record checks.

Review of PD-71 P: 2, 24-25 confirms the agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

There was 1 new contractor hired at the Wallace/Ware Complex during the last twelve months. A background records check was completed for the individual.

Review of PD-27 P: 1.5 and PD-75 P:4 confirm policies are in place to ensure the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

Review of policies, procedures and forms and interview with the Human Resource Director confirm the Division of Criminal Justice Service confirm that criminal background records checks are conducted every five years for current employees and contractors who have contact

with inmates.

Review of PD-71 and interviews with staff confirm all agency employees are subject to an annual criminal offense check during the employee's birth month, and six months after, to ensure there are no outstanding warrants of arrest. (Reference, PD-27, Employment Status Pending Resolution or Criminal Charges or Protective Orders, page 5, section B.).

Review of policies, procedures, forms and employee files and interview with Human Resource Manager confirm applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment activity.

Interview with the Human Resource Manager confirm policies and forms are in place to ensure material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Review of policies and procedures and interview with the Human Resource Manager confirms unless prohibited by law, the agency provides 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.

In conclusion, based on review of the documentation provided; observation when visiting the Human Resource area; and interviews with Human Resource staff found all elements of this standard in place. The auditor reviewed the list of new employees hired in the last year and reviewed a random selection of files and confirm compliance with the Standard 115.17 Hiring and Promotion Decisions.

#### **Standard 115.18 Upgrades to facilities and technologies**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

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. Wallace/Ware Complex has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 so this part of the Standard 115.18 is non-applicable.

When installing or updating a video monitoring system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. Wallace/Ware Complex had an updated of the video monitoring system. The system was not working and the system was repaired to be functional.

Wallace/Ware Complex has not designed, acquired or are planning any substantial expansion or modification of existing facility. There was a slight updated to the video system at Ware to make the system functional. This update occurred following the requirements of this standard. Therefore, Standard 115.18 Upgrades to Facilities and Technology is compliant.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: AD-16.03 P:13; SPPOM-05.01 Sexual Abuse Checklist; confirm policies are in place and enforced to enable TDCJ the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Interviews with medical/mental health staff and investigators and review of specific evidence collection and preservation documentation found TDCJ does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to an outside hospital and is provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The evidence protocol includes sufficient technical detail to aid responders in obtaining useable physical evidence.

Review of policies and procedures and interviews with medical and investigative staff confirm policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violent Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Wallace/Ware Complex is an all-male adult facility for inmates 18 years and older. Therefore, this part of the standard is non-applicable.

Review of policies and procedures and interviews with medical staff and the SANE/SAFE Coordinator for the local Hospital confirm there are policies are in place and enforced to ensure the agency offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practioner. The agency documents its efforts to provide SAFEs or SANEs.

Interviews with the Unit Safe Prison PREA Managers found they have contract hospitals in the area to provide SANE/SAFE forensic medical examinations with the service available 24/7. Should a SANE/SAFE not be available the inmate would be seen by medical staff in the emergency room. Interview with facility medical staff confirm the service is available without financial cost to the inmate. There was one forensic medical exam on an inmate from Wallace conducted during the past 12 months.

Review of Solicitation Letter confirm TDCJ has polices in place and enforced to ensure the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agency documents efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(c), to victims of sexual assault of all ages. The agency may utilizes 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.

Review of SPPOM-02.02 P:1 and interviews with Unit Safe Prison PREA Managers, facility medical staff and SANE/SAFE Coordinator from the local hospital confirm a rape crisis center staff is made available to provide victim advocate services. The Wallace/Ware Complex uses a TDCJ Offender Victim Representative in making a victim advocate available to the victim.

Review of SPPOM-02.02 P: 1-2 and Offender Victim Representation confirm that policies are in place and enforced to ensure as requested by the victim, 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 and provide emotional support, crisis intervention, information, and referrals.

Interviews with medical staff, Unit Safe Prison PREA Managers and SANE/SAFE Coordinator from the local hospital confirm that policies are in place to ensure victim advocate services are available.

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

The agency is responsible for administrative and criminal investigations. Therefore, this part of Standard 115.21 is non-applicable.

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

The agency is responsible for administrative and criminal investigations. Therefore, this part of Standard 115.21 is non-applicable.

In conclusion, based on documentation reviewed and interviews with medical, mental health staff and hospital staff TDCJ is responsible for administrative and criminal investigations, forensic medical examinations are conducted in a hospital and are available to victims at no cost with victim advocate services available to inmate victims of sexual abuse. Wallace/Ware Complex is compliant with Standard 115.21 Evidence Protocol and Forensic Medical Examinations.

## **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: SPPOM-05.05 P: 1 Sexual Abuse Response and Investigation; SPPOM 05.01 P 2 Offender Protection Investigation; AD 16.20 Reporting Incidents/Crimes to the Office of the Inspector General; AD 02.15 Operations of the Emergency Action Center and Reporting Procedures; confirm policies are in place and enforced to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Interview with the CID Director found there are multiple policies that cover both administrative and criminal investigations for sexual abuse or sexual harassment. All administrative investigations are reported to, and then conducted by TDCJ police, the Office of the Inspector General (OIG) which is a separate division of TDCJ. The OIG also assists in conducting staff-on-offender sexual abuse administrative investigations as well. During the last 12 month there were 5 allegations at Wallace with 2 unfounded and 3 unsubstantiated and all completed. At Ware there were 4 allegations with 3 unfounded and 1 inmate transferred to another facility and the investigation is ongoing.

Reviews of SPPOM-05.01 P: 2, S: III and interview with investigative staff confirm policies are in place and enforced to ensure 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 publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals. Review of the TDCJ's website found: the PREA Policy; History of Combating Sexual Abuse; Report Sexual Abuse; all having valuable additional information available by clicking on the area desired.

Review of policies included: AD 02.15; AD 16.20; SPPOM 05.01; and SPPOM 05.05. The interview with the PREA Coordinator found administrative investigations are conducted by staff trained in PREA investigations. The reports are given to a supervisor who completes the documentation requirements contained within the Safe Prisons/PREA manual and EAC requirements. Notifications are made to the appropriate officials, such as the facility warden, the OIG, medical and mental health staff, and the unit PREA manager. Depending on the nature of the incident, forensic medical exams are conducted, victim representatives are offered, statements gathered, interviews conducted, review of available monitoring equipment, and other elements to satisfy a sound correctional investigation into the allegations are completed. Summaries of investigations are reviewed through established incident review processes. All policies governing such investigations and conducted are complied with.

If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

The TDCJ is responsible for conducting criminal investigations. This part of the standard is non-applicable.

Review of policies and procedures confirm that TDCJ is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails has in place a policy governing the conduct of such investigations.

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

In conclusion, based on the interview with the CID Director and investigators for Wallace/Ware Complex they confirmed the policies are in place to ensure all allegations of sexual abuse, sexual threats and retaliation concerning an incident of sexual abuse is thoroughly investigated. Other interviews with random staff and specialty staff confirm that all allegations of sexual abuse, sexual harassment and retaliation are immediately investigated. Review of documents including files, observations during tour, and interviews with staff and inmates the facility is compliant with Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations.

### **Standard 115.31 Employee training**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of AD-12.20 P:1.8 and PREA Curriculum confirm TDCJ has policies in place and enforced to ensure training all employees who may have contact with inmates on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment P:3; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures PP:3,4; 3) Inmates ‘rights to be free from sexual abuse and sexual harassment P:4; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment P:7; 5) The dynamics of sexual abuse and sexual harassment in confinement P:4; 6) The common reactions of sexual abuse and sexual harassment victims P:7,8; 7) How to detect and respond to signs of threatened and actual sexual abuse P:7; 8) How to avoid inappropriate relationships with inmates P:5; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates P:9; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities P:7.

Interviews with random sample of staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA and PREA training is including in the annual in-service training. The training records show that all employees signed they have received and understood their responsibilities under PREA.

Review of AD-12.20 and interviews with staff confirm policies are in place and enforced to ensure that TDCJ training is 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 female inmates, or vice versa.

Familiarization training policy review confirm all Department employee who have been newly transferred from one facility to another receive familiarization on compliance with PREA and the Department’s Sexual Abuse Prevention and Response Procedures. Such familiarization training is tailored to the gender of the inmate at the facility. Wallace/Ware Complex is an all-male facility and by facility policy staff is trained tailored to male inmates. Staff interviews confirm they have received training tailored to male inmates.

Review of AD-12.20 P: 1.8 and PREA Curriculum confirm all current employees who have not received such training were trained within one year of the effective date of the PREA standards, and the agency provided 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.

Interviews with the Unit Safe Prison PREA Managers, random staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA Standards and PREA training is including in the annual in-service training. As at the date of the audit the number of staff employed by the facility, which may have contact with inmates who were trained or retrained on the PREA requirements was 233 at Wallace and 128 at Ware.

Interviews with staff and review of signed documents by staff receiving training confirm policies are in place and enforced to ensure documents, through employee signature or electronic verification, that employees understand the training they have received.

In conclusion, based on the excellent PREA employee training curriculum developed including training tailored to the gender of the inmates at the employee's facility, and tracking program in place to confirm all employees who have contact with inmates have received and understand their responsibilities under PREA and interviews with specialty, security and non-security staff and observations and questions answered during tour the Wallace/Ware Complex substantially exceeds the requirements of Standard 115.31 Employee Training.

### **Standard 115.32 Volunteer and contractor training**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of Curriculum P:21-24 S:34-35; A-a Handbook for Volunteer; A-Letter of Orientation for Special Volunteers; confirm policies are in place and enforced to 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.

Interviews with the Unit Safe Prison PREA Managers and volunteers and contractors who have contact with inmates confirm they have received PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Review of policies and interviews with volunteers and contractors confirm policies are in place to ensure the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interviews with Unit Safe Prison PREA Managers and volunteers and contractors who have contact with inmates found they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment as well as informed about how to report such incidents. Interview with the individual who supervises volunteers confirmed volunteers receive training based on the level of contact they have with inmates with all volunteers trained in the agency's zero tolerance policy.

Review of AD-02.46 P: 1 and AD-07.35 P:1 confirms the facility maintains documentation confirming that volunteers and contractors understand the training they have received.

Sample PREA Volunteer and Contractors Training Forms signed by the volunteers and contractors were reviewed showing they had received and understood their responsibilities from the PREA training. There were 100 % of volunteers who have contact with inmates who were trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection,, and response.

In conclusion, based on: documentation reviewed; interviews with Unit Safe Prison PREA Managers and volunteers; reviewing volunteer signed rosters; and observations during tour with response to questions; Wallace/Ware Complex is compliant with Standard 115.32 Volunteer and Contractor Training.

### Standard 115.33 Inmate education

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of AD-06.5 P:1; AD-04.25 P:1; CMHC G-51.1 P:2; CMHS G -51.5; SPPOM-02.03 P:1; Offender SAA Video Letter; Offender SAA Video Scrip P:1; confirm policies are in place and enforced to ensure during the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Interview with intake staff confirm inmates are provided with information about the Department's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. Interviews with random sample of inmates confirm they receive the valuable PREA information verbally and in writing. The auditor observed arrival of new inmates to the facility and saw the PREA packets given to the inmates. There were 739 inmates at Wallace and 572 inmates at Ware admitted during the past 12 months who were given PREA information at intake.

Review of policies identified in the first paragraph confirm policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

During the interview with intake staff the staff advised he meets every inmate privately on the day of their arrival to the facility and addresses 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. This process was confirmed with interview of random sample of inmates.

Review of policies confirms policies are in place to ensure current inmates who have not received such education are 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.

According to the interview with the staff all inmates in the facility have been educated in PREA and their inmates transferred in from another facility receive the PREA information upon arriving at the facility with formal PREA during orientation which is given within 7 day from arriving at the facility. Interviews with transfer-in inmates confirm they receive PREA information at intake and PREA education at the orientation.

Review of policies identified in the first paragraph confirm the agency has policies that require they provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

Copies of New and Updated PREA Materials and PREA: Inmate Orientation Film Implementation was reviewed and confirms PREA material is available in a variety of languages with interpretation services provided in accordance with the Department's Language Access Policy. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills then appropriate staff provides assistance. The auditor reviewed the films and found them to be excellent content and of professional quality. The films are shown to all inmates during the reception, classification and facility inmate orientation process. Interview with the Unit Safe Prison PREA Managers confirms the Reasonable Accommodations PREA Information ensures reasonable accommodations for inmates with Sensorial Disabilities provides equal access to all information provided to general population.

Review of inmate signed documentation confirms the agency policy requires maintaining documentation of inmate participation in these education sessions.

Interviews with random sample of inmates confirmed they had received PREA written information and participated in PREA educational sessions and documented in writing their receipt and understanding of the material the day they receive the training. The intake supervising staff also confirmed inmates sign a form when receiving material and training.

Review of documentation confirm in addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Observations during the tour of the facility found PREA posters, telling inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse, are strategically placed throughout the facility. Each inmate receives an Inmate Orientation Handbook and The Prevention of Sexual Abuse in Prison.

In conclusion, based on all inmates arriving at the facility receiving PREA information on day of arrival; inmates receiving complete PREA education training within 7 days of arrival at the facility; professional written PREA materials developed; PREA films available and inmates signing acknowledgement forms documenting training received the auditor finds the Wallace/Ware Complex substantially exceeds requirement of Standard 115.33 Inmate Education.

### **Standard 115.34 Specialized training: Investigations**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: BP-01.07 P:2-3; CTSD Specialized Investigations; OIG LP-320; confirm policies are in place and enforced that ensure that in addition to the general training provided to all employees pursuant to 115.31, TDCJ ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Interview with investigative staff found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a three week investigations school and then on-the-job-training with a seasoned investigator. Additionally they have completed the NIC course “Investigating Sexual Abuse in a Confinement Setting” a course on interview, interrogation, and evidence collection.

Review of CTSD Specialized Investigations and interviews with investigators confirm policies are in place and enforced to ensure specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interviews with investigative staff found the specialized training for investigators included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative or prosecution referral. Review of training logs confirmed training received.

Review of: OIG OMP-02.15 P: 1; and PD-97 P: 5-6; confirm TDCJ has policies in place and maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Training reports are on record and reviewed by the auditor confirming the 22 investigators for Wallace and 17 Ware currently employed by TDCJ have completed the required specialized training for investigators.

Any State entity or Department of Justice component that investigates sexual abuse in confinement setting shall provide such training to its agents and investigators who conduct such investigations.

There is no Department of Justice component and this part of the standard is non-applicable.

In conclusion, based on review of policies, procedures and training records, and interviews with investigators: investigators have received special training in conducting investigations in confinement settings, received specialized training and signed forms documenting they have received the training resulting in substantial compliance for Standard 115.34 Specialized Training: Investigations.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Correctional Managed Health Care Policies CMHC C-25.1; CMHC G-57.1 P:1; and CMHC C-19.1; confirm TDCJ ensures 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.

Interviews with medical and mental health staff confirm that full-and-part medical and mental health care practitioners have received training as described in 1-3 in the first paragraph. Medical and mental health care practitioners who work regularly at the Wallace are 13 and Ware 8 with 100% receiving the required training.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The TDCJ policy does not train medical staff to conduct forensic medical exams as this policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE).

Interviews with medical staff confirm they do not perform forensic medical exams as the inmate is taken to a medical facility that has SAFE and SANE service 24/7. Therefore, this part of Standard 115.35 is non-applicable.

Review of policies and interviews with medical staff confirm TDCJ policies are in place and enforced to ensure medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32, depending upon the practitioner's status at the agency. The University of Texas Medical Branch (UTMB) staff/practitioners who regularly work at Wallace/Ware Complex have received the specialized training.

Interviews with medical and mental health confirm they receive PREA training mandated for employees under 115.31. Review of training records indicate that all medical and mental health staff sign showing they received and understand the PREA training.

In conclusion, based on review of policies, procedures, training records; interviews with medical and mental health staff and observations during the tour of the medical and mental health area of the Wallace/Ware Complex meets the requirements of and is compliant with Standard 115.35 Specialized Training: Medical and Mental Health Care.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of SPPOM-03.01 P: 1 confirms the policy is in place and enforced that ensures all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Interview with the staff who performs screening for risk of victimization and abusiveness confirms that he screens inmates upon admission to the facility and transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates per TDCJ policies. Interviews of random sample of inmates confirm they received the screening as described.

Review of: SPPOM-03.01 P:1; SPPOM-03.01 Assessment Screening; SPPOM-03.01 Attachment E; PREA Plan P:16; confirms policy is in place and enforced ensuring intake screening ordinarily take place within 72 hours of arrival at the facility.

Interview with the staff who performs the screening at the facility is by TDCJ policy that the initial assessment must include a preliminary review by Security, Health Services and Classification staff within 24 hours of an inmate's arrival at the reception facility. The sending facility senior correction counselor advises the receiving facility and each in-transit facility, via electronic mail to the watch commander, of any such history. Upon each transfer, any inmate so identified will be screened by a security supervisor within 24 hours of arrival at the facility for any indication of current sexual vulnerability or sexually aggressive behavior. Information from the screening process, the initial assessment, quarterly reviews, and inmate disciplinary history, will be reviewed and considered for purposes of classification, housing assignments and programming, etc. During the last 12 months 739 inmates at Wallace and 572 inmates at Ware entering the facility were screened for risk of sexual victimization or risk of sexually abusing other inmates within 24 hours of their entry into the facility.

Review of SPPOM-03.01 Attachment E and IPM-CI-69 P: 3 confirms that assessments are being conducted using an objective screening instrument.

Interviews with the PREA Coordinator, Unit Safe Prison PREA Managers and classification staff and review of the Intake Screening Form meet the requirement of using objective screening instrument.

Review of SPPOM-03.01 Assessment Screening confirms that the objective screening instrument used during intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: 1) Whether the inmate has a mental, physical, or developmental disability; 2) The age of the inmate; 3) The physical build of the inmate; 4) Whether the inmate has previously been incarcerated; 5) Whether the inmate's criminal history is exclusively nonviolent; 6) Whether the inmate has prior convictions for sex offenses against an adult or child; 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the inmate has previously experienced sexual victimization; 9) The inmate's own perception of vulnerability; and 10) Whether the inmate is detained solely for civil immigration purposes. (d) Note each item prescribed by the PREA standard that is missing from the facility's risk screening instrument; note each item not prescribed in the PREA standards that is included in the facility's instrument.

Interview with the staff performing the screening process confirmed that the initial risk screening considers: consideration of any inmate disabilities; inmate age; physical build; previous incarceration; criminal history exclusively nonviolent; inmate criminal history; perceived sexual orientation; previous sexual victimization; inmate perception of vulnerability and whether detention is related to civil immigration.

Review of SPPOM-03.01 Assessment Screening confirms policies and forms are in place to ensure the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Interview with the staff performing the screening process confirmed that the initial risk screening includes assessments including: prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, to assess the inmate for risk of being sexually abusive. Review of the PREA Intake Screening Form confirms all of the screening areas identified by the staff performing the screening appear on this form.

Review of policies and forms and interview with screening staff confirms TDCJ policies are in place to ensure within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. There were zero inmates at Wallace/Ware Complex that required additional 30 day screening.

Interview with the staff performing the screening process confirmed that the facility reassess the inmate's risk of victimization or abusiveness within 30 days per TDCJ policy. Interviews with random sample of inmates confirm the reassessment process occurs as required.

Review of screening documents and interview with screening staff confirms policy is in place and enforced to ensure an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Review of SPPOM-03.01 Assessment Screening confirms policy is in place and enforced to ensure inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

Interview with the staff performing the screening process confirm that inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Interview with specialty staff and Unit Safe Prison PREA Managers also confirm inmates are not disciplined for these four areas of this section.

Review of SPPOM-03.01 Assessment Screening confirm TDCJ has policies in place to ensure the department implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

According to interviews with the PREA Coordinator, Unit Safe Prison PREA Managers and the staff responsible for screening inmates confirm the agency outlines who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation and those including only those with a "need to know" allowed to have access. Apart from reporting to designated supervisions or officials, staff does 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.

In conclusion, based on review of policies and forms; interviews with PREA Coordinator, Unit Safe Prison PREA Managers and the staff responsible for screening; and observations when visiting the screening process for inmates the Wallace/Ware Complex is considered compliant with Standard 115.41 Screening for Risk of Victimization and Abusiveness.

#### **Standard 115.42 Use of screening information**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: SPPOM-03.01 Assessment Screening; SPPOM-04.17 P: 1; AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18: confirms TDCJ has a policy in place showing how use of information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

According to the interviews with the staff responsible for screening and the Unit Safe Prison PREA Managers the agency information from the risk screening during intake is reviewed and assessed with the Unit Safe Prison PREA Managers, security and medical/mental health staff. Information is used to inform housing, bed, work, education and program assignments.

Review of: AD-04.17 P:1; AD-04.18 P:1; PREA Plan P:18; and CMHC E-35.1 P:1-2; confirm TDCJ policies are in place to ensure the agency makes individualized determinations about how to ensure the safety of each inmate.

Interviews with the staff responsible for screening inmates and the Unit Safe Prison PREA Managers found the facility uses the intake screening information to make individualized determinations to ensure inmate safety.

Review of CMHC G-51.11 confirm policy is in place to ensure 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 considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

According to the interview with Unit Safe Prison PREA Manager, transgender or intersex inmates goes through PREA risk assessment with the information gained from the correction counselor interview the basis for determining the inmate's initial housing assignment. This housing assignment may be changed after the inmate is further evaluated by the appropriate staff. According to interviews with transgender inmates staff asked them about their safety with housing and programmatic decisions of when and where education, work and exercise would occur. The transgender inmates said they had not been put in housing area only for transgender inmates and they had not been search for the sole purpose of determining their genital status. The transgender inmates stated they are treated with respect by security and non-security staff and feel safe in the facility.

Review of Review of SPPOM 03.02 P: 1 confirm TDCJ policies ensure placement and programming assignments for each transgender or intersex inmate be reassessed at least twice each year to review any threats to safety experienced by the inmate.

According to interviews with Unit Safe Prison PREA Managers and staff responsible for screening inmates, placement and programming assignments for each transgender or intersex inmate is reassessed to review any threat to safety quarterly with classification and offender rehabilitation coordinator and staff responsible for screening inmates.

Review of Review of SPPOM 03.02 P: 1-2 confirm a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.

According to interviews with Unit Safe Prison PREA Managers and staff responsible for screening inmates, transgender and intersex inmates' views of his safety are given serious consideration in placement and programming assignments. Interviews with transgender inmates confirm staff asks those questions about their safety and they responded they feel very safe at the facility.

Review of Review of PREA Plan P: 7 confirm a policy is in place and enforced to ensure transgender and intersex inmates are given the opportunity to shower separately from other inmates.

According to interviews with medical/mental health staff, Unit Safe Prison PREA Managers and staff responsible for screening inmates, transgender and intersex inmates are given the opportunity to shower separately from other inmates by requesting separate shower time. Interviews with transgender inmates confirm they are given the opportunity to shower separately from other inmates.

Review of PREA Plan P: 19 and Offender Housing Assignments P:2 policies are in place and enforced to ensure 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.

Interview with the Warden and Unit Safe Prison PREA Managers the agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex inmates. Therefore, this part of Standard 115.42 is non-applicable.

In conclusion, based on; review of policies and procedures; interviews with the PREA Coordinator and Unit Safe Prison PREA Managers Wallace/Ware Complex is compliant with Standard 115.42 Use of Screening Information.

### **Standard 115.43 Protective custody**

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

**Auditor discussion, including 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 standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P: 18; SPPOM-05.05 P: 5; Ad Seg Plan P: 1, 2, 4; and I-169 Form; confirm the agency has a policy in place and enforced to ensure inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility holds the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

According to interview with the Warden agency policy prohibits placing inmates at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers (last resort). During the last 12 months zero inmates at risk of sexual victimization were held in involuntary segregated housing.

Review of: PREA Plan P:18; SPPOM-05.05 P:5; Ad Seg Plan P:1,2,4; confirm the agency has a policy to ensure 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.

According to interview with staff who supervises inmates in segregated housing for protection from sexual abuse or after having alleged sexual abuse they have access to: programs; privileges; and education. They do not have access to work opportunities. The auditor observed and confirmed no inmates were in protective custody for protection from sexual abuse during the tour of the housing units. The facility has not placed an inmate in involuntary or voluntary protective custody due to being high risk for sexual victimization during the last 12 months. Since no inmates were placed in protective custody due to being high risk for sexual victimization the auditor was not able to interview an inmate.

Review of: PREA Plan P: 19; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members PL2; confirm the agency has a policy ensuring the facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

According to interviews with the Warden and staff supervising inmates in segregated housing, inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and is used as a last resort and for a time of less than 30 days. Since no inmates were assigned to segregate housing for high risk for sexual victimization up to 30 days the auditor was not able to interview an inmate.

Review of: PREA Plan P: 19; Ad Seg Plan P:11; I-204; and Guidelines for a SC Members PL2 confirm the agency has a policy ensuring if an involuntary segregated housing assignment is made pursuant to the first paragraph of this section, the facility shall clearly document: 1) The basis for the facility's concern for the inmate's safety; and 2) The reason why no alternative means of separation can be arranged.

According to interviews with the Warden, Unit Safe Prison PREA Managers and staff supervising inmates in segregated housing policies are in place to identify and document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. However, since zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no inmate files to review.

Review of documentation confirm the agency has a policy ensuring every 30 days, the facility affords such inmate a review to determine whether there is a continuing need for separation from the general population.

According to interviews with the Warden, Unit Safe Prison PREA Managers and staff supervising inmates in segregated housing policies are in place to ensure review of the inmate every 30 days to determine whether there is a continuing need for separation from the general population. However, since zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no inmates to interview.

Wallace/Ware Complex has not placed an inmate in involuntary or voluntary Protective Custody solely due to being a high risk for sexual victimization. In conclusion, based on interviews with the Warden, Unit Safe Prison PREA Managers and staff supervising inmates in segregated housing; observations during tour of housing units the Complex is compliant with Standard 115.43 Protective Custody.

**Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P: 20; BP-03.91 P:3.8; Immigration Statement of fact, 7/26/2014; SPPOM Attachment A; SPPOM Attachment AS; and TDCJ PREA Brochure; confirms the agency has policies in place and enforced ensuring 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.

According to interviews with random sample of staff and inmates, an inmate may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Verbal reports are promptly documented. Interviews with random sample of inmates confirm that they are very aware of the many ways they can report sexual abuse and how to do so privately. Observations and answers to questions during the tour showed complete inmate knowledge of PREA and reporting opportunities available to them.

Review of: ED-02.10 P: 1; ED-02.10; confirm the agency has policies in place that ensures the agency provides 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 are not detained solely for civil immigration purposes so this part of the standard is non-applicable.

According to interview with Unit Safe Prison PREA Manager and review of documentation advising inmates can contact the State PREA Ombudsman Office or the Texas Board of Criminal Justice (TBCJ) to privately report sexual abuse and sexual harassment to agency officials. Inmates can send sealed and uninspected letters to special and media correspondents. Special correspondents include: member of Texas Board of Criminal Justice; TDCJ Executive Director; Deputy Executive Director; any Division Director; Deputy Director; PREA Ombudsman; or Warden. Observations during facility tour found posters strategically posted throughout the facility and responses to questions during tour of the Complex confirm staff and inmates understand how to report abuse or harassment to a public or private entity or office that is not part of the agency. Review of the Statement of fact confirms TDCJ does not detain offenders solely for civil immigration purposes.

Review of TDCJ PREA Plan confirm the agency has policies directing staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document an verbal reports.

According to interviews with random sample of staff when an inmate alleges sexual abuse or sexual harassment he can do so verbally, in writing, anonymously, and from third parties. Verbal reports are documented immediately. Interviews with random sample of inmates confirm they have received, read and understand the pamphlet on PREA and are aware of these opportunities to report sexual abuse or sexual harassment.

Review of policy advising staff contact the PREA Ombudsman and the Office of the Inspector General confirm TDCJ has policies in place and enforced to ensure and provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

According to interviews with random samples of staff, employees may privately report any suspicion of sexual abuse or sexual harassment of an inmate by contacting the Office of Special Investigation directly. Staff is informed of this reporting procedure by policy and Sexual Abuse Prevention and Response training.

In conclusion, based on: development, implementation and monitoring of policies and procedures, interviews with random sample of staff and inmates; observations and answers to questions regarding inmate reporting during tour of housing units; and the distribution of a new updated PREA pamphlet the auditor finds the Wallace/Ware Complex is compliant with Standard 115.51 Inmate Reporting.

### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Texas Government Codes 493.014; 501.008; AD-03.77 Offender Grievances; and AD-03.82; Management of Offender Grievances; confirm policies are in place and enforced to ensure the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers confirm administrative policies are in place for dealing with inmate grievances regarding sexual abuse.

Review of AD-03.82 P:5-6 and AD-03.82 P:7 Appendix-B confirm policies are in place and enforced to ensure: 1) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; 2) the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; 3) the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 4) nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers report the policies are in place and enforced for 1-4.

Review of: AD-03.82 P: 8; OGOM sections 1.01 P: 1, 1.04 P:2; and 7.00 P:1 Appendix J; confirm policies are in place and enforced to 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.

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers report inmates can submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member.

Review of: Texas Government Code 501.008; AD-03.82 P:9; OGOM section 4.00 P:1; confirm policies are in place and enforced to ensure: the agency issues a final agency decision the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; 2) computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal; 3) the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made; 4) at any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level;

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers confirm: decision on merits of grievance or portion of a grievance are made within 90 days of the filing; in past 12 months there was one grievance filed at Wallace and one grievance filed at Ware; no grievances extensions were requested; no extensions requested so no notifications to inmates were required. The grievance filed at Wallace has resulted in an on-going investigation and the grievance filed at Ware resulted in an investigation opened up and the outcome was no evidence of staff misconduct.

Review of: AD-03.82 P:4; OGOM section 9 P:1-2 Appendix U; confirm policies are in place and enforced to ensure: 1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates; 2) if a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; 3) if the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers confirm; third parties assist inmates in filing request; such request may require a condition that victim agree to pursue subsequent steps and if inmate

declines the request it is documented. There were no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance.

Review of: AD-03.82 P:5; OGOM section 1.04 P:2 7.00 P:1; PREA Plan P:22; confirm policies are in place and enforced to ensure: 1) the agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; 2) after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance;

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers reported policies are in place for: emergency grievance for inmates subject to a substantial risk of imminent sexual abuse; grievance is immediately forwarded to a level of review at which immediate corrective action is taken within 48 hours; issues a final agency decision within 5 calendar days.

Review of OGOM section 1.01 P:4 confirms policy is in place and enforced to ensure the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Interview with: staff handling inmate grievances; random selection of staff; inmates; and Unit Safe Prison PREA Managers found policy is in place and there were no inmates disciplined for filing a grievance in bad faith during the last 12 months.

In conclusion, based on: development, implementation and monitoring of policies and procedures; interview with staff handling inmate grievances; random selection of staff, inmates, and Unit Safe Prison PREA Managers; and observations and answers to questions regarding inmate grievances during tour of housing units; the auditors finds the Wallace/Ware Complex is compliant with Standard 115.52 Exhaustion of administrative remedies.

### **Standard 115.53 Inmate access to outside confidential support services**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Safe Prison PREA Plan; P:13; SPPOM-02.02 P:1; BP-03.91 P:1,9; and Offender Orientation Handbook; confirm policies are in place and enforced to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.

According to interviews with random sample of inmates they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The inmates confirmed the facility gives those mailing addresses and telephone numbers for the outside services. The facility did not have a toll free number (hot line) at the time of the audit. The auditor was not able to interview an inmate who reported a sexual abuse since there was not one in the facility at the time of the audit. There were 9 reports of sexual abuse or harassment during the last 12 months and the inmates were released or transferred to another facility.

Review of BP-03.91 P: 1 confirms policies are in place and enforced to ensure the facility informs 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.

According to interviews with random sample of inmates they are aware the facility informs them prior to giving them access to outside

support services, the extent to which communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The auditor was not able to interview an inmate who reported a sexual abuse since there was not one in the facility at the time of the audit. There were 9 reports of sexual abuse or harassment during the last 12 months and the inmates were released or transferred to another facility.

Review of Safe Prison Plan and interviews with the Unit Safe Prison PREA Managers and documentation of the agency's attempt to enter into MOU's confirm the agency maintains 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 maintains copies of agreements or documentation showing attempts to enter into such agreements.

In conclusion, based on: policies and procedures providing inmates with access to outside victim advocates for emotional support services; informing inmates, prior to giving them access, of the extent to which such communications will be monitored; and documented attempts to seek agreement with agencies to provide inmates with confidential emotional support services; the Wallace/Ware Complex is compliant with Standard 115.53 Inmate Access to Outside Confidential Support Services.

### **Standard 115.54 Third-party reporting**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: SPPOM-04.02; ED-02.03 P1, 2, 8, 9; ED-02.10 P: 1, 3: General Information for Families of Offenders Brochure P: 32-33; and Safe Prison PREA Plan P: 23; confirm the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

According to interviews with the Safe Prison PREA Compliance Managers and Warden the agency has established a PREA Ombudsman (2008): to provide offenders, as well as the public an independent office to report sexual assault; respond to public inquiries related to allegation of sexual assault in TDCJ correctional facilities; and place the General Information Guide for Families of Offenders Brochure on the TDCJ website. During the last 12 months Wallace/Ware has not had a third party PREA report.

In conclusion, based on: review of policies; interviews with staff and viewing the TDCJ website; the facility is compliance with Standard 115.54 – Third-party Reporting.

### **Standard 115.61 Staff and agency reporting duties**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Safe Prisons PREA Plan P:23; PD-29 P:3-4; confirms policies are in place and enforced to ensure 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; 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.

According to interviews with random sample of staff the agency requires all staff, regardless of title, to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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. Staff is required to immediately notify his or her immediate supervisor, Warden or Department Head. The employee is required to report the specific details, in writing, immediately after verbal notification.

Review of: Safe Prisons PREA Plan P: 22-23; SPPOM-05.01 P:4; confirms policies are in place and enforced to ensure apart from reporting to designated supervisors or officials, staff does 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.

According to interviews with the facility PREA Manager and random sample of staff the agency requires all employees be aware of the sensitive nature of a situation where an inmate reports sexual abuse or sexual threats and reports are confidential and information, including but not limited to the identity of the victim is only to be shared with essential employees involved in the reporting investigation, discipline and treatment process, or as otherwise required by law.

Review of: Safe Prisons PREA Plan P: 22-23; SPPOM-05.01 P: 4 confirms policy is in place and enforced to ensure unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

According to interviews with the facility medical and mental health staff at the initiation of services to an inmate they disclose the limitations of confidentiality and their duty to report. Staff reported they are required, and have reported, to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The auditor reviewed medical and mental health files for inmates and confirm documentation of incidents and activity.

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.

Wallace/Ware Complex does not house any inmates under the age of 18. Therefore, this part of Standard 115.61 is non-applicable.

Review of: Safe Prisons PREA Plan P:22-23; SPPOM-05.01 P:4; confirm policies are in place and enforced to ensure the facility reports all allegation of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

According to interviews with the Warden and Unit Safe Prison PREA Managers all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators. The auditor reviewed inmate files with investigators and confirm all allegations are investigated.

In conclusion, based on review of policies and procedures; interviews with the facility Warden, Unit Safe Prison PREA Managers, medical and mental health staff and random sample of staff the facility is compliant with Standard 115.61 Staff and Agency Reporting Duties.

### **Standard 115.62 Agency protection duties**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Review of: SPPOM-05.01 P:1,3; SPPOM-05.03 P:1; AD-02.15 P:1,6; and Administrative Review/Investigation; confirm policy is in place and enforced to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

According to interviews with: the CID Director; Warden; and random sample of staff, when learning that an inmate is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility or Office of Inspector General based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; inmate at risk or potential predator may be moved to another housing unit or transferred. If no other options are available temporarily protective custody until other steps can be taken may be considered. During the past 12 months there were zero times the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

In conclusion, based on review of policies; interviews with CID Director, Warden and random sample of staff; and observations and answers to questions when touring the facility, Wallace/Ware Complex is compliant with Standard 115.62 Agency Protection Duties.

### **Standard 115.63 Reporting to other confinement facilities**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: BP-01.07 PL2; AD-16.20 PL5; PREA Plan P: 24; SPPOM-04.01 P:1-3; confirm policy is in place and enforced to ensure where upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

According to interview with Unit Safe Prison PREA Managers upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. Wallace/Ware Complex received zero notification during the last 12 months of an allegation of sexual abuse the facility received from another facility.

Review of: AD-16.20 P:5,7; SPPOM-04.01 P:1-2; confirm policy is in place and enforced to ensure showing such notification provided as soon as possible, but no later than 72 hours after receiving the allegation.

According to interviews with the Warden and Unit Safe Prison PREA Managers upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred no later than 72 hours after receiving the allegation.

Review of: PREA Plan P: 24 confirm policy is in place and enforced to ensure that the facility document that it has provided such notification.

According to interviews with the Warden and Unit Safe Prison PREA Managers, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden that received the allegation notifies the head of the Warden or appropriate office of the agency or facility where the alleged sexual abuse occurred and the notification is documented.

Review of: SPPOM-04.02; SPPOM-05.05 P: 1; AD-16.20 P: 6; PSPPOM-05.01 P:1-2; confirms the policy is in place and enforced to ensure the agency office that receives such notification ensures that the allegation is investigated in accordance with these standards.

According to interview with CID Director allegations received at one facility involving a different facility are forwarded to the Safe PREA Audit Report

Prisons/PREA Managers Office (SPPMO), Warden of the facility where the abuse allegedly occurred, with a copy of the notification to the Office of Inspector General. Allegations from other agencies are typically received by the Office of Inspector General or the Safe Prisons/PREA Managers Office.

In conclusion, based on: review of policies; interviews with CID Director, Warden and Safe Prisons/PREA Managers and review of documentation; the Wallace/Ware Complex is compliant with Standard 115.63 Reporting to other Confinement Facilities.

### **Standard 115.64 Staff first responder duties**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: SPPOM-05.01 P:2-3; AD-16.03 P:1-3; OIG OPM-04.05 P:4-5; confirm policies are in place and enforced to ensure 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 action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

According to interviews with: Warden; Safe Prisons/PREA Managers; random selection of security and non-security staff; the agency has in a place and enforced to ensure a first responder policy for allegations of sexual abuse and first responders requiring staff to follow 1-4 in the first paragraph. In the past 12 months there were 5 allegations of sexual abuse and sexual harassment at Wallace and 4 allegations at Ware. Of these allegations the number times security staff member was able to perform first responder action was once at Wallace. Interviewing random sample of security and non-security staff found they were very informed about their requirements in being a first responder.

Review of: SPPOM-05.01 P:2-3; AD-16:03 P:1; confirm policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

According to interviews with Unit Safe Prisons/PREA Managers and random sample of staff, the agency has a first responder policy (security and non-security staff) for allegations of sexual abuse and first responders are required to follow 1-4 in the first paragraph. In the past 12 months there were 5 Wallace/4 Ware allegations of sexual abuse and sexual harassment. Of these allegations the number times security or non-security staff member was able to perform first responder action was once at Wallace. Interviews with random sample of staff and review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard a priority and are prepared, by policy to respond per the requirements of this standard.

The agency and the facility have further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. Each employee carries a card that has the PREA Compliance Means Safe and Secure Prisons on one side and First Responder instructions on the other side.

In conclusion, based on: review of policies; interviews with Unit Safe Prison PREA Managers; random sample of staff; and observations and questions answered during tour of facility; the Wallace/Ware Complex substantially exceeds requirements of Standard 115.64 Staff First Responder Duties.

### **Standard 115.65 Coordinated response**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P:26; SPPOM-05.01 P:1-2; confirms policies are in place and enforced to ensure the facility develops 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.

According to interviews with: Warden; Safe Prisons/PREA Managers; random selection of staff; the facility has established and set forth clear facility-specific guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between security staff, the Office of the inspector General, medical and mental health services and victim advocates or victim offender representatives. This plan is per TDCJ Safe Prison/PREA Operation Manual.

In conclusion, based on review of Wallace/Ware Complex’s specific Coordinated Response Plan to an Incident of Inmate Sexual Abuse; interviews with the facility Warden and the Unit Safe Prison PREA Managers; and observations and questions answered when touring the facility the auditor finds the Wallace/Ware Complex meets the requirements of Standard 115.65 Coordinated Response.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

According to Standard 115.66 Preservation of ability to protect inmates from contact with abusers the agency or any other governmental entity responsible for collective bargaining on the agency's behalf enters into or renew any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

The TDCJ is not responsible for collective bargaining on the agency’s behalf. Texas is a “right to work state” and does not have collective bargaining that would interfere with the preservation of the agency’s ability to protect inmates from contact with abusers. Therefore, this standard is non-applicable.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PD-22 P:41-42, 51, 53, Addendum PL5; PD29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM-05.08 P:1; confirm policy is in place and enforced to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Unit Safe Prisons PREA Managers are also the retaliation monitors.

According to interview with: Warden; facility retaliation monitors; and random sample of staff; the agency Retaliation Policy is in place and enforced and the Unit Safe Prisons PREA Managers at each facility have been designated the retaliation monitors reporting directly to the Warden in PREA retaliation issues.

Review of: PD-22 P:41-42, 51, 53, Addendum PL5; PD29 P:1-3; PD-31 P:1; PD-13 P: 1,4,5; SPPOM-05.08 P:1; confirm policies are in place and enforced to ensure the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

According to interview with the CID Director, inmates and staff are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures made on a case-by-case basis. Both the facility administration and the Office of Inspector General consider whether the present housing placement is appropriate and, if no, consider whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on a list of services is provided.

Interview with Unit Safe Prisons PREA Managers advises, as the retaliation monitor, multiple protection measures are considered: housing changes; transfers for inmate victims or abusers; removal of alleged staff or inmate abusers from contact with victims; and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Review of: PREA Plan P:24; SPPOM-02.4 P:1, 2,3; SPPOM-05.8 P:1,2; confirm policies are in place and enforced to enable the facility monitors the conduct or treatment of inmates or staff who report sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff for at least 90 days following a report of sexual abuse if the initial monitoring indicates a continuing need.

Interviews with Warden and Unit Safe Prisons PREA Managers confirm the facility for at least 90 days following a report of sexual abuse or sexual harassment monitors the conduct and treatment of: an inmate or employee who reported an incident; and an inmate who was reported to have suffered sexual abuse or sexual harassment. Monitoring will be for all areas in previous paragraph and will continue beyond 90 days is needed. The number of times an incident of retaliation occurred in the past 12 months was zero.

Review of: PREA Plan P: 24; and SPPOM-05.08 P:4 confirm policies are in place and enforced to insure in the case of inmates, such monitoring also include periodic status checks.

Interviews with retaliation monitors and random sample of staff confirms in case of inmates monitoring includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment.

Review of: PREA Plan P: 24 confirm policy is in place and enforced to ensure if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation.

According to interview with the CID Director, all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Retaliation monitoring includes review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. The Department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

Review of: PREA Plan P: 24; and SPPOM-05.08 P:2; confirm a policy is in place ensuring the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

In conclusion, based on: review of policies; interviews with the CID Director, complex Warden, retaliation monitors and random sample of staff; and observations and questions answered during tour; the Wallace/Ware Complex is compliant with Standard 115.67 Agency Protection against Retaliation.

### **Standard 115.68 Post-allegation protective custody**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Ad Seg Plan P:2, 4, 11; AD-04.63 P:2, 4; AD-03.50; PREA Plan P:26; Guidelines for ASC P:1 Attachment 12 00B; confirm policy is in place and enforced to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of 115.43.

Interviews with the facility Warden and staff who supervise inmates in segregated housing found the policies are in place to allow use of segregated housing to protect an inmate. However, it is a last resort and if use it will be for less than 30 days. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 month for either 24 hours or 30 days was zero.

In conclusion, the Wallace/Ware Complex is compliant with this standard, based on: review of policies; interviews with complex Warden and staff who supervise inmates in segregated housing; observations and questions answered when visiting segregated housing. The Wallace/Ware Complex is found compliant with Standard 115.68 Post-allegation Protective Custody.

### **Standard 115.71 Criminal and administrative agency investigations**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The investigators interviewed reported they judge the credibility determinations of an alleged victim, suspect, or witness are based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigators said they would not under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation as it is against state law to ask a victim of sexual abuse to take a polygraph.

Review of PREA Plan confirm policies are in place to ensure 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.

Interviews with the investigators reported the efforts they make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse included, during the investigation they follow-up on any statements or documentary evidence that shows a staff member may have been on notice of the abuse and failed to act, took some action to facilitate the abuse, or otherwise violated Department policy in connection with the incident.

Review of PB-01.07 P:2,6; confirm polices are in place to ensure criminal investigations are 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.

According to the investigators criminal investigations are documented and their reports contain a description of the allegation; description of victim; witness and perpetrator interviews; description of DNA; physical, documentary and other evidence; and the cases closing summary. The file contains copies of all the witness statements, documents, reports and other evidence.

Review of BP-01.07 P: 2, 6 confirm policies are in place to ensure substantiated allegation of conduct that appears to be criminal shall be referred for prosecution.

Interviews with the investigators reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since August 20, 2012.

Review of: BP-01.07 P: 6; PD-29 P: 1, 5; confirms policy is in place to ensure the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. Also they continue the investigation when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

Review of: BP-01.07 P:1, 2, 3, 4, 6; confirm policy is in place to ensure any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The TDCJ is responsible for all administrative and criminal investigations, with assistance from the State Police when required, who follow all the requirements of this Standard. There is no Department of Justice involvement. This part of the standard is non-applicable.

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

In conclusion, based on: review of policies and procedures; interviews with Warden, PREA Coordinator, Unit Safe Prison PREA Managers and Investigative Staff; observations and questions answered during tour of facility the Wallace/Ware Complex is compliant with the requirements for Standard 115.71 Criminal and Administrative Agency Investigations.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P: 28; S[[P,-05.05 P:9-10; CTSD Spec. Inv. Training P:6; confirm policies are in place and enforced to ensure the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with investigators that responded to the standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment is a preponderance of the evidence, that is, when the weight of the evidence indicates that the allegation is more likely to be true than not true.

In conclusion, the Wallace/Ware Complex is compliant with this standard, based on: review of policies; interviews with investigators and staff. The facility is compliant with Standard 115.72 Evidentiary Standards for Administrative.

### **Standard 115.73 Reporting to inmates**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P: 30; SPPOM-05.05 Attachment J P:5; SPPOM-05.05 Attachment M; SPPOM-05.11 Attachment F P:6; confirm policies are in place and enforced to ensure following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Interviews with facility Warden and investigative staff confirm agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigations. The number of criminal and/administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months were 5 at Wallace and 4 at Ware and all of the inmates received notification verbally with documentation or in writing of the results of the investigation.

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The agency is responsible for conducting administrative and criminal investigations. Therefore, this part of Standard 115.73 is non-applicable.

Review of: SPPOM-05.11 Attachment F P:5-6; confirm policies are in place and enforced to ensure following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the inmate's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Interview with the confirms the agency informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the staff member: is no longer posted within the inmate's unit; no longer employed by the facility; agency learns staff member indicted on a charge related to sexual abuse within the facility; or agency learns staff member has been convicted on a charge related to sexual abuse within the facility. Interviews with inmates confirm they were notified per policy.

Review of: SPPOM-05.11 Attachment F P: 5-6; confirm policies are in place to ensure following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on charge related to sexual abuse within the facility.

Interview with Unit Safe Prison PREA Managers confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency informs the alleged victim whenever: agency learns alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on charge related sexual abuse in the facility.

Review of: SPPOM-05.11 P:5-6; SPPOM-05.05 Attachment J, Attachment M; confirms policies are in place to ensure all such notifications or attempted notifications are documented.

Interview with the Warden and Unit Safe Prison PREA Managers confirm all notifications or attempted notification are documents showing the date and time of the notification in case chronology. If the inmate refused to discuss the outcome, it is noted the date and time of the attempted notification and the fact that the inmate refused. During the last 12 months 3 at Wallace and 2 at Ware were provided notifications that were documented.

Review of: SPPOM-05.11 P:5-6; and SPPOM-05.05; confirm policies are in place and enforced to ensure the agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Interviews with facility Warden and Unit Safe Prison PREA Managers confirmed that there is no obligation to report the case outcome to the reported victim inmate after he or she is released from the Department's custody however doing so may be appropriate depending on the circumstances of the case.

In conclusion, the facility is compliant with this standard, based on: review of policy, procedures and forms; interviews with Wallace/Ware Complex Warden and Unit Safe Prison PREA Managers and observations and questions answered during tour. The Wallace/Ware Complex is compliant with Standard 115.73 Reporting to Inmates.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PD-13 P: 1, 3-5; PD-22 P: 1, 41-42, 48. Addendum P:5; PD-29 Addendum P:5; confirms policies are in place and enforced to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Interviews with Unit Safe Prison PREA Managers and Human Resource Manager confirm staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Wallace/Ware Complex has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident during the last 12 months.

Review of: PD-22 P: 25-26 confirms policies are in place and enforced to ensure termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Interviews with Unit Safe Prison PREA Compliance Manager and Human Resource Manager confirm that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of an inmate. The facility has not had an employee terminated due to an incident of sexual harassment or sexual misconduct incident.

Review of: PD-29; PD-22 P: 19, 41-42, 48, 51, 53, 54; confirm policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Interviews with Unit Safe Prison PREA Managers and Human Resource Manager confirms disciplinary sanctions for violations of agency PREA Audit Report

policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months zero staff have been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies.

Review of: PD-29 P: 6; PD-29 Definitions; AD-16.20 P:3-4 ,7, 9; confirm policies are in place to ensure 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviews with Unit Safe Prison PREA Managers and Human Resource Manager confirm 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Wallace/Ware Complex in the last 12 months had zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

In conclusion, the Wallace/Ware Complex is compliant with this standard, based on: review of policies, forms and files; interviews with Unit Safe Prison PREA Managers and Human Resource Manager; and observations and questions answered during tour. The complex is compliant with Standard 115.76 Disciplinary Sanctions for Staff.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: Volunteer Service Plan P: 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Services Training; Video Script P: 21-24; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; confirms policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Interviews with Unit Safe Prison PREA Managers confirms an offender is incapable of consent to any sexual act with an employee where that employee performs duties in a state correctional facility in which the victim is confined at the time of the offense consisting of providing custody, medical or mental health services, counseling services, educational programs, vocational training, institutional parole services or direct supervision to inmates. The law also applies to any contract employee or volunteer who regularly provides services to inmates. Any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. In the past 12 months zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.

Review of: Volunteer Service Plan P; 11-13, 23; Acknowledgement of Volunteer Training Orientation; 2014 Volunteer Services Training; Video Script P:21-24; PD-29 P:5-6; Safe Prisons PREA Plan P: 39; confirms policies are in place and enforced to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews with Unit Safe Prison PREA Managers confirms the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interviews with volunteers and contractors confirm they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They confirmed they have: attended PREA training; received written material; viewed video; understand the agency's zero tolerance policy; and signed forms saying they have received and understand the PREA training.

In conclusion, based on: review of policies, procedures and forms; interviews with Unit Safe Prison PREA Managers, and volunteers and contractors; and observation and questions answered during tour; the Wallace/Ware Complex is compliant with Standard 115.77 Corrective Action for Contractors and Volunteers.

### **Standard 115.78 Disciplinary sanctions for inmates**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P: 30; GR-106 P:18-21, 26, Attachment A-2; Email of New Offense 20.4; confirm policies are in place and enforced to ensure inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Interviews with Unit Safe Prison PREA Managers and confirms having a consistent, fair and reasonable disciplinary process is the Department’s most valuable tool to address inmate misconduct, while ensuring the safety of all employees and inmates and the security of the facility. In the past 12 months the numbers of administrative findings of inmate-on inmate sexual abuse that have occurred at the facility were zero. During the last 12 months there have been zero findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Review of: TDCJ Disciplinary Rules for Offenders P:25-26; confirm policies are in place and enforced to ensure 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.

Interviews with Warden and Unit Safe Prison PREA Managers confirm that policies are in place and enforced to ensure the disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse are progressive disciplinary system based on guidelines. The sanctions are to be proportionate to the nature and circumstances of the abuses committed, the inmates’ disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.

Review of: TDCJ Disciplinary Rules for Offenders P:25-26; CMHC E-35.1 P:1, 2; confirm policies are in place and enforced to ensure the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interviews with the Warden and Unit Safe Prison PREA Managers confirm mental disability and mental illness are considered when determining sanctions.

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

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm the facility offers therapy, counseling and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and offers these services to the offending inmate. The facility does not require an inmate’s participation as a condition of access to programming or other benefits.

Review of PREA Plan P: 31 confirm policies are in place to ensure the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

An interview with Unit Safe Prison PREA Managers confirms an inmate may be disciplined for sexual contact with staff only upon a finding

that the staff member did not consent to such contact.

Review of: GR-106 P: 18-21, 26; confirm the policies are in place and enforced to ensure for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

An interview with Unit Safe Prison PREA Managers confirms no reprisals of any kind are taken against an inmate or employee for good faith reporting of sexual abuse or sexual threats.

Review of: GR-106 P:18-21 Attachment B-2-1; Safe Prison PREA Plan:31; TDCJ Disciplinary Rules for Offenders P:25-26; confirm policies are in place to ensure that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Interviews with Warden and Unit Safe Prison PREA Managers confirm the agency: prohibits all sexual activity between inmates; disciplines inmates for such activity; and the agency deem such activity to constitute sexual abuse only if it determines that the activity is coerced.

In conclusion, the based on: review of policies, procedures and forms; interviews with the Warden and Unit Safe Prisons PREA Managers; and observation and questions answered during tour; the Wallace/Ware Complex is compliant with Standard 115.78 Disciplinary Sanctions for Inmates.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P:17; SPPOM-03.01 Attachment E; CMHC E-35.1 P:1; CMHC E-35.2 P:1; CMHC G-57.1 P:1-2; confirm that policies are in place and enforced to ensure if the screening pursuant to 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Interview with the staff who is responsible for risk screening confirms that if a screening indicates that an inmate previously perpetrated sexual abuse, the facility offer a follow-up meeting with a mental health practitioner. There was no inmate who disclosed sexual victimization at risk screening in the facility for the auditor to interview. The auditor interviewed medical and mental health staff who confirmed that the follow-up meeting is offered within 7 days.

Review of: CMHC E-35.2; Mental Health Evaluation P: 1; CMHC G-57.1 Sexual Assault/Sexual Abuse P:1-2; confirm that policies are in place and enforced to ensure if the screening pursuant to 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interview with the staff who is responsible for risk screening confirms if a screening indicates that an inmate previously perpetrated sexual abuse they are offered a follow-up meeting with a medical health practitioner to be held immediately. In the past 12 months, 100 percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow up with a mental health practitioner. Mental health staff maintain secondary materials (e.g. form, log) documenting compliance with the requirements of this standard. The auditor reviewed inmate files in the medical and mental health departments and found follow-up meetings were held, documented, logged and completed per agency policy.

Review of: SPPOM-05.05 P:2-3; CMHC A-09.01 P:1; CMHC A-61.1 P:1-3; confirm that policies are in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health

practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law.

Interviews with the Staff who is responsible for risk screening, medical and mental health staff and Unit Safe Prison PREA Managers confirms information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Review of: CMHC G-57.1 P:1-2; CMHC 1-70.1 P:1; CMHC-02.05 P:1; CMHC H-61.1 P:4; confirm policies are in place and enforced to ensure medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Interview with Unit Safe Prison PREA Managers and medical and mental health staff confirm 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. The auditor reviewed inmate files in medical and mental health that had copies of the signed consent forms.

In conclusion, based on: review of policies, procedures, forms and inmate files; interviews with Unit Safe Prison PREA Managers and medical and mental health staff; and observations and questions answered during tour of intake/screening and medical and mental health department, the Wallace/Ware Complex is compliant with 115.81 Medical and Mental Health Screenings: History of Sexual Abuse.

### **Standard 115.82 Access to emergency medical and mental health services**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: CMHC A-01.1 P:1; CMHC G-57.1 P:1; SPPOM-05.01 P:1-2; confirm that policies are in place and enforced to ensure 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.

Interviews with medical and mental health staff and Unit Safe Prison PREA Managers confirm victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The auditor reviewed inmate files in medical and mental health and found documentation of all meetings were documented and per policy.

Review of: CMHC A-01.1 P: 1; CMHC G-57.1 P: 1; SPPOM-05.01 P:1-2; confirms policies are in place and enforced to ensure 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 immediately notify the appropriate medical and mental health practitioners.

Interviews with security staff and non-security staff first responders found during the past 12 months there was no activity requiring first responder activity. However, security staff and non-security staff are all prepared to act as a first responder if required. Interviews with security and non-security staff carry a card with instructions on being a first responder and are very prepared.

Review of: CMHC G-57.1 Sexual Assault/Sexual Abuse P: 2; CMHC G-57.1 Attachment B Rights to Crime Victims P: 2; confirm policies are in place and enforced to ensure inmate victims of sexual abuse while incarcerated are 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.

Interviews with medical and mental health staff confirm that inmate victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The auditor reviewed files in the medical and mental health departments and found the services were offered, documented and per agency policy.

Review of: CMHC G-57.1 P:2; confirm policies are in place to ensure treatment services are 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.

Interview with Unit Safe Prison PREA Managers and medical and mental health staff confirm that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In conclusion, based on: review of policies, procedures, forms and files; interviews with Unit Safe Prison PREA Compliance Managers, security and non-security staff and medical and mental health staff; and observations and questions answered during tour; find the Wallace/Ware Complex compliant with Standard 115.82 Access to Emergency Medical and Mental Health Services.

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

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P:14; SPPOM-05.01 P1-2, 4; SPPOM-05.05 Attachment J P:1; CMHC G-57.1 P:1-2; confirm policies are in place and enforced to enable offering 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.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm the facility offers 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.

Review of: CMHC G- 57.1 P:1; CMHC E-32.1 P:1,3; CMHC E-44 P:1; confirm policies are in place and enforced that ensure 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.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm evaluation and treatment of inmates who have victimized includes treatment services including: follow-up services; treatment plans; treatment groups; and when necessary referrals for continued care after leaving the facility. The auditor reviewed inmate files in medical and mental health and found documentation of treatment plans for inmates that have victimized.

Review of: CMHC G- 57.1 P:1; CMHC E-32.1 P:1,3; CMHC E-44 P:1; confirm policies are in place and enforced to ensure the facility provides such victims with medical and mental health services consistent with the community level of care.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm the medical and mental health services offered at the facility are consistent with community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Wallace/Ware Complex is an all-male complex. Therefore, this part of Standard 115.83 is non-applicable

If pregnancy results from the conduct described in paragraph of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Wallace/Ware Complex is an all-male complex. Therefore, this part of Standard 115.83 is non-applicable

Review of: CMHC 57.1 P:2; confirm policies are in place to ensure inmate victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm inmate victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. The auditor reviewed files of inmates that were victims of sexual abuse while incarcerated and were offered treatment. The treatments were as per policy and documented.

Review of: CMHC 57.1 P:2; confirm policies are in place to ensure treatment services are 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.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm treatment services are 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.

Review of: CMHC 57.1 P:2; confirm policies are in place and enforced to ensure all prisons attempt to conduct a mental health evaluation of all know inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with Unit Safe Prison PREA Managers and medical and mental health staff confirm mental health conducts a mental health evaluation of all known inmate-on inmate abusers and offer treatment if appropriate. This mental health evaluation is conducted within 60 days of learning of such abuse history.

In conclusion, based on: review of policies, procedures, forms and files; interviews with Unit Safe Prison PREA Managers, and medical and mental health staff; and observations and questions answered during tour; the Wallace/Ware Complex is compliant with Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

### Standard 115.86 Sexual abuse incident reviews

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: PREA Plan P:31; SPPOM-08.01; AD-02.15; Administrative Review/Investigation; confirm policies are in place and enforced to ensure the facility conducts 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.

Interviews with the Warden and Unit Safe Prison PREA Managers the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, one allegation at Wallace Unit of criminal and/or administrative investigation of alleged sexual abuse completed at the facility, excluding only “unfound.

Review of: AD-02.15 P: 7, 8, 9; confirm polices are in place and enforced to ensure such review shall ordinarily occur within 30 days of the conclusion of the investigation.

An interview with Unit Safe Prison PREA Managers confirms the facility ordinarily conducts a sexual abuse incident review within 30 days, excluding “unfounded” incidents. In the past 12 months there have been one criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents.

Review of: AD-02.15 P:7, 8, 9; confirm policy is in place and enforced that ensures the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioner.

An interview with the Warden and Unit Safe Prison PREA Managers confirms the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Review of: AD-02.15 P:7, 8, 9; confirms policies are in place and enforced to ensure the review team: 1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) Considers 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) Examines 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.

Interviews with Warden and Unit Safe Prison PREA Managers confirms the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to above paragraph 1-6 of this section and any recommendations for improvement, and submits such report to the facility Warden and Unit Safe Prison PREA Managers.

Review of: AD-02.15 P: 7, 8, 9; confirms policies are in place and enforced to ensure the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Interviews with Warden and Unit Safe Prison PREA Managers confirm that the facility implements the recommendations for improvement or documents its reasons for not doing so. The review is intended to identify any gaps in policy, practice, or protocol, and recommend improvements when appropriate. The review examines whether policies were followed and whether they need to be changed; whether physical plant and staffing are appropriate to minimize the risk of sexual abuse; whether gang and other group dynamics were a factor in the reported incident, as well as other factors. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

In conclusion, based on: review of policies, procedures, forms and files; interviews with Warden and Unit Safe Prison PREA Managers; and observations and questions answered during tour; find the Wallace/Ware Complex compliant with Standard 115.86 Sexual Abuse Incident Reviews.

### **Standard 115.87 Data collection**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: BP-02.09 P: 3; AD-02.15 P:1-12; OIG OPM-04.05 P:5-6; PREA Plan P:35; SPPOM-01.01-1A1; PREA Plan P:2-5; Survey of Sexual Violence, 2012; confirm the policies are in place and enforced to ensure the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 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.

An interview with the Unit Safe Prison PREA Managers and review of the TDCJ Annual Report On Sexual Victimization 2009-2014 (6 reports) Annual Reports confirm the agency collects accurate uniform data using a standardized instrument and set of definitions. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

Review of: AD-02.15 P:1; AD-01.01 P:1-2; confirm policies are in place and enforced to ensure the agency aggregates the incident-based sexual abuse data at least annually.

Interviews with the CID Director, PREA Coordinator and Unit Safe Prison PREA Managers confirm the agency aggregates the incident-based sexual abuse data at least annually. All confidential information is securely retained by TDCJ.

Review of: AD-02.15 P:1; AD-01.01 P:1-2; confirm policies are in place and enforced to ensure 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.

Interviews with CID Director, PREA Coordinator and Unit Safe Prison PREA Managers confirms the agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident review. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau of Justice Statistics.

Review of: AD-02.15 P:1; AD-01.01 P:1-2; confirm policies are in place to ensure the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Interviews with CID Director, PREA Coordinator and Unit Safe Prison PREA Managers confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

As a result of comprehensive data collection and review, the TDCJ maintains separate incident based data from all available incident-based documents,

This part of the Standard requires the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Wallace/Ware Complex does not contract for the confinement of its inmates. Therefore, this part of the standard is non-applicable.

Review of: AD-02.15 P:1; AD-01.01 P:1-2; Department of Justice Report; confirm policies are in place and enforced to ensure upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.

An interviews with the PREA Coordinator and Unit Safe Prison PREA Managers confirms the agency provided data from the previous calendar year, as requested, to the Department of Justice.

In conclusion, based on: review of policies, procedures, forms and files; interviews with Unit Safe Prison PREA Managers; and observations and questions answered during tour; find the Wallace/Ware Complex compliant with Standard 115.87 Data Collection and Review.

### **Standard 115.88 Data review for corrective action**

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

**Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: TDCJ Safe Prison FY 2013; BP-02.09 P:1-7; TBCJ PREA Ombudsman Annual Report P:1-2; confirm policies are in place to PREA Audit Report

ensure the agency reviews 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.

Interview with the CID Director finds the agency reviews data collected and aggregated pursuant to 115.87. The PREA Ombudsman, Safe Prison/PREA Office, and the Office of the Inspector General collaborate to compile an Annual Report. The data collected through the Emergency action center reporting process and independent reports submitted directly to the OIG is sent monthly/annually as well. The data is reviewed by agency leadership and Safe Prisons/PREA Managers office. Data is used to: determine appropriate interventions; enhancements to staff and offender training; assessment of appropriate housing for victims/predators; policy updates; and revisions to enhance operational aspects designed to provide safer prisons. Annual staffing plan reviews, assessment of current use of monitoring/surveillance equipment, and facility infrastructure modifications as well as leading indicators in data that may assist TDCJ in making determinations. The data is used to ensure that appropriate action is taken at every level of the organization.

Interviews with Warden and Unit Safe Prison PREA Managers confirms the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Review of: TDCJ Safe Prison FY 2013; BP-02.09 P:1-7; TBCJ PREA Ombudsman Annual Report P:1-2; confirm policies are in place to ensure such report 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.

Interviews with CID Director, PREA Coordinator and Unit Safe Prison PREA Managers confirms the annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse. The PREA Coordinator reported the information is assessed. Interventions such as training of staff, upgrades to offender training, assessment of appropriate housing for predators, policy updates and revisions to enhance operational aspects designed to provide safer environments. Assessment of current use of monitoring/surveillance equipment and facility infrastructure modifications are conducted. The auditors reviewed the annual reports for six years, 2009-2014.

Review of: TDCJ Safe Prison FY 2013; BP-02.09 P:1-7; TBCJ PREA Ombudsman Annual Report P:1-2; confirm policies are in place to ensure the agency's report is 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.

Interviews with the CID Director, and Unit Safe Prison PREA Managers confirm the TDCJ agency head approves the agency's report and the agency makes its annual report readily available to the public at least annually through its website. The auditors visited the website and found the information as promised.

Review of: TDCJ Safe Prison FY 2013; BP-02.09 P:1-7; TBCJ PREA Ombudsman Annual Report P:1-2; confirm policies are in place to ensure 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.

Interview with the CID Director found TDCJ does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction.

In conclusion, based on: review of policies, procedures, forms and files; interviews with the CID Director, PREA Coordinator and Unit Safe Prison PREA Managers; and observations and questions answered during tour; find the Wallace/Ware Complex compliant with Standard 115.88 Data Review for Corrective Action.

### **Standard 115.89 Data storage, publication, and destruction**

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

### **Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Review of: TDCJ Annual Report; BP 02.09; confirm policy is in place and enforced to ensure that data collected pursuant to 115.87 are securely retained.

An interview with the CID Director confirms the Safe Prison/PREA Office maintains a stand-alone access database system that only allows office staff access to enter and query data. The manager is the only authorized agent to delete information. Mainframe data reported through the Emergency Action center is stored on a server. Employees must have a user account to access the EAC system. There is a 2<sup>nd</sup> level of security where specific access is granted only to certain individuals based on their security profile. Access to this system is approved only through the EAC administrator.

An interview with Safe Prison PREA Compliance Managers confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website.

Interview with CID Director finds the TDCJ Annual PREA report is posted on the agency website. Records Retention schedule is followed for all Safe Prison/PREA documents. The average range is Death/Discharge plus 10 years. Offender Classification files are 30 years. Some OIG files are permanent records.

The TDCJ PREA Annual Report confirm policy is in place and enforced to ensure before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Interview with the CID Director found TDCJ does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction.

Review of confirm policy is in place and enforced to ensure the agency maintains 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.

Interview with the CID Director finds Records Retention schedule is followed for all Safe Prison/PREA documents. The average range is Death/Discharge plus 10 years. Offender Classification files is 30 years. Some OIG files are permanent records.

In conclusion, the Complex is compliant with this standard, based on: review of policies, procedures, forms and files; interviews with Safe Prison PREA Compliance Managers; and observations and questions answered during tour; find the Wallace/Ware Complex compliant with Standard 115.89 Data Storage, Publication, and Destruction.

## **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.

Marilyn McAuley

April 18, 2016

Auditor Signature

Date