

PREA AUDIT REPORT
Final Report
ADULT PRISONS & JAILS
Date of report: 27 October 2017

Auditor Information			
Auditor name: William Peck			
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Telephone number: 901-378-3998			
Date of facility visit: 23-25 August 2017			
Facility Information			
Facility Name: Linda Woodman Unit			
Facility physical address: 1210 Coryell City Road Gatesville, TX 76528			
Facility mailing address: (if different from above)			
Facility telephone number: 254-865-9398			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Patricia Walker			
Number of staff assigned to the facility in the last 12 months: 31			
Facility Designed Capacity: 900			
Current population of: 884			
Facility security levels/offender custody levels:			
Age range of the population: 19-64			
Name of PREA Compliance Manager: Yulane Mathews		Title: Unit Safe Prisons/PREA Manager	
Email address : yulane.mathews@tdcj.texas.gov		Telephone number: 254-865-9398	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: (if applicable)			
Physical address: 61-B I-45 North, Huntsville, Texas, 77320			
Mailing address: (if different from above) P.O. Box 99, Huntsville, Texas, 77342			
Telephone number: 936-295-6371			
Agency Chief Executive Officer			
Name: Bryan Collier		Title: Executive Director	
Email address: Bryan.collier@tdcj.texas.gov		Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator			
Name: Lori Davis		Title: PREA Coordinator	

AUDIT FINDINGS

ACRONYMS:

TBCJ	Texas Board of Criminal Justice
TDCJ	Texas Department of Criminal Justice
CMHC	Correctional Managed Health Care Policy Manual
OGOM	Offender Grievance Operational Manual
OIG	Office of the inspector General
OVR	Offender Victim Representative/Victim Advocate (Facility-level)
UTMB	University of Texas Medical Branch (medical provider)

"SAFE PRISONS" (SP) Acronyms

SP is TDCJ Oversight and Management Program for PREA Compliance

--SPPMO	Safe Prisons/PREA Management Office (HQ)
--USPPM	Unit (Facility) Safe Prisons/PREA Manager
--SPPOM	Safe Prisons/PREA Operations Manual, primary TDCJ PREA guidance, supplemented by directives (OIG, Administrative, Policy, Etc.)

Mission of the Texas Department of Criminal Justice

The mission of the TDCJ is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.

NARRATIVE

The Woodman Unit of the TDCJ is compliant with the U.S. Department of Justice PREA standards.

The on-site PREA audit of the Woodman Unit was conducted 23-25 August 2017 by Department of Justice Certified Auditor William Peck. An entrance meeting was held 23 August at 8:15 a.m., following which the facilities were toured.

The tour was led by Warden Patricia Walker and PREA Coordinator Yulane Matthews, and accompanied by SGT Brandy Mouse, TDCJ Region VI Safe Prisons/PREA Coordinator.

On 25 August, the auditor conducted a preliminary out brief with the Warden, PREA Coordinator from the Region and the Unit Safe Prisons/PREA Manager to give them a general overview of

the process and to thank them for their participation. The timeline, deliverables and expectations for the remainder of the audit were discussed. It was explained that any areas found not to meet standards during the on-site visit would need to be corrected and the auditor would be working with the leadership and the PREA Auditor to accomplish compliance.

The willingness of all staff involved to accomplish PREA compliance was acknowledged and their determination to become compliant was evident. The Auditor appreciates the courtesy and support extended during the on-site visit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Linda Woodman Unit is a female State Jail facility in Gatesville, Texas, located on 1283 acres and co-located with 3 other TDCJ facilities: the Cain, Hilltop and Murray Units. The facility consists of nine individual buildings of metal bolt-up prefab construction. The Woodman Unit houses both State Jail Offenders and TDCJ offenders from minimum custody through high risk offenders, including Segregation and Transient offenders, but mostly medium and minimum custody offenders. The facility contains 6 housing units, subdivided into smaller units and overseen by single building control points. They total 18 identifiable offender housing units and are subdivided into 32 smaller units and 26 administrative/disciplinary cells.

The Woodman Unit is primarily a Diagnostic intake facility for female offenders, including Substance Abuse Screening and Assessment, and a State Jail unit holding offenders up to around 2 years in length.

Programs offered at the Unit include: Education; Literacy, ABE, GED, Changes/Pre-Release, Cognitive Intervention, and Parenting Seminar; Career Technology Programs: Business Computer Information System I, Electrical Trades, Painting and Decorating; Additional Programs/Services include a Faith-Based Dormitory, Adult Education Program, HIV and PREA Peer Education, Re-Entry Planning, Chaplaincy Services, Crime Stoppers and GO Kids Initiative.

Two faith-based dorms implemented in January 2003 are located in the correctional facility and offer support and accountability, along with an intensive faith-based curriculum and mentoring services to participants. The programming is conducted by local faith-based community volunteers whose activities are directed by the unit chaplain and administration.

The capacity is 900 and the population was 884 at the time of the visit; the average daily population for the past year is 850. Offenders can remain there up to 2 years but the average is about 4 months after credits for time served, etc. are computed. Custody levels are wide ranging for both State Jail and TDCJ inmates as well, and encompass the higher security levels of custodies, but most offenders are State jail offenders and actually fall in the minimum-medium range of custody. Offenders range in age from 18-62.

There are 269 full time staff: 144 security staff and 13 security supervisors; 45 support/program staff; and 18 food/laundry/maintenance staff. There are 29 medical staff assigned, 3 of whom are Mental Health. The Windham School District has 20 staff assigned to the area servicing the Woodman Unit and the other nearby facilities.

TOUR:

During the tour, camera placement, sight lines, and staff placement were noted to assist in determining standards compliance. Cameras are fixed, do not tilt or zoom, and there is no recording capability to aid in investigations or incident reviews. Cameras located in restrictive housing ("X Housing") are not comprehensive coverage.

The tour provided an opportunity for the Auditor to conduct in-depth observations of the different areas of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain an understanding of facility operations and practice as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included: living units, work areas, cells along with toilets and showers, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds.

Video monitoring systems were observed and noted, and housing zones, day rooms, offender programs areas, work areas and all other offender accessible areas were toured. While touring, several staff and offenders were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. Offenders and staff both knew that they could report sexual safety issues but were generally not well aware of specific external addresses and phone numbers of potential sources to report or gain assistance with their issues. The Auditor verified that higher ranking staff such as the Warden, Assistant Wardens and Majors make unannounced rounds that are documented in the logbook by the Picket (unit control area) officer.

Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner. Interviews with offenders and staff supported that the facilities ensure these announcements and that this practice is adhered to during daily operation. It was also evident that all staff and offenders receive appropriate training concerning PREA and the zero-tolerance policy during initial training as well as annual and also regular refreshers. All staff were well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. Although there have been no emergency PREA responses necessary, all staff interviewed were familiar with the expectations of their duties as well as the procedures for evidence preservation. Training is a strong point in this agency, region and facility.

Staffing appeared adequate and well-positioned, to include roving staff making random checks in housing areas. Of note were the clear lines of sight throughout housing areas and the general lack of blind spots as well as the installed camera system that has fair clarity and detail. The Agency and Unit have also demonstrated their commitment to compliance to the PREA standards by providing appropriate new privacy barriers and privacy curtains in the toilet and shower areas, while still providing a secure environment for the population.

Searches are conducted by same sex staff with the normal policy exception for exigent circumstances, which have not occurred thus far. Training is provided concerning cross-gender pat searches in the event there is an emergency but these searches are not presently occurring.

Male staff only wand female offenders and female staff do all pat searches. Female staff conduct all strip searches when necessary as verified during interview of both staff and offenders. Staff interviewed were all aware of the prohibition of physically examining a transgender or intersex offender to determine sex.

Staff Training receives significant emphasis and appears more than compliant at all levels. All staff receive Initial training at the Regional Academy and complete specialty training in their area (e.g., investigators, mental health, etc.); and all staff receive quarterly updates and annual Refresher training as well as routine training at shift turnover. The 4 major recurring training themes are PREA; suicide prevention; heat safety (a major area concern); and cold weather responses.

Facility specialized staff do not all complete the NIC training related to their specialties but they do receive all the required professional training. The OIG investigators do complete the NIC training.

Reviewing documentation is a critical component of the audit process, so throughout the pre-audit review and the on-site audit, the auditor reviewed various documents including personnel records, investigation files, training and education records, assessment and screening tools, policies and procedures, and related materials relating to PREA standards.

It became clear during the pre-visit review that policy component sections were almost uniformly compliant and that TDCJ staff has drafted policy with the intent to be PREA-compliant for all TDCJ facilities; policy parallels very closely, often verbatim, the PREA Standards and checklists for policy. The on-site visit, then, focused on actual compliance in operations and whether local training, process and procedure mirrored policies.

INTERVIEWS:

A major portion of the site audit consisted of conducting structured interviews with specialized and randomly selected staff and also with random and specific categories of offenders (LGBTI, reported victims of abuse, reported perpetrators of abuse, sex offenders, etc.).

The Auditor interviewed a wide range of staff that included executive leadership (Warden, Facility Major, Safe Prisons/PREA Coordinators for both the Region and the facility; and the interview data is summarized at the end of this narrative.

Specialized staff interviews included the Medical and Mental Health Supervisor, Nursing staff, Sergeants and higher-level supervisors, as well as staff from Programs, Human Resources, Training, Classification, Volunteers and Intake Staff.

During the visit, in addition to PREA-related discussions with employees selected during the tour, the Auditor conducted 16 random prisoner interviews and special category offenders as noted below; 19 random staff plus 13 random First Responders; and 33 specialized staff as outlined below. The prisoners and staff were well aware of PREA and the zero-tolerance policy of the Agency. Prisoners interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information

either on their arrival or on the housing units for those that have been at the facility for a considerable amount of time. LGBTI offenders interviewed largely reported that they felt safe and older and disabled prisoners responded in a similar vein. All staff and offenders interviewed were very cooperative during the interview process.

STAFF INTERVIEWS

- 1 Agency Head Designee (On File)
- 1 Agency PREA Coordinator (On File)
- 1 Investigator- Agency Criminal/Administrative (OIG Office)
- 2 Investigators- Facility
- 1 Agency HR/Administrative Manager
- 1 HR Administrative Staff
- 1 Community Agency/Reporting and Advocacy
- 1 Warden
- 1 Regional PREA Coordinator
- 1 Facility Safe Prisons/PREA Compliance Manager
- 4 Incident Review Auditor members
- 2 Retaliation Monitors
- 1 Volunteer who has contact with offenders
- 1 Education Principal
- 1 Medical staff Administrator
- 1 Mental Health staff
- 4 Intermediate or higher-level supervisors
- 2 Staff who perform screening for risk of victimization and abusiveness
- 2 Intake Staff
- 1 Intake Supervisor
- 2 Staff Who Supervise Segregated Housing
- 1 Grievance Coordinator
- 13 First Responders
- 19 Random Staff, including Correctional officers selected at random covering all shifts

Some employees also serve in additional collateral roles and were interviewed concerning the duties of each targeted collateral assignment. All staff interviewed were well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. All uniformed staff are trained as first responders and are familiar with their duties. There is no SAFE or SANE certified staff at the Unit, but they are available through the Scott and White Medical Center in Temple, TX, about 30 minutes away. Staff were familiar with the procedures regarding reporting, responding and evidence preservation.

A total of 16 random offender interviews were conducted, and there were 4 offenders interviewed who were self-reported as LGB and 3 who had reported sexual abuse in the past.

OFFENDER INTERVIEWS

- 4 LGB Offenders

0 Transgender or Intersex offenders were in the Facility
2 Limited English Proficiency Offenders
2 Disabled Offenders/medical
2 Mental Health Issue Offenders
2 Inmates Who Reported a Sexual Abuse
3 Offenders Who Had Reported Sexual Victimization During Screening
16 Random Offender Interviews

All of the offenders interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero tolerance policies toward sexual abuse, harassment and retaliation.

No offenders were able to easily discuss confidential reporting numbers or addresses, either external in the local area or even the Ombudsman and/or OIG located at headquarters levels.

During interviews, almost all offenders disclosed that they felt sexual abuse incidents would not happen at their facility, that it was a safe place to be confined, and that staff would take an allegation seriously and it would be fully investigated. There was a noticeable offender belief that newer junior staff and senior leadership would respond more positively than older, mid-level supervisors. Overall, the offenders attributed their feeling of safety primarily to the restricted movement controls within the facility.

No major issues were raised during the tour, files and records review, or in the pre-audit work-up.

Health Care Services at the Woodman Unit are delivered by UTMB staff (University of Texas Medical Branch) employees. The Auditor looked at this process in some detail due to the status as both a female facility and a Reception Center, both being types of facility that utilize significant medical resources.

Woodman's medical facility offers Ambulatory medical, dental, and mental health services, and Telemedicine Services are available. Inmates requiring significant mental health watch cannot be housed here as there is no medical housing unit, but it has nursing care available 24/7.

Forensic sexual assault medical exams are conducted at Scott and White Medical Center in Temple, TX, about 30 minutes away. The local Gatesville Hospital is used in medical crises but does not have a SAFE/SANE practitioner for forensic examinations. There is no SAFE or SANE staff at the facility.

The TDCJ medical, dental and mental health care is primarily provided to the offenders via a managed health care system utilizing the University of Texas Medical Branch (UTMB). When needed, a full range of specialty consultations is available, and if there are services that UTMB cannot provide at the facility or through DMS (Digital Medical Systems), the offender would be transported to an offsite hospital. Normal medical treatment would go to Coryell Memorial Hospital in Gatesville; Scott and White Hospital in Temple; or the John Sealy Hospital in Galveston. Forensic medical exams all go to Scott and White Hospital in Temple TX.

All University of Texas Medical Branch (UTMB) medical staff attends training as required and

provided by UTMB policies. A nurse is assigned to do the initial health screen on all incoming offenders as part of Intake processing. During the review, it was noted that the on-site medical staff are also part of providing screening upon intake.

CONCLUSION:

The Linda Woodman unit is compliant with PREA Standards. The Warden, leadership team, and members of the staff are all sensitive to ensure continuing this facility in compliance with PREA standards. The Auditor believes the executive staff recognized the needs in the very few areas where we encountered some questions and they have addressed them successfully in the weeks following the visit. The final briefing indicated that this present sensitivity and attention will continue.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

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)

The TDCJ policy mandates zero tolerance of sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Prohibited acts are clearly defined. Staff duties are defined within the policy. The TDCJ state-wide PREA Coordinator and PREA Managers were familiar with their respective responsibilities to ensure compliance to policies by staff. The TDCJ and Facility Coordinators interviewed indicated that they have sufficient time and authority to coordinate efforts to comply with the PREA standards as required. The extensive TDCJ PREA compliance oversight and management effort is assigned to the Safe Prisons Unit and function statewide and is operated from TDCJ headquarters.

Standard 115.12 Contracting with other entities for the confinement of offenders

- 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)
- Not Applicable

Based on contract documentation provided and interviews with the PREA Coordinator, it was determined that the TDCJ system (not Woodman per se) does contract with other facilities to house offenders assigned to their custody and requirements to monitor are being met, as are contractual requirements that the contractor be compliant with PREA Standards. TDCJ has an extensive oversight system for contractual relationships.

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)

TDCJ's systemic approach meets requirements for the Staffing Plan, although only a portion of the process occurs at the Unit level. The Annual Plan is developed by the Woodman leadership team, including the PREA Coordinator in conjunction with the State-wide PREA Coordinator from TDCJ. The process includes the annual review, the consideration of technology, the review of incidents, and the monitoring of deviations. The system is cumulative and addresses more overarching issues as it rises through the Region and other review echelons.

The local plan emphasis, as in most systems, is more geared towards managing allotted resources than a total review of needs to run the facility that addresses all sexual safety needs, but the Warden's annual assessments address all required basic areas.

It is noted that a number of the local deviations revolve around medical transport and supervision issues but the unit maintained basic staff coverages even as those shortfalls occurred. Staffing plans not met were documented and primarily the result of: 1- staffing shortages; 2-Hospital Duty; and 3- Transports.

Unannounced rounds are routinely executed and TDCJ has also established warning other employees regarding required supervisory unannounced rounds as a disciplinary infraction.

Standard 115.14 Youthful offenders

- 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)
- Not Applicable

Based on documentation provided and staff interviews, the Facility facilities are adult only and do not house youthful offenders other than the few hours required to initiate Intake and then transfer them to a Youth Offender-designated facility. Therefore, this standard is deemed to be **NOT 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)

Based on policy, tour observations, training curricula, staff and offender interviews, and documentation provided in logs, they do not conduct cross gender strip searches and/or cross-gender body cavity searches, although policy allows for exigent circumstances and requires extensive log data showing supervisory approval etc. TDCJ allows cross-gender pat searches of males but not females; if exigent circumstances require a cross-gender pat down search of a female, these are approved and documented by supervisor; and 100% of staff are trained in correct cross-gender search techniques. There have been no instances to date but, in the event any occur, staff are aware of the procedures and that policy defines the requirement to document such searches in an Incident Report.

Offenders interviewed all supported that they are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing these evolutions, especially with the implementation of curtains or barriers for the shower areas and privacy barriers in the toilet areas. Cameras are appropriately positioned to ensure basic privacy while maintaining a secure overall environment.

Opposite gender staff are required to announce their presence prior to entering the housing areas and this was observed throughout the tour. Interviews with staff and offenders revealed that opposite gender announcements are common practice. If the cellblock/dorm officer is of the opposite gender, at the beginning of each shift, the cellblock officer announces their presence when entering an offender housing area. For other cross-gender staff, males entering female housing areas announce each entry. Non-security and security staff of the opposite gender who are not assigned to the offender housing area(s) for the duration of the shift make a similar announcement each time when entering offender housing areas. In addition to this "Knock and Announce" there are newly added curtains or doors on showers and strip-search throughout the unit. These measures have been adopted in effort to further prevent cross-gender viewing of an offender in the state of undress.

Staff were aware of the prohibition of searching or examining a transgender or intersex offender for the purpose of determining the offender's genital status. As to transgender offenders, policy, training documentation and staff interviews show that staff are familiar with the search procedures for this population.

Standard 115.16 Offenders with disabilities and offenders 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)

Offenders with disabilities are often housed here during intake but they are transferred to a more appropriate facility with the required services if the disability is severe. The Facility makes available written information in English and Spanish if needed. Through staff and offender interviews, it is clear that staff are available to ensure effective communication with offenders having difficulty reading or understanding information provided, notwithstanding the single offender we interviewed who did not receive the requisite assistance.

Certified American Sign Language Interpreter service is provided in accordance with the Correctional Managed Care Health Care Policy Manual for hearing impaired offenders, and access is provided to these certified interpreters, but if someone is profoundly deaf they are normally recommended for transfer to a more appropriate institution where services are more routinely available. Services are also available via DMS (Digital medical Systems) via visual connection with headquarters at Huntsville. TDCJ also maintains a roster of languages spoken by staff Statewide and can call upon them at any time needed.

Offenders identified as Spanish speaking only or limited English will be provided orientation in Spanish, and this is noted on the Orientation Sign In sheet.

The Correctional Managed Health Care Committee and the TDCJ Health Services Division oversee policy for services for offenders who require medical supervision and/or multidisciplinary care. These include offenders who are chronically ill or have a communicable disease; require Assistive Disability Services; are frail elderly; are terminally ill; are seriously mentally ill; have a developmental disability; and/or are pregnant.

As a general rule, only qualified interpreters who scored a Level 5 (a high-performance level) provide translations; If the subject involves a specialty area, such as Safe Prisons/PREA or Health Services, an interpreter who is familiar with the terminology used by the subject matter is supposed to be used. Qualified interpreters are not intended to translate or interpret if they are not knowledgeable or familiar with the subject matter. In this case, assistance from another qualified interpreter will be obtained.

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)

By review of policy, an interview with a staff responsible for Human Resources functions, and documentation review, it was determined that the TDCJ does not hire or promote staff, or enlist the services of any volunteer or contractor who may have contact with offenders, if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a), or had any incidents of sexual harassment.

New employees and potential contractors receive criminal background checks and those are renewed every 5 years through the NCIC system. Applicants for hire or promotion are asked directly about misconduct through a separate reporting form during the process and every applicant is reviewed and vetted by the HR Background Investigation Unit before a selection is made.

Requests from employers concerning former employees are responded to by the staff responsible for HR functions but policies and interviews made it clear that TDCJ ensures any staff member with adverse information on their record has that data provided to the requesting agency considering the former staff member for possible hire. Policy states "Unless prohibited by law, information shall be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee after receiving a request from an institutional employer for whom the employee has applied to work."

This includes those who resign in the middle of an investigation. Depending on the nature of the employee information, all requests are referred to the OIG or to the 'Open Files' office for response, but TDCJ policy is to meet the standard. Any questions regarding actual substantiated

sexual abuse or sexual harassment claims by employees against offenders are referred to and answered by the TDCJ Office of the Inspector General.

Every applicant is fingerprinted with prints entered into the system so that the agency checks their history but also is notified of any subsequent arrests. Any staff not reporting an incident are directly reported to the Facility Head.

Per PD 73, the Selection Criteria for Correctional Officer Applicants, minimum hiring standards for correctional officers and other security applicants are as follows:

1. Never have been convicted of a felony.
2. Not have been convicted of a Class A misdemeanor, or the equivalent, within the last 10 years
3. Not have been convicted of a Class B misdemeanor, or the equivalent, within the last 5 years.
4. Never have been convicted of a drug-related offense.
5. Never have been convicted of an offense that involved domestic violence.
6. Not have been discharged from the Armed Forces under dishonorable conditions.
7. Must pass the TDCJ pre-employment test and physical agility test.

All criminal history checks are performed through the Criminal Justice Information System (CJIS). TDCJ access is provided through the Texas Law Enforcement Telecommunication System (TLETS) operated by the Department of Public Safety (DPS). Once an employee or contractor is entered into the system, DPS provides an automatic notification by e-mail of any subsequent activity on the individual's criminal history.

Additionally, PD 73 Selection System Procedures requires that a criminal record check be conducted if an inside applicant is selected for one of the following positions: a supervisor of Correctional Officers, food service manager, or laundry manager. The criminal record check is used to determine whether the applicant has any pending criminal charges or prior criminal convictions that would disqualify the applicant from the position.

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.

Interviews indicated this process is enforced at all levels and staff can be dismissed at any stage where misconduct becomes known; TDCJ has a very thorough and well-documented system.

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)

There have been updates since 2012. They have added a new security scanner at the entrance and upgraded the monitors for the 19 outside cameras and 56 inside cameras distributed throughout the facility. There are a few blind spots remaining and staff is aware of this and are attempting to procure additional cameras.

The weakness of the camera system is that no data is retained on any servers so the system is not useful at all for investigations.

An annual assessment is conducted as part of the staffing plan to ensure camera placement is appropriate and adequate to enhance sexual safety. The video monitoring system installed has adequate clarity and capability to monitor activities within the general housing zones and other areas although cameras are static, not pan-tilt-zoom and have no recording capability for use in investigations. Staff and offenders confirmed during interviews that they felt more safe and secure because of the widespread presence of the camera system.

TDCJ policy is that Video Surveillance equipment will not be installed, deleted or moved without approval by the Surveillance Systems Coordinator. Prior to that approval, the Coordinator will coordinate with the agency Safe Prison/ PREA Compliance Manager to collect any relevant information containing incidents of sexual abuse from the previous year. The System Coordinator, in conjunction with the Unit Warden, will deploy the surveillance equipment in an effort to enhance the agency's ability to protect offenders from sexual abuse.

The quantity of cameras allocated may be increased or decreased as required by unit mission changes. Policy requires that, at least once a year, the Warden reviews deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The Warden receives relevant data from the agency Safe Prison/PREA Compliance Manager containing the prevalence of incidents during this review.

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)

Any offender who is a victim of, or alleges, sexual assault is offered access to forensic examination and immediate Mental Health access at no cost at Scott and White Medical Center where a SAFE/SANE is available.

The security supervisor notifies medical personnel of the allegation to initiate medical assessment and ensure the medical staff conducting the assessment understands the assessment is for a sexual abuse allegation.

In the event of need, or request by a victim, a trained victim advocate would be made available. The local agency that supports Woodman is the Families in Crisis agency, a Dual Agency that treats both rape crises and domestic violence and is an agency that is a member of the Texas Association Against Sexual Assault (TAASA). The Families in Crisis Agency has a counselor who works with the facility, when the staff contacts their agency, to ensure all services are provided.

Staff report the Offender Telephone System does not allow inmates to contact the outside agency themselves. The Agency does have a toll-free number which likely could be included in the list of approved numbers. The contract telephone company, Securus, advertises that they have excellent PREA-capable processes, so this may be based on a contractual or some other issue or decision specific to TDCJ.

Informational postings were available or placed throughout the facility informing offenders they could report issues, but addresses and phone numbers were difficult to obtain, including in offender literature, for either reporting issues and/or securing assistance and advocacy.

Interview with the Unit Safe Prisons/PREA Coordinator reflected that the staff contacted the local agencies to provide support, advocacy and counseling when requested by inmates. The Safe Prisons coordinator is also the primary person with oversight of the post-allegation monitoring program.

The highest-ranking security supervisor on duty always notifies the OIG on all allegations of sexual abuse and policy states that the OIG investigator determines whether a forensic medical examination is required, however the investigator was clear that forensic exams would always be pursued if the incident was still in a window where evidence might be obtained.

Following the OIG investigator authorization of a forensic exam, the security supervisor offers the offender a victim advocate, where available, or a staff OVR to accompany and provide the offender with emotional support services during the forensic examination. If the offender wants the services, the security supervisor immediately contacts the crisis/advocacy center or OVR and provides them with information regarding the location of the impending exam. The notifying supervisor documents the appropriate contact information or whether the alleged victim refuses support services from an advocate/OVR.

Qualifications of an OVR (Offender Victim Representative). Each unit Warden designates at least two OVR's from the following:

- A qualified mental health practitioner (includes physicians, midlevel practitioners, psychologists, and master's level psychotherapists and master's level social workers);
- A Sociologist who performs social services work as an interviewer during reception and diagnostic process;
- A Chaplain, who works with religious services and education and provides pastoral care and counseling;
- A Social Worker, who performs social services in obtaining assistance and rehabilitative treatment; or

- A Case Manager, who performs work developing and maintaining contact with offender clients and service providers for medical, social, educational, and related service needs.

Wardens are required to screen OVRs for appropriateness to serve in this role, keeping in mind the emotional stability required when providing emotional support services to sexual assault victims.

Each newly designated OVR completes a TDCJ Offender Victim Representative Training course prior to performing any OVR functions. The SPPMO coordinates OVR training with the appropriate Health Services Division Sexual Assault Nurse Examiner and inform agency leadership of any scheduled training.

The OVR may only provide the offender victim of sexual assault with counseling and other emotional support services but cannot delay or impede the screening or stabilization of an emergency medical condition.

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)

Any allegation of sexual abuse will be referred to the Office of Inspector General, TDCJ, for a criminal investigation by an investigator with specific training in sexual abuse investigations. Per policy, and as documented on training records, OIG staff have completed specialized training specific to conducting investigations concerning sexual safety for both criminal and administrative investigations. Facility (non-OIG) staff have been trained in the collection and preservation of usable evidence and were able to verbalize the steps required but these facility-based staff are Internal Administrative Investigators (non-criminal) and complete the Safe Prisons/PREA Training titled "Conducting A Thorough Investigation."

TDCJ follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence. OIG investigators are commissioned Texas peace officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. The OIG has primary responsibility for communication between the TDCJ and outside law enforcement agencies.

Employees are required to report occurrences or allegations of administrative violations, criminal offenses, and other incidents required to be reported by this directive immediately upon becoming aware of such conduct or as soon as practical. Reports may be made directly to the

OIG or through the employee's supervisor. Supervisory staff ensure that incidents reported to them are also reported to the OIG. TDCJ specifies also that employees who do not report incidents are subject to discipline and charges themselves. Every employee interviewed was aware of this and could immediately relate consequences of failure to report.

All investigations are not only sent to the TDCJ OIG, but all sexual harassment allegations are also now referred to the Emergency Action Center in order to increase visibility in the system.

TDCJ policy requires an investigation for every allegation of sexual abuse or harassment. During the 12 months prior to the site visit, 5 allegations were received and all were referred for administrative investigation. Three were offender-on-offender, two were staff-on-offender.

Action relating to some administrative violations prohibited by the TDCJ "General Rules of Conduct and Disciplinary Action Guidelines for Employees" are the responsibility of TDCJ staff who supervise or manage the employee involved.

All policies regarding reporting are clearly published on the TDCJ website and are under the management of the Safe Prisons Unit.

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)

All security and support staff were trained on PREA as required this past year. There are 231 staff currently employed by the facility who may have contact with inmates and there were 31 staff hired by the facility during the past 12 months who have contact with inmates. All received the required training.

If the employee's position is a clerical or other support staff position assigned to a unit, and does not require attendance at the TDCJ Correctional Institutions Division (CID) Pre-Service Training Academy (PSTA), the employee attends a 32-hour Correctional Awareness class conducted and monitored by the Training Department no later than 30 calendar days after hire. The requirement for clerical/support staff to receive 40 hours of orientation training is accomplished through attendance in an eight-hour Direct Hire Session plus the 32-hour Correctional Awareness class. The employee is considered in trainee status until they attend a Correctional Awareness class.

Safe Prisons/PREA Training:

- Employees: All unit assigned employees receive Safe Prisons/PREA Training, in

accordance with Standard 115.31, through required attendance at the Academy or Correctional Awareness training by viewing the *Safe Prisons/PREA in Texas* training video. They sign a PREA Training Employee Acknowledgment Form.

Additionally, requirements are met through the annual Staff Survivor training or in-service training by viewing the *Safe Prisons/PREA in Texas* training video and completing the PREA Training Employee Acknowledgment Form after viewing the video, which exceeds the Standards requirement of every two years.

- Contract Employees and Interns: All contract employees report to the unit Safe Prisons program manager to receive PREA Training by viewing the *Safe Prisons /PREA in Texas* training video and completing the Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Form after viewing the video.

All contract employees/interns receive the refresher Safe Prisons/PREA Training every two years.

Agency policy requires that OIG investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. All investigators currently employed have completed the required training. OIG Investigators also complete the NIC training, TDCJ Investigator Training Academy, and complete an Investigator Field Training Program. The OIG Academy lesson plan were reviewed and are comprehensive.

The 32 contract UTMB staff (29 Medical and 3 Mental Health) employees participate in an Orientation Session within 30 days of reporting. Their supervisor notifies human resources when each contract employee reports to the unit or department.

The orientation is on similarities and differences between providing health care in the community and the correctional setting. Topics presented in orientation include: security, classification, health care needs of the offender population, offender social system; organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detection, signs, assessment, and response to offender-victims of sexual abuse and sexual harassment; the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The medical staff receive gender responsiveness training, a focus on suicide prevention and also training concerning how to detect and assess signs of sexual abuse and harassment. Additional training is provided on how to preserve physical evidence, effective responding and first responder training, and how and to whom to report, especially as forensic examinations are not conducted by on-site staff. All UTMB have annual in-service training from UTMB.

The audit included a review of the Volunteer Services Training Curriculum, Safe Prisons/PREA Plan, Volunteer Services Plan, Handbook for Volunteers, Letter of Orientation for Special Volunteers, and Acknowledgement of Volunteer Training Orientation. All contractors and volunteers receive training on their responsibilities under the sexual abuse and harassment prevention, detection and response policies and procedures. In the year prior to the visit, 682

contractors and volunteers received this training. Training included potential disciplinary and criminal or administrative procedures for violations. Interviews acknowledged compliance with the training required for the level of contact of the volunteer or contractor.

Both TDCJ and the Woodman Unit place great emphasis on staff training. All TDCJ line staff receive the 6- week Academy preservice training upon hiring, as well as annual refresher training, on the required specific standards outlined in standard 115.31, as well as specific training on being first responders. Training documentation reveals that staff acknowledge their understanding of the training received within the training area files and the individual training files.

The 4 major recurring in-service training themes are: PREA; suicide prevention; heat safety (a major area concern); and cold weather training.

Random lesson plans were reviewed and training staff interviewed. It was evident during the staff interviews, as well as upon review of training documentation, that staff received the training and were aware of their offender protection responsibilities concerning sexual abuse and harassment incidents as well as required steps of evidence collection.

Review of curricula showed that PREA training is both generic and also tailored to the gender-specific issues of offenders in each facility. Employees reassigned receive additional training if offender gender changes with the new assignment.

TDCJ invests major resources in training and this is further supported by the Region and the Woodman leadership; training exceeds the standard's requirements and is a strong pillar of the system and facility.

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)

The audit included a review of the Volunteer Services Training Curriculum, Safe Prisons/PREA Plan, Volunteer Services Plan, Handbook for Volunteers, Letter of Orientation for Special Volunteers, and Acknowledgement of Volunteer Training Orientation.

TDCJ maintains one statewide list of 24,514 approved volunteers, and the number is about 140 volunteers specifically at Woodman, as well as 32 contractors, but the 32 contractors reported are actually UTMB people medical and mental health staff.

All contractors and volunteers receive training on their responsibilities under the sexual abuse

and harassment prevention, detection and response policies and procedures. In the year prior to the visit, 682 contractors and volunteers received this training. Training included potential disciplinary and criminal or administrative procedures for violations. Interviews acknowledged compliance with the training required for the level of contact of the volunteer or contractor.

During the interview process, the volunteer confirmed receipt of the training and accurately communicated the requirements of reporting and response. The volunteer agreement utilized here accurately reflects requirements and potential sanctions for violations.

Standard 115.33 Offender 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)

According to the PAQ, 3,183 offenders were admitted and given basic information at intake as required. A total of 1,936 offenders remained on the facility for more than 30 days which would require a comprehensive training on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. A total of 2,699 offenders actually received comprehensive training, including the 1,936 who stayed longer than 30 days. The number who received this training is higher because the policy requires an intake facility- such as Woodman- to provide comprehensive training to all offenders within 7 days of intake. There were 484 offenders who left the facility before the 7-day period completed.

Intake orientation minimum:

- The five-hour Orientation Video;
- The four-minute video "Suits: Veteran's Administration Support for Incarcerated Veterans";
- Five hours of peer education to include sexual assault awareness and health education;
- Advisement on and access to Visitation and correspondence rules and regulations; and
- The "Offender Grievance Procedures"

Documentation provided to each offender:

- An Orientation Handbook (English or Spanish)
- Fetal Alcohol Syndrome pamphlet (female offenders)
- Offender Telephone System- Notice to Offenders

While in the TDCJ reception process, all offenders receive the PREA-required information concerning sexual safety, to include response and retaliation issues, by video and in person. Training/education is documented in the TDCJ electronic offender file. The classification staff

and also the Safe Prisons/PREA Coordinator are involved in asking some of the same PREA-related questions asked during Intake, but the replication provides additional assurance of the items being covered during the process due to the numbers of offenders involved.

During the intake Orientation Training process, geared towards acclimation, offenders receive additional comprehensive information explaining the zero-tolerance policy regarding sexual abuse and harassment and the importance of reporting incidents or suspicions of sexual abuse or harassment. The zero-tolerance information is also disseminated in Safe Prisons training as well as in the offender handbook. All basic sexual safety postings were throughout the unit as required- including the Zero Tolerance posters that inform the offender to report to staff immediately. All were in both English and Spanish. It is noted that numerous postings contained no addresses or telephone numbers for use in reporting, just guidance to contact staff.

An additional posting to include the Families in Crisis (local advocate and support organization) address and phone number was added during the on-site visit in both English and Spanish.

TDCJ does receive some offenders who have limited English proficiency, or who are deaf/hard-of-hearing or visually impaired. Offenders identified as Spanish speaking only or limited English are to be provided orientation in Spanish, and this is required to be noted on the Orientation sheet. In the event such an offender is received, staff are available to personally assist the offender with accessing services available through the TDCJ for translation services.

Certified American Sign Language Interpreter services are to be provided in accordance with the Correctional Managed Health Care Manual for hearing impaired offenders. Profoundly deaf offenders would receive support but also generally be referred for transfer to a more appropriate facility with better services for confinement and care.

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)

Texas Government Code identifies the OIG as the primary investigative and law enforcement entity of TDCJ. Investigators employed by the OIG are required to be certified peace officers. There are 138 OIG Investigators Statewide, and 19 are assigned to the area serving the Woodman Unit and other nearby facilities.

Agency policy requires that OIG investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. All investigators currently employed have completed the required training. OIG Investigators also complete the NIC training, TDCJ Investigator Training Academy, and complete an Investigator Field Training Program. The OIG

Academy lesson plan were reviewed and are comprehensive. Based on review of policy, curriculum and investigator interviews, investigative staff have received adequate specialized training in conducting investigations in a confinement setting in addition to general training provided for all employees.

In the event of an allegation, the OIG Investigators have also received specialized training in techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and level of evidence required to substantiate a case for administrative action or prosecution referral. All training is documented in the training records.

Facility-based investigators are Internal Administrative Investigators and complete the Safe Prisons/PREA Training titled "Conducting A Thorough Investigation."

Interviews reflected the use of the required preponderance of evidence standard in PREA cases.

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)

All Health Services staff complete a formal orientation program, recommended within 30 days but required within 90 days. The University of Texas Medical Branch and TDCJ are responsible for developing and implementing the orientation program. Completion of the orientation is documented and kept in the employee's personnel file. Contract and subcontract personnel are also required to complete an orientation program, if possible within 30 days, but required within 90 days.

The orientation is on similarities and differences between providing health care in the community and the correctional setting. Topics presented in orientation include: security, classification, health care needs of the offender population, offender social system; organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detection, signs, assessment, and response to offender-victims of sexual abuse and sexual harassment; the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

They also receive gender responsiveness training and a focus on suicide prevention. Training is also received concerning how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding and first responder training, and how and to whom to report, especially as forensic examinations are not conducted by on-site staff. All UTMB have annual in-service training from UTMB.

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. All 32 medical and mental health care practitioners who work regularly at this facility have received the training required by agency policy. Specialized training was verified through review of policy requirements and interviews of medical staff. Training is documented and maintained in the training record.

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)

TDCJ policy and procedure requires an assessment of all offenders during an intake screening and upon transfer to another unit for her risk of being sexually abused by other offenders or sexually abusive toward other offenders. The USPPM or designated alternate conducts the offender assessment-screening interview and complete intake assessment form no later than 24 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment. It is necessary to complete the assessment prior to the initial assignment.

The Unit Classification Committee (UCC) shortly thereafter reviews information available in order to decide initial offender housing, job placement, education, and program assignments with the goal of keeping offenders with a high risk of sexual victimization separated from those at high risk of being sexually abusive. Evaluation includes: health screening, assessment for disabilities, drug and alcohol assessment, custody classification, sex offender assessment, educational, and mental health/psychological evaluation. This identification is enhanced by the participation of the classification and medical staff in the Intake screening process since they ask questions as well about victimization history.

Day one of the intake process is an orientation and screening process; Day two of the intake process is a battery of assessments including mental health, Drug and Alcohol assessments, education testing and security classification for appropriate prison placement and treatment eligibility; Day three is a physical exam by a midlevel practitioner and an initial dental exam. The next three to nine days are spent gathering information to verify histories and information prior to the offender's permanent housing assignment and/or transfer.

The Offender Assessment Screening form is good one and meets requirements and needs. Interviewers are required to use appropriately private areas for the interviews.

Issue: Interviews and Policy review indicated that the mandated '30 Day Reassessment' of every offender received is interpreted by TDCJ as being necessary only if new information is received.

During the review, it was noted that initial screenings for victimization and abusiveness were being conducted at Intake for each offender in accordance with standard 115.41; and the 30-Day reassessment of the offender ("within a set period not to exceed 30 days"), was being completed if new information is received and if the offender remains at Woodman past the 30-day point. Follow-on interviews and a review of policy made it clear that the universal '30 Day Reassessments' are not mandated and are being done only IF new information is received that would warrant a reassessment.

The policy reads in part (my emphasis added): "Within a period of time not to exceed 30 days from the offender's arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening. An offender's risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness."

When the auditor noted to leadership that the DOJ standard is for every offender to be reassessed, and the Unit acknowledged it was not being done or interpreted that way, it was agreed that the issue needed to be directed for attention by TDCJ leadership for the facility to receive guidance. The TDCJ response is:

"The Leadership of Texas Department of Criminal Justice has discussed your concerns with the reassessment. Below is the agency's stance on the subject.

When an offender arrives at the facility, they are assessed within 24 hours by safe prisons and medical staff. This assessment is conducted by using the objective screening tool, Attachment E. The intake screening takes the following into consideration:

- Whether the inmate has a mental, physical, or developmental disability;*
- The age and physical build of the inmate;*
- Previous incarcerations;*
- Criminal history;*
- Prior convictions for sex offenses against an adult or child;*
- 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;*
- The inmate's own perception of vulnerability;*
- Any prior acts of sexual abuse;*
- Prior convictions for violent offenses; and*
- History of prior institutional violence or sexual abuse.*

Once the assessment is complete, it is then forwarded to the Unit Classification Committee (UCC) for review. If the facility receives any additional information that indicates an offender is involved in any form of sexual victimization or sexually abusive behavior, steps will be immediately taken to reassess the offender by initiating an investigation.

All offenders assigned to the Woodman facility are assessed initially by safe prisons and medical staff and then reassessed by the UCC where a more extensive classification process occurs. This re-assessment is conducted within 30 days of the initial assessment and is

documented on the Attachment E form."

Essentially, based on the above opinion, the agency believes it meets the standard's requirements. This issue is discussed at length in the following PREA Resource Center FAQ, below, that represents the DOJ position on this standard:

"June 20, 2014

Standards 115.41(f) and 115.241(f) require that the facility "reassess the inmate's/resident's risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake process" and that it do so no more than 30 days after intake. The question is whether this standard subsection requires that EVERY inmate be reassessed within 30 days of arrival at the facility to determine whether any relevant new information exists; OR, alternatively, whether it requires that some process be in place to capture new information that arrives at the facility within 30 days and, when new information arrives, it prompts a reassessment?

Both. First, there is a general and continuing obligation to conduct a screening reassessment whenever warranted upon receipt of additional relevant information. Specifically, standard 115.41(g) requires that "[a]n inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." This continuing obligation extends through the duration of the inmate's incarceration.

By contrast, the standards also require an affirmative reassessment within a set time period, but no later than 30 days of intake. Specifically, standard 115.41(f) requires that "[w]ithin 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".

While standard 115.41(f) requires an affirmative reassessment within 30 days, the reassessment need not "start from scratch." For example, as noted in the PREA Notice of Final Rule, a facility may generally rely upon information previously gathered, so long as the reassessment "captures any changes in risk factors that may have occurred subsequent to the facility's prior gathering of information regarding that inmate."

While a facility may (and should) have a system in place for capturing additional or new information from a variety of sources (e.g., mental health assessment, disciplinary history, or allegations of relevant threats or victimization), the 30-day affirmative reassessment requires, at a minimum, that screening staff consult available sources to determine whether any previously unknown triggering event or information has become available and to document such review. If, after consulting all relevant sources, no new relevant information is present, then further reassessment under the standards may not be necessary. In short, as opposed to the "passive" requirements under standards 115.41(g) and 115.41(f) requires screening staff to affirmatively "look."

As noted in the PREA Notice of Final Rule, "[t]he final standard requires that inmates who remain in custody undergo a more extensive classification process [within 30 days]." This requirement recognizes that information relevant to the risk and classification needs will

become available as staff interview, assess, and observe the inmate, and as the facility receives information from other agencies and sources.”

This issue was referred to the PRC (PREA Resource Center) for guidance. Information received from the PREA Resource Center indicates their position on this standard is that it is a facility-level practice call and thus up to the auditor's assessment of safety and vulnerability. Additionally, the guidance to auditors is that reassessment should not be so soon after intake as to negate any value but that there is also no minimum number of days required between assessment and reassessment. TDCJ Safe Prisons is also reviewing their guidance to their facilities to ensure systemic consistency.

The auditor assessment of safety and vulnerability of inmates at Woodman is very positive; the TDCJ is also viewing the UCC (classification) as the reassessment; and that Classification process at Woodman is reported by TDCJ as occurring between 5-15 days after arrival.

The practice at Woodman is compliant with the intent of the standard.

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)

As required by TDCJ policy and as indicated through staff interviews, the Facility staff uses information from the risk screening to determine institutional location, housing, bed, work, and programs assignments with the goal of separating offenders determined at high risk of being sexually victimized from those at risk of being sexually abusive. Additionally, identification of potential predators or victims results in expedited notification to senior staff for individualized determinations of how to ensure the safety of each offender. This identification is enhanced by the participation of the classification and medical staff in the Intake screening process.

Transfer of offenders to other larger TDCJ facilities is an option available to staff to ensure appropriate services from a larger institution are available and provided if needed for special needs offenders.

Generally, although none were known in the population at the time of the audit, transgender or intersex offenders would be assigned to a larger institution with a wider range of services and resources for routine housing and programming assignments, ensuring the offender's health and safety. In the event of an assignment to this facility, policy provides that placement and programming assignments would be reassessed at least twice per year to review any threats to safety, with the offender's own views of safety given serious consideration.

Policy provides the opportunity to shower separately from other offenders. Offenders are not placed in dedicated facilities, units or wings solely on the basis of the LGBTI identification or status but they are separated on the basis of identification as either a potential predator or potential victim.

Policy and procedure requires an assessment of all offenders during an intake screening, and upon transfer from another unit, of her risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Unit Classification Committee (UCC) reviews intake data and risk assessment to facilitate offender housing, job placement, education, and program assignments.

In making housing assignments, consideration is given to characteristics such as age, height and weight, violent or passive tendencies, criminal sophistication, homosexual (active and passive) tendencies, offender enemies, separation requirements from specific inmates, Security Threat Group (STG) status and current institutional adjustment.

It is noted that a study of the Texas Safe Prisons Program statistics suggests housing cell partners within 9 years of age and 40 pounds of each other, to the maximum extent possible. Offenders identified as victims/potential victims are not to be cell-housed with offenders identified as predators/potential predators.

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)

The agency has a policy prohibiting the placing of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Staff and offender interviews, and files documentation initially reported that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months, and no inmates were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

The PAQ reported, and interviews supported:

115.43 (a)-2 Number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

115.43 (c)-1 Number of inmates at risk of sexual victimization who were assigned to involuntary

segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0

The auditor questioned this zero reported number several times and eventually received this response:

"Offender protection investigations begin with a third party or the offender making a request for protection. The offender may then be placed in transient housing pending an investigation for 72 hours and an additional 72 hours, if needed, for the completion of the investigation. The placement of an offender into this housing is not a separation from general population but a means to remove the offender from the environment in which the allegation was made until risk can be determined. Upon completion of the investigation and the finding of a substantiated incident and/or other high-risk factors, the facility addresses individual housing and program needs that may warrant placement into protective custody. The placement into protective custody for offenders at high risk of sexual victimization who have no other alternative means of separation from the abuser would be considered involuntary segregated housing; however, an investigation and administrative review must first be conducted to determine this risk.

Protective custody housing is segregated from general population housing areas and offenders assigned there have no direct contact with other offenders due to a higher degree of protection. Offenders in protective custody are reviewed every seven days for the first sixty days and then at least every thirty days thereafter per the Administrative Segregation Plan and the Safe Prisons/PREA Plan.

No offender within the past 12 months who alleged sexual abuse at the Woodman Unit was placed in protective custody; however, offenders were removed from their assigned housing and placed in a temporary housing area within general population while the investigation was conducted. (My emphasis added).

A review by the Warden indicated that 2 offenders met these requirements during the past year.

Part of this issue is terminology since, in TDCJ, such housing is not named 'Protective Custody' as it is in most systems; that name is utilized systemically in TDCJ for a different, higher security population. Consequently, the staff is correct in stating that there has been an absence of the use of "protective custody". Most Woodman offenders who are the subject of this PREA standard's intent are considered to be undergoing an OPI (Offender Protection Investigation). Although it is noted that the staff defines OPI's (*Offender Protection Investigation*) as a status rather than a custody, the idea that they are in 'general population' is somewhat misleading since their movement and physical location is restricted while the investigation is on-going.

This function of protecting potential victims by initial separation, then, as with all prisons, still remains and is accomplished here and PREA's short time limit restrictions in this status are normally observed. What to name this separated category of offenders is limited somewhat by the smaller number of classifications available to Texas State Jails versus those available in State Prisons. Placement in Transient Status (usually the case with OPI's (*Offender Protection Investigation*)) may also mask numbers assigned and length of times assigned in separated housing since status numbers may reflect other categories as well and since your status can be amended once you're separated.

TDCJ policy does define facility responses and restrictions on time limits as worded in the PREA standards and requires that, if separation is used for this purpose, both a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged are required. If an involuntary segregated housing assignment is made, efforts are made to review and move the offender within 12-72 hours. If required for a longer period, the facility affords each such inmate a review every 30 day to determine whether there is a continuing need for separation from the general population.

The Unit Classification Committee (UCC) makes individualized determinations on how to ensure the safety of each offender. If an assessment cannot be completed immediately, they may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. If protective separation is needed, they document the safety issue and reason why no alternative means of separation can be arranged.

Policy provides that these offenders are to have to have access to programs, privileges, education, and work opportunities to the extent possible. This does not occur, of course, in very short time periods but there is access to some activities and programs and visits if the period extends past a few days.

If the unit restricts access to programs, privileges, education, or work opportunities, the unit has to document the opportunities that have been limited; the duration of the limitations; and the reasons for the limitations. Every 30 days, the unit conducts a status and program review to determine if there is a continuing need for separation of the offender from the general population.

There were 2 offenders who were separated for any sexual abuse-related issue, whether for investigation, separation or protection during the past year.

Given the terminology and operational issues involved, it is nevertheless clear that the process does move offenders to a safe place when necessary, does move quickly, receives senior leadership visibility very quickly, and does meet the essence of the PREA standards.

Standard 115.51 Offender 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)

The agency policy reports that it provides ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, primarily mail to internal or external organizations.

- There is a policy requiring information for inmates detained solely for civil immigration purposes, however, TDCJ does not house offenders solely for immigration purposes.
- The agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties.
- Staff are required to immediately document verbal reports.
- The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmate to the PREA Ombudsman and the Office of the Inspector General.
- Staff are informed of these procedures in Staff handbooks and in required Training and are subject to stringent potential penalties for failure to act or report.

The phone system reportedly does not have a free and confidential capability, so outside reporting is restricted generally to mail; and the address of the Ombudsman for the system is posted in every housing unit.

It was reported by two staff that offenders could submit a request card or letter to the OIG in the offender's own housing mailbox and it would be sent to local OIG staff in the same category as legal mail. Interviews and materials review failed to find this guidance or any inmates aware of it.

The repeated emphasis provided to offenders in reporting information is to report to staff and, while that may be the staff's preference, that may not be the offender's preference or the offender may not feel safe in doing so.

The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment and publicly distributes to families and others, such as legislators, information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. The booklet for families of offenders has all necessary Ombudsman contact information.

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)

The TDCJ Offender Grievance Program is intended to identify issues and facilitate corrective actions and to afford offenders a formal mechanism for review and redress while providing agency administrators with current information for direct interaction and proactive planning.

When concerns arise, offenders are required to attempt to resolve the issue

informally before submitting a Step 1 grievance. If informal resolution fails, a grievance form and Instructions may be obtained from any staff member or from the unit law library. Each unit has a Unit Grievance Investigator (UGI), responsible for processing and resolving offender complaints, who works with the Warden and department heads to ensure issues identified are appropriately addressed.

If an offender is not satisfied with the response to a Step 1 grievance, they may appeal the decision by submitting a Step 2 grievance, including the answered Step 1 data, and submit the grievance to the UGI on their unit of assignment. The UGI will forward the grievance to the Central Grievance Office for processing. Central administration and regional directors, as well as other departmental specialists, will review the appeal and take additional action if necessary.

It is a violation of policy to subject any offender to harassment, retaliation or reprisal for using the grievance procedure.

When a grievance is received the grievance is processed and the investigator will interview the offender and, if at any point during the interview or the investigation, it is revealed the allegations are false then the offender would receive disciplinary at this point.

When an anonymous or third-party allegation is filed, staff will interview the alleged victim to validate the need for protection/investigation, reportedly because some offenders utilize the grievance and protection investigations to manipulate the system to achieve a housing move or some alternative motive. Subsequent steps depend on whether the grievance was filled anonymously or has a name and number that it can be assigned to. If it is not anonymous then they staff proceed to process the report as an emergency grievance.

OGOM 1.01 Section VII.C clearly says that offenders will not receive a discipline case for submitting grievances in bad faith, but interviews support what other policies say: "When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the TDCJ Disciplinary Rules and Procedures for Offenders." Interviews reflected the uniform understanding that a bad faith grievance would result in disciplinary action, which is within standards.

Policy regarding inmate grievances of sexual abuse (BP-03.77, AD-03.82 115.52 (b)-1) allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. There is no requirement for attempts to informally resolve any complaint. It allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months, no grievances were filed that alleged sexual abuse. Policy regarding emergency grievances is in place but was not utilized this past year. It is also noted that policy requires immediate notice to senior leadership, the PREA Coordinator, and the PREA Coordinator at the OIG office. No offenders received disciplinary action this year based on filing a grievance in bad faith.

Standard 115.53 Offender 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)

The Woodman Unit reports that they provide offenders with access to outside victim advocates for emotional support services related to sexual abuse through either designated and trained TDCJ staff or local agency agreements with programs affiliated with the TASSA (Texas Association Against Sexual Assault).

TASSA organizations focus on sexual abuse victims and provide reporting, advocacy and wide-ranging support to victims as needed. The Woodman area program is Families in Crisis, a program nearby the prison with a 24-hour hotline (888-799-SAFE) number and offices in Killeen. The facility maintains a memorandum of understanding (MOU) with this community service provider that can provide inmates with emotional support services related to sexual abuse.

Inmates are generally advised to contact the law library to request a list of all advocacy agencies in Texas, the logic being that they can then contact the agency nearest their home. In reality, when offenders need advocacy and support, it should be able to be immediately contacted and nearby for visits and support, etc.

It is also noted that one service of the local Families in Crisis agency is follow-on referral to an offender's home agency anywhere in Texas, and anywhere in the US after release. Offenders can also continue their relationship with Families in Crisis after release via the 888# until they are stable or situated with a local agency in their home area anywhere in the U.S.

During the on-site visit, the staff designed and posted a sign with the mailing address and telephone number of the local rape crisis agency (Families in Crisis) but all telephone calls made to that agency- to arrange an Advocate or speak to a counselor, for example- have been made, in the past, by staff and the ability to call is apparently not readily available to offenders.

Interviews indicated that the facility had previously posted external agency contact information and it was removed at the direction of Safe Prisons management at the Huntsville central office, reportedly while they worked to ensure consistency and standardization state-wide.

Access to external advocacy and support is one of the most critical standards. Senior staff report they do make these Advocacy contact calls when requested by an offender. Some offenders apparently located the information on their own for Families in Crisis since the Agency reports about 25 offender contacts this past year, more than the 5 investigations reported by

the facility.

In summary, the facility does now post the mailing address and phone numbers for their local external advocacy agency; offenders are advised of the restrictions on confidentiality, that all calls are recorded except calls to attorneys; the facility does have an MOU with the local agency; and the facility informs inmates, prior to giving them access to outside support services, of 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 federal/state/local law.

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)

The facility provides information concerning third party reporting directly to the TBCJ Ombudsman or writing to the TDCJ OIG as well as poster information in all visiting areas. The pamphlet available to families reports this same information and 3rd parties can either write or call these organizations. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated.

The Prison Rape Elimination Act (PREA) Ombudsman was established by the Legislature in 2007 and is appointed by the Texas Board of Criminal Justice (TBCJ). The PREA ombudsman reports directly the chairman of the TBCJ, and is an office external to the reporting process of TDCJ. The Texas Board of Criminal Justice (TBCJ) established the PREA ombudsman's office to investigate and process PREA complaints and inquiries in accordance with BP-02.09, "Prison Rape Elimination Act Ombudsman Policy Statement."

The PREA Ombudsman was created to provide offenders, and the public, with an independent office to report sexual assaults. The PREA ombudsman provides a confidential avenue for receiving reports of sexual abuse and sexual harassment, as well as investigating and responding to PREA complaints and inquiries received from elected officials, the public, and offenders. The primary responsibilities of the PREA Ombudsman Office are to monitor TDCJ's efforts to eliminate sexual abuse and sexual harassment in correctional facilities; review the TDCJ's policies and procedures to ensure they are in compliance with federal and state laws and standards; and respond to public inquiries related to allegations of sexual abuse and sexual harassment in TDCJ correctional facilities and ensure impartial resolution.

Third parties, including fellow offenders, staff members, family members, attorneys, and advocates, are permitted to assist offenders in filing requests for administrative remedies

relating to an allegation of sexual abuse, and also permitted to file these requests on behalf of offenders.

If a third party files a request on behalf of an offender, the unit may require, as a condition of processing the request, the alleged victim to agree to have the request filed on her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process in accordance with the TDCJ Offender Grievance Operations Manual. Some offenders utilize the grievance system to manipulate the system to obtain a housing move or some alternative motive.

If the offender declines to have the request processed on her behalf, the decision is required to be documented in accordance with the TDCJ Offender Grievance Operations Manual. If it is not anonymous then they proceed to process it as an emergency grievance.

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)

TDCJ requires all staff (to include medical and mental health practitioners) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. All incidents are reported to the OIG since they have criminal investigation responsibility. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation process, treatment or management process. This same policy also includes mandatory reporting of any activities related to retaliation.

Staff interviewed indicated they believed that both they and their fellow staff would adhere to these rules. It is noted that the Texas policy is quite strong and staff can be disciplined or charged for not reporting.

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)

The TDCJ policy requires all staff, volunteers and contractors to take immediate action to protect any offender subject to risk of imminent sexual abuse. During interviews, staff and volunteers were aware of the steps to take to protect an offender as well as most normal first responder procedures. Extensive training concerning this topic was evident throughout all positions interviewed and all lesson guides reviewed. Random questions to staff during the tour gave the same results, that staff were aware of the steps and processes required.

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)

TDCJ policy requires that documented notification occur within 72 hours to the appropriate agency or facility, upon receiving an allegation that an offender was sexually abused while confined at that facility, in order to ensure it is investigated. There have been no instances in the past year, but during interviews with the Warden and PREA Coordinator, familiarity with the required procedure was demonstrated as they acknowledged the frequency of this occurrence. As an initial receiving/intake institution, allegations could be related to local jails or other detention facilities, not just prisons. No reports regarding the facility were received from other facilities to the Warden here.

Upon receiving an allegation that an offender was sexually abused while confined at an outside agency facility, the SPPMO is required to notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation at the TDCJ. Time is an essential factor for ensuring prompt notification of an outside agency, so the USPPM works in coordination with the SPPMO to ensure completion of the agency notification process within the appropriate time requirements. This procedure is all done by USPPM and SPPMO, frequently by email. They also FAX a letter to head of the facility where it happened, and a telephone call is made.

Following receipt from an outside agency that an offender in their custody alleged sexual abuse while assigned in the TDCJ, the individual receiving such notification provides notification to the unit Warden. Upon receipt, the Warden or department head receiving the notification is required to report the allegation to the PREA Ombudsman and the Office of the Inspector General (OIG).

The DOJ standard actually requires the Head of the facility to contact the counterpart Head of the other facility. Given the triad of TDCJ notice procedures, however, plus the notification to all senior staff, and the involvement of the agency HQ SPPMO, the intent of this standard appears to be clearly met.

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)

In the past 12 months, there were 5 allegations that an inmate was sexually abused, usually quite some time after the incident and none were of a nature to allow forensic evidence collection. Of these allegations, only once did the first security staff member to respond to the report have to separate the alleged victim and abuser. Of allegations that an inmate was sexually abused made in the past 12 months, only once was a non-security staff member the first person to become aware and that was a delayed report a month after the incident occurred.

Of these allegations, none were of a nature that allowed the staff member to respond in accordance with the following TDCJ/facility training:

- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- 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.

These procedures are trained but, in these cases, all interviews, records, and information from the outside agency, reported that the common offenses were touching someone, fondling, grabbing buttocks or breasts over clothing etc. and therefore were not cases that allowed for the collection of forensic evidence.

TDCJ specifically outlines the above detailed procedures for all staff to respond to allegations of sexual abuse in accordance with the standard. All line staff are trained as first responders, and all volunteers and contractors also receive instruction on appropriate initial responses if they are first on scene. All staff interviewed were aware of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. The checklist utilized by staff mirrors the PREA standard and staff have received

required training specific to these duties as confirmed through interviews and training records provided.

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)

The Facility has a well-written and well-developed institutional policy and plan to coordinate actions of staff in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each. The response checklist is very clear and specific as to which staff are responsible at each step and also includes the various requirements and restrictions involved.

Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). They follow detailed procedures that provide a systematic notification and response process following a reported sexual abuse incident. The checklist and matrix for investigation, and other security and management decisions is well-done and mirrors the needs of the standard.

Standard 115.66 Preservation of ability to protect offenders 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)

TDCJ does not engage in collective bargaining but does provide for Mediation if an employee is dismissed, although making it clear that it does not restrict the Agency's ability to terminate an employee at will.

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)

Multiple protection measures such as housing changes, rare transfers to a larger or different TDCJ facility, emotional support services and removal of perpetrators have been put in place to protect all offenders and staff who report sexual abuse or harassment from retaliation. In the event of an allegation of sexual abuse, monitoring for retaliation is provided by the Safe Prisons/PREA Manager at the unit. Interviews with the Monitor, a review of the TDCJ and the Woodman Unit policies, and a review of the position descriptions provide good support for this standard being compliant. Monitoring does continue for the minimum 90 days but frequently continues beyond that if it appears advisable.

Offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other offenders or staff per policy. The USPPM monitors for incidents of retaliation in accordance with the Safe Prisons/PREA Plan.

As noted, multiple protective measures may be taken for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the USPPM monitors and documents the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff and are required to act promptly to address any retaliation.

Monitoring includes a review of offender disciplinary reports and housing or program changes; and negative performance reviews and reassignment of staff. The monitoring continues beyond 90 days if circumstances dictate the need. The monitoring includes periodic status checks of offenders. If any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ also will take appropriate measures to protect that individual against retaliation.

Monitoring may be somewhat too structured as it begins on day 30 and occurs at 30-day intervals for the 90 days. The auditor's observation is that monitoring should be more random and more frequent and should involve additional visits to the units as well as scheduled office interviews.

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)

The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment is reported to be 2; and note the discussion at standard 115.43 for an additional review of this issue.

In TDCJ, Protective Custody (PC) is not a status or terminology used for routinely separating potential victims to protect them or investigate a situation, it is rather for an offender who requires maximum supervision and the highest degree of protection, due to threats of harm by others or a high likelihood of victimization. The PC offender requires a higher degree of safety and security in a more controlled environment than general population offenders in order to provide for the offender's safety.

TDCJ policy is that "All administrative segregation offenders initially placed in administrative segregation shall be afforded an initial hearing within seven (7) days and shall undergo a subsequent paper review by the Administrative Segregation Committee every seven (7) days for the first 60 days, and at least every 30 days thereafter." These reviews are required to be documented.

The agency does have a policy that offenders at high risk for sexual victimization will not be placed in 'protective custody' unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be immediate, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

If a protective custody housing assignment is made, the unit is to clearly document the basis of the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Offenders are reportedly assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days. Again, note that the TDCJ PC status is utilized primarily for a different population than envisioned by the DOJ standard.

Policy also states that the segregation, if used, will be very short-term or will include the provision of programs and privileges being offered. In the past year, the facility reported that there were no offenders placed in involuntary restrictive housing for protection following an allegation of sexual abuse.

Woodman does separate offenders during the period of time where they investigate situations and determine issues needed to retain the offender in a safe status, but data is lacking on numbers since information provided consistently related to actual protective custody status as used in the TDCJ system, not just those separated for a safety investigation.

The Offender Protection Investigation (OPI) process and the Transient Status used to manage most of the cases actually involved in this standard does make tracking somewhat more difficult

but appears to ensure offender safety and to follow generic standard time guidelines closely in most cases. Offender safety does appear to be the driver of this process and the intent of the standard is met.

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)

Any allegation of sexual abuse, no matter the method used to report, is immediately referred to the OIG investigators for criminal or administrative investigation, with cooperation from staff leadership. In the event the incident cannot be proven to be criminal, it may still be pursued for Administrative Investigation. All TDCJ OIG investigators have received appropriate and documented training oriented towards investigating either staff or offender. Interview and documentation review indicates that the local OIG Investigators would take the lead in a criminal investigation. Substantial training had been received concerning sexual abuse investigations, evidence collection and preservation. All investigators and senior staff interviewed stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victims would not terminate the investigation. Policy requires that the credibility of an alleged victims, suspect or witness be assessed on an individual basis and not be determined by any offender status.

Investigations of sexual abuse and sexual harassment are required to be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Investigations involving allegations of sexual abuse are conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

There were no substantiated allegations of potentially criminal conduct referred for prosecution since the last PREA audit.

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)

The agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated, per Safe Prisons/PREA Plan.

Policy clearly requires that the 'preponderance of evidence' standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Staff interviewed, including the Investigator, Major, PREA Coordinators, and Warden, verified this as the measure they utilize.

Standard 115.73 Reporting to offenders

- 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)

The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The interviews conducted, TDCJ policy reviewed and records reviewed all indicate that offenders are notified of investigation outcomes and that this notification occurs from the investigating agency through the PREA Coordinator, including complaints against staff. Examples were reviewed and this policy was supported by interviewed staff. Of the 5 alleged sexual abuse investigations that were completed in the past 12 months, all 5 inmates were notified, verbally or in writing, of the results of the investigation.

There have been no substantiated or unsubstantiated complaints against staff in the past 12 months.

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)

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews stated that any allegation against staff is investigated by the OIG investigators, not facility investigators.

In the past 12 months, no staff from the facility have been terminated, disciplined short of termination, or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

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. There were no reports this past 12 months.

TDCJ policy clearly specifies that staff are subject to disciplinary sanctions, to include termination, for violating sexual abuse or harassment policies and that policy is reaffirmed in staff training and on acknowledgement documents with staff signatures throughout the hiring and promotion processes.

Departure of the staff does not halt the investigative process.

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)

In the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.

TDCJ policy clearly designates that sexual abuse of an offender by contract, volunteer or staff member is reported to law enforcement agencies and relevant licensing bodies and such persons will be prohibited from further contact with offenders. There have been no incidents involving volunteer or contractor sexual abuse of an offender, but interviews with a contractor reinforced that they are trained in the agency's policy, the stated consequences, as well as related training information on preventing, recognizing, and reporting signs of abuse by others. All contractors and volunteers receive training on dangers and avoidance of personal relationships with offenders and sign acknowledgements of these policies, actions and consequences. There have been no cases in the past year.

115.78 Disciplinary sanctions for offenders

- 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)

In accordance with the Standard, and accurately reported during random and supervisory staff interviews, offenders are subject to discipline pursuant to a formal process if an offender engages in sexual misconduct. The disciplinary process does consider whether an offender's mental disability or illness contributed to her behavior when determining sanctions, and all sanctions are commensurate with the nature of the abuse, offender history and comparable offenses of other offenders. The policy clearly defines the ability to hold an offender accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. Senior staff interviews supported that good faith reports of sexual abuse would not constitute false reporting. Additionally, there is a recognition of difference between coercive and non-coercive offender sexual activity.

The Offender handbook clearly states that all sexual contact with an employee is a crime and is subject to internal administrative charges as well and criminal charges.

Staff interviewed, including Mental Health staff, all supported that in PREA related cases where sanctions would be imposed, offender mental health is taken into consideration.

A report of sexual abuse made in good faith, based on 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.

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)

In the past year, per interviews of mental health, PREA and management-level staff, every inmate who disclosed prior victimization during screening was offered a follow-up meeting with a medical or mental health practitioner.

No inmates disclosed that they had previously perpetrated sexual abuse, during the screening, and so none were offered a follow up meeting with a mental health practitioner, but this referral would have been made if the report occurred.

Staff in Classification reported, inmates interviewed, and pre-audit records reviewed supported that any offender reporting prior victimization is referred to medical or mental health for further evaluation. The PREA Coordinator indicated that 100% of these offenders had been referred. If a known or potential victim, or perpetrator, they are also referred to mental health. Information is offered to both victims and perpetrators and they are automatically classified as requiring enhanced supervision and sent to separate housing areas.

The PREA SVR/SAB reports are strictly controlled and have limited distribution only to those with a specific need to know that information in making management and security decisions. Confidentiality rules and related Texas mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing.

Any offender disclosing prior sexual abuse while incarcerated or at any other time, whether victim or perpetrator, will be seen by a medical or mental health provider very quickly after disclosure. Informed consent is obtained before reporting any prior victimization of adults which occurred outside the institution setting.

Upon interview of medical staff and review of policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and programs/housing assignments. Extensive Mental Health Services are provided through the TDCJ facilities, as needed, and offenders with significant needs can be transferred to a larger State system facility, although that need would be rare.

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)

The policy on first responders mirrors national PREA standards and governs both security and non-security staff who respond to crises in the facility. They have been trained on responding specifically to PREA allegations.

Offender victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, when medically appropriate. Services, including forensic medical

examinations and mental health counseling, are provided to every victim without financial cost and this process was verified through policy review and interviews of senior and also medical staff.

The highest-ranking security supervisor on duty always notifies the OIG on all allegations of sexual abuse. Policy states and interviews support that the OIG investigator determines whether a forensic medical examination is required, however the investigator was clear that forensic exams would always be pursued if the incident was still in a window where evidence might be obtained. Other documentation in policy indicates that medical staff is the determining source for the decision on medical treatment.

The facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or youth facility. The evaluation and treatment of such victims includes follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or release from custody. Medical/mental health staff interviews reported that emergency services, follow-up treatment, counseling, and whatever the offender needs are provided. The prison does conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health providers.

The TDCJ Health Services Division oversee the contracts with UTMB and TTUHSC and contractors and coordinate the TDCJ Health Services policies and procedures. The TDCJ medical, dental and mental health care is primarily provided to the offenders via a managed health care system utilizing the University of Texas Medical Branch (UTMB). When needed, a full range of specialty consultations is available, and specialty hospital services are provided by either the UTMB Hospital Galveston or local hospitals. Services are also available via DMS with visual connection with headquarters at Huntsville.

If there are services that UTMB on the facility or through DMS (Digital Medical Systems) cannot provide the offender would be transported to an offsite hospital, either Coryell Memorial Hospital her in Gatesville, Scott and White Hospital in Temple, or the John Sealy Hospital in Galveston. Forensic medical exams all are sent to the Scott and White Hospital in Temple TX.

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)

In the past 12 months, there were 5 administrative investigations of alleged sexual abuse completed at the facility, and all 5 were followed by a sexual abuse incident review within 30

days.

TDCJ policy requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The review includes the upper-level management officials, to include the Warden and PREA Coordinator, with input from line supervisors, investigators and medical or mental health providers. Senior leaders interviewed all confirm familiarity with the policy requirement and all considerations that must be reviewed in compliance with the standard and that those do include:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility
- Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assessing the adequacy of staffing levels in that area during different shifts
- Assessing whether monitoring technology should be deployed/augmented to supplement staff supervision
- Preparing a report of its findings and recommendations for the facility Warden and PREA Coordinator

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)

Based on policy listed and PREA Coordinator staff interviews, with staff from both Region and facility levels, all TDCJ facilities, including the Woodman Unit, collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The TDCJ Safe Prisons Office maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by June 30th annually. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders and includes, 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. The agency, on request, provides all data from the previous calendar year to the Division of Justice no later than June 30.

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)

Senior staff and PREA Coordinator interviews, and Safe Prisons/PREA policy state the annual report is generated as required and has the essential elements of the standard. TDCJ policy requires the review of aggregated data to assess and improve its abuse prevention, detection and response policies and training. A report is prepared annually and compares the current and prior year data. Aggregate information is submitted to the TDCJ for inclusion in their annual reporting and publishing for the State. The PREA Coordinator indicated having prepared the data to report to Safe Prisons Unit and that they report the published data. Redacted data areas are identified but are essentially limited to Personally Identifiable Information. The website is: http://tdcj.texas.gov/tbcj/tbcj_prea.html

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)

TDCJ policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment and/or counseling are securely retained for a minimum of 10 years after the date of the initial collection and criminal-related data permanently. The provided documentation shows that all aggregated sexual abuse data under the TDCJ is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers.

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 offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

William Peck

October 27, 2017

Auditor Signature

Date