

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

Date of report: April 12, 2017

Auditor Information			
Auditor name: Barbara King			
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Date of facility visit: March 1-3, 2017			
Facility Information			
Facility name: John M Wynne Unit			
Facility physical address: 810 FM 2821 Huntsville, Texas 77349			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 936-295-9126			
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 type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Kelly Strong, Warden			
Number of staff assigned to the facility in the last 12 months: 628			
Designed facility capacity: 2,621 (2,300 Main facility / 321 Trusty Camp)			
Current population of facility: 2560			
Facility security levels/inmate custody levels: G1, G2, G3, G4, G5			
Age range of the population: 21-81			
Name of PREA Compliance Manager: Marshall Kessler		Title: Unit Safe Prisons PREA Manager	
Email address: Marshall.Kessler@tdcj.texas.gov		Telephone number: 936-295-9126	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical address: 861-B I-45 North Huntsville, Texas 77320			
Mailing address: <i>(if different from above)</i> 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: Director, Correctional Institutions Division	
Email address: Lori.Davis@tdcj.texas.gov		Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the John M. Wynne Unit was conducted on March 1-3, 2017 by Lead Auditor Barbara King and team member Larry Hershman. A month prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The auditor communicated with the agency and facility requesting further documentation for clarification and review. The auditor reviewed the interviews of the Director's Representative, PREA Coordinator, and the Contract Administrator prior to the audit that were completed previously by the lead auditor. The lead auditor also reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative schedule was set with the Warden for the audit timeframe.

Before the start of the audit, the auditor met with the Warden, Assistant Wardens, Majors, Agency's Safe Prisons /PREA Manager, Regional Director, and Unit Safe Prisons/PREA Manager. A detailed schedule for the audit was discussed. The facility provided the requested information to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha and housing listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports.

Key facility staff during the audit included the Warden, Assistant Wardens, Majors, Unit Safe Prisons/PREA Manager, PREA Coordinator, and Regional Staff.

The team auditor began the audit process with inmate interviews at the facility while the lead auditor and facility staff was in the process of completing the American Correctional Association (ACA) Accreditation audit. A facility tour was completed in the afternoon with key staff. The housing units were divided for touring between the auditors. The program, vocational, food service, and medical areas were toured by Auditor King on a separate day. During the tour, the auditors made visual observations of the program areas and housing units including bathrooms, officers post site lines, and camera locations. The auditors spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books was conducted to verify immediate/ higher level staff rounds.

During the tour, the auditor identified sight line concerns in regards to a toilet in dorm 3 of the trusty camp, no visual sight line into the butcher shop in food service, blind spot in the vocational graphics tool room, blind spot in the vocational graphics supply room, blind spot in the vocational small engine repair tool room, and multiple blind spots in the license plates storage warehouse area. The facility took immediate action and addressed the concerns. A door was installed for the toilet in dorm 3 of the trusty camp. A written directive was issued changing the operational practice for the butcher shop. The directive outlines only one offender is able to work in the butcher shop with indirect supervision, if at any time more than one offender is required to work in the butcher shop, the offenders must be under direct supervision by a staff member at all times. Mirrors were installed in the vocational graphic supply room, vocational graphic tool room, and vocational small engine repair tool room. New written warehouse security procedures were issued for the license plate plant that states offenders will only be allowed in the license plate warehouse under direct supervision of a license plate factory worker and any time the warehouse supervisor has to leave the warehouse area, the offenders will leave the warehouse and the gates will be locked. All the concerns were corrected while the audit team was on site.

All required facility staff and offender interviews were conducted on-site during the three (3) day audit. Fifty-eight (58) formal offender interviews were conducted and two hundred fifty (250) offenders were informally interviewed during the facility tours, (12% of the 2,560 offender population). The random interviewees were selected by the auditor from the housing rosters and designated lists of offenders provided by the facility. Random offender interviews from different housing units (41), Disabled and limited English speaking ability (5), LGBTI (4), Who Reported Sexual Abuse (3), and Who Disclosed Sexual Victimization (5) were interviewed. Offenders were selected randomly from each housing unit and from the lists provided for the specialized interviews. Seven (7) offenders refused interviews.

A total of seventy-two (72) staff was formally interviewed and additional fifty-one (51) informal staff interviews were also conducted during the facility tours (19.6% of 628 staff). Staff was randomly selected from each of the three shift rosters and different departments within the facility (28). Additionally, specialized staff were interviewed including the Warden (1), PREA Manager (1), Intermediate-Higher Level Staff (7), Medical and Mental Health (5), Human Resources (1), Volunteers/Contractors (11), Investigator (2), Staff Who Perform Screening (2), Staff Who Supervise Segregated Housing (1), Incident Review Team (3), Staff Who Monitor Retaliation (2), First Responders (3), and Intake staff (2). The interviews of the PREA Coordinator (1), Contract Administrator (1), and Agency Head Designee (1) were interviewed from previous interviews

conducted by the lead auditor.

There were thirty-three (33) allegations reported during the audit period: thirty (30) allegations occurred at the facility with two (2) of those reported at another facility and three (3) allegations that occurred at another facility and reported at the Wynne Unit. Of the twenty-seven (27) staff on offender allegations; there was twenty-one (21) alleged staff on offender sexual abuse, one (1) alleged staff on offender sexual harassment, and five (5) alleged staff on offender sexual misconduct. The administrative findings of the staff on offender allegations of sexual abuse were fifteen (15) unfounded, five (5) unsubstantiated, and one (1) still an active investigation. Of the staff on offender sexual harassment allegation, it was determined unfounded. Of the staff on offender allegations of sexual misconduct, all five (5) were unfounded. OIG opened six (6) cases on sexual abuse allegations: five (5) were closed with no charges and one (1) is still active. Of the six (6) offender on offender allegations, all were allegations of sexual abuse. The administrative findings of the six (6) offender on offender sexual abuse allegations were five (5) unsubstantiated and one (1) still active. Of the offender on offender allegations, OIG opened no cases. A review of twenty-five (25) administrative investigations was conducted. The actual OIG investigations files were not available for review.

An exit meeting was conducted by the auditors at the completion of the on-site audit. While the auditor could not give the facility a final finding per standard, the auditor did provide a preliminary status of their findings. There were no outstanding issues at the end of the site visit. The auditor shared with the Warden and the facility's administration the positive feedback received from the offender population regarding the facility's operations; the positive interviews with staff, and the professionalism demonstrated by staff during the audit. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and agency. There were also positive comments on the availability and responsiveness of the Safe Prisons Office staff. The auditor thanked Texas Department of Criminal Justice, Warden Strong, and the Wynne Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Mission of the Texas Department of Criminal Justice (TDCJ) and the John M. Wynne Unit is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime." The vision statement of the unit is "to provide safe and appropriate confinement, supervision, rehabilitation and reintegration of adult felons; and to effectively manage or administer correctional facilities based on institutional and statutory standards. The Wynne Unit in particular will also provide a safe and positive work environment for employees and offenders. We will achieve this goal through proper training and supervision. The offender population shall have an opportunity to develop employable skills and be taught trades to assist them in their re-entry to society. The Industrial Department will focus on the quality of production as well as safety in the workplace. Their goals shall be met using training skills designed to assist staff and maintaining custody of offenders assigned under our supervision. All Wynne Unit staff will work towards positive change, enforcing agency policy, and protecting our community."

The John M. Wynne Unit is a Texas Department of Criminal Justice (TDCJ) state prison that has the rated capacity to house 2,621 male offenders (2,300 main facility and 231 trusty camp). The facility is a maximum custody facility that houses all general population custody levels of offenders G1-G5. The offender population was 2,560 on the first day of the audit. The average daily population for the audit period was 2,589 offenders.

The Wynne Unit is located within the city limits of Huntsville, Texas approximately one mile north of the downtown area and is one of five Texas Department of Criminal Justice (TDCJ) facilities located within the city. The original Wynne Unit was constructed in 1939 and has been expanded through the years. The unit is situated on 1,415 acres and is co-located with the Byrd and Holliday Units. The Unit states it is one of the most industrialized prisons in United States and is well known for providing offenders a broad base of programming options which provide eligible offenders assigned to general population the opportunity to develop marketable skills and assist in their overall transition into society.

The unit has thirty-three buildings within the main facility. The main facility is surrounded and secured by two fences and seven towers. Outside the main facility, the trusty camp, farm operations, warehouses, tire shop, and transportation dispatch are located. Within the main facility, there are operational support areas for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, vocational, central control, and chapel. The housing unit types are general housing, restricted housing, segregation, and general dorms. What inmate movement is required through the compound, it is accommodated through corridors and outside walkways and is monitored by roving correctional officers and by control desks located at the entrance to the various buildings and housing wings.

The main facility's general population housing comprises of three general population wings (A, B, C) and ten (10) dorms. Housing Wings A and B contains four (4) rows per section and housing Wing C contains three (3) rows per section. The rows are an open floor two story design. A-Wing houses up to 784 offenders. A1 and A2 consist of 103 cells which are double bunked for 206 beds for general population. A3 consist of 97 cells which are single and double bunked for 172 beds for transient, general population, and maximum custody offenders. The B-Wing is restricted housing and houses 402 offenders. B1, B2, and B3 consist of 99 single cells. B4 consist of 102 single cells. The area also contains a medical station. Staff assigned to this housing unit wear body alarms and thrust vests. C-Wing houses up to 792 offenders. C1, C2, C3, and C4 all consist of 99 cells which are double bunked for 198 beds for general population. The ten (10) dorms house a total of 573 offenders.

The Trusty Camp is located next to the Wynne Unit and outside the secure perimeter fence. The camp houses up to 321 minimum custody offenders within three (3) dorms with 107 beds in each. There are six buildings at the Camp: administration building, kitchen/dining, recreation/dayroom, and three (3) housing units. The Camp offers dormitory style housing with individual cubicles. All offenders have access to showers, toilets, and washbasins within the dorm.

The Unit has an educational program sponsored by Windham School District who affords academic and vocational opportunities to eligible offenders. The vocational programs include small engine repair, diesel mechanics, and entry level welding program. Lee College within the unit offers a two year associates degree in Arts, Science, and Applied Science. Lee College also offers an advanced welding vocational class and a truck driving class for eligible trusty offenders. Other program and services provided at the unit include: community work squads, work industry, Peer Education, reentry and integration planning, chaplaincy services, mentoring, substance abuse education, and religious/faith based studies. Work industries are available for offenders through the license plate factory, freight transportation, mechanical and tire shop, food service warehouse, computer recovery, signs and plastics, graphics, and mattress factory.

There currently are 166 (156 interior and 10 exterior) digital cameras in place which are monitored through the Administrative Office. A comprehensive video surveillance system upgrade was completed December 2016. The new system installed an additional 120 cameras within housing wings A, B, and C. Recordings can be retained for fifteen days on the servers.

The Unit Complex is managed by a Senior Warden and two Assistant Wardens.

SUMMARY OF AUDIT FINDINGS

On March 1-3, 2017 a site visit was completed at the John M. Wynne Unit. The final report was provided on April 12, 2017. The final results of the John M. Wynne Unit PREA audit are listed below:

Number of standards exceeded: **6**

Number of standards met: **35**

Number of standards not met: **0**

Number of standards not applicable: **2**

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 Texas Department of Criminal Justice (TDCJ) has a written policy Executive Directive 03.03 Safe Prisons/PREA Program and the Safe Prisons/PREA Plan, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency also established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty page document that outlines the agency's zero tolerance and the implementation of the safe prisons plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The Safe Prisons/PREA Program policy and Safe Prisons/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, educational handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that TDJC and the Wynne Unit is committed to zero tolerance of sexual abuse and sexual harassment. Each staff member and contractor also carries an informational card that outlines the first responder requirements and general PREA information.

Ms. Lori Davis is the Director of Correctional Institution Division (CID) and is the agency's PREA Coordinator. She has direct access to the Executive Director and has the authority to manage the agency's Safe Prisons/PREA Program. The Safe Prisons/PREA Program is managed through six (6) regional Safe Prisons/PREA managers and ninety-one (91) institution Safe Prisons/PREA managers. Monthly meeting, memos, and policy reviews are provided for direction through the office. Further training and guidance is provided as needed. Agency updates and changes are forwarded from this office to the units. The Agency's Safe Prisons/PREA Manager was present during the audit. As the Agency's Safe Prisons/PREA Manager, she works with the facility's Safe Prisons /PREA Compliance Manager at the facility.

Each facility within the agency is to identify a facility compliance manager that will ensure that effective practices and procedures are in place at the facility to ensure compliance with standards. This position reports directly to the Warden. The facility has designated a correctional officer as the PREA Compliance Manager and this position also oversees the Safe Prisons Office for the facility. The Safe Prisons Office responsibilities include PREA policy compliance, investigations, and the audit process. The Safe Prisons/PREA Manager starts the offender education upon arrival at the facility. This position provides PREA educational information to staff and offenders, offender intake interviews, and explains the Safe Prisons Office's responsibilities and availability to the offenders. The Safe Prisons/PREA Manager is required to makes rounds in the housing areas to ensure the office's services are available to the offender population. Offenders were able to identify the Safe Prisons staff by name during the interview process which demonstrates the active role and accessibility the Safe Prisons staff has created at the Wynne Unit. The long-term offenders stated during their interviews that there has been a positive change at the unit and within the agency with the development of the Safe Prisons Office. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons Office staff. The Safe Prisons/PREA Manager officer is new to the position and still in training. He was knowledgeable of the agency's PREA policies and procedures, his responsibilities for intake screening and education, and his general responsibilities as the PREA Compliance Manager. With his limited time within the position, he has not encountered yet all aspects and responsibilities of the position.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Texas Department of Criminal Justice (TDCJ) has renewed fifteen (15) contracts for the confinement of offenders. The contract language states, "The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy." PREA Audits have been completed on all the facilities under contract for the confinement of offenders. All have completed final reports. The contract facilities are required by contract to provide a copy of the final report to the agency.

The final reports have been posted to the agency's website, <http://www.tdcj.texas.gov/divisions/armm/armmrevstanprea.html>.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure the contractor is compliant with the PREA standards for Adult Prisons and Jails. The contract monitor is on-site at the facility. The monitor oversees all the operational practices, contract practices including PREA compliance, and the day to day operations of the facility. Any concern that would be determined imminent risk would have immediate actions taken for correction. All other concerns would be identified for correction and monitoring would occur until corrected. The PREA Compliance is accomplished and documented through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided previously by the Safe Prisons/PREA Program Manager and Manager II of Review and Standards.

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)

The Wynne Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in Administrative Directive 11.52 Security Staffing, the Safe Prisons/PREA Plan, and Security Operations Procedure Manual 07.02. Based on the review of the staffing plan and interview with the Warden, the staffing plan was developed by the leadership of the Wynne's Unit with input from the PREA Manager, unit staff, regional staff, TDCJ Correctional Institutions Division (CID) Security Operations Office and in coordination with the PREA Coordinator. The Warden indicated in her interview that the staffing plan is reviewed on a daily basis to ensure the safety and security of staff and offenders and a formal review is conducted annually with the regional staff and PREA Coordinator. Copies of the staffing plan are maintained by human resources, regional office, agency headquarters, and the Warden's Office.

The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated is documented on the staff turnout shift roster with the employee's name, post reassignment, and the reason for the deviation. The Warden is also notified of the deviation. To ensure compliance with the staffing plan, the Warden indicated that overtime and staff reassignments may occur and if needed offender programs and activities may be cancelled or rescheduled to ensure staff coverage. Administrative Directive Security Staffing 11.52 outlines the requirement of the daily review of the facility's turnout reports. The Warden indicated during her interview that she reviews the deviation reports daily. The Assistant Warden, Major, and Administrative Captain reviews the staffing rosters and deviation reports daily for the priority one and priority two plan compliance. The Warden indicated she and the security supervisors discuss the staffing plan daily. The staffing plan deviations are also reviewed daily by the Human Resources Office to ensure compliance with the staff priority one plan. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Operations Office for review and action. The most common reasons for deviations listed in the pre-audit questionnaire were staff shortage, hospital security, transports, constant direct observation, maintenance projects, and special projects.

The Security Operations Procedure Manual Section, Annual Security Staffing Review 8.06, and Administrative Directive Security Staffing 11.52 outlines that the CID Security Systems Office conducts an annual staffing review. The 2016 staffing

plan review occurred on February 17, 2016. As a result of the meeting and review of the security staff allocations along with statistics presented by the PREA Coordinator, it was determined that no changes were necessary to the staffing plan or shift turnout rosters; additional or enhanced video surveillance equipment was not required; and the unit is utilizing all resources available (e.g. overtime, recruiting efforts) to ensure the adequate security staff is available to meet the requirements of the staffing plan. The annual review for 2017 was scheduled but had not occurred at the time of the audit.

Intermediate and higher level staff conduct unannounced rounds. The rounds are documented on the shift turnout reports and in the housing unit logbooks. Through reviews of housing area logs and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervision staff indicated during the interviews that unannounced rounds are accomplished by staggering the round times on a daily basis, conducting rounds in different areas on different days, and using different routes and not a routine pattern. The agency's policy Safe Prisons/PREA Plan and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring. This is also addressed during turnout as a training refresher. Supervisors also indicated in the interviews that if a staff member was alerting other staff, progressive discipline action would be started on the employee.

Standard 115.14 Youthful inmates

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

The Wynne Unit does not house youthful offenders. Youthful offenders are housed at Clemens Unit (males) and Hilltop Unit (females). The Safe Prisons/PREA Plan covers the standard of separating youthful offenders from adult offenders and ensuring youthful offenders have access to programs and work opportunities.

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)

Through the review of Administrative Directive 3.22 Offender Searches and the Safe Prisons/PREA Plan, governing offender searches and cross gender searches, it confirms the policies and procedures address the standard. Interviews with staff and offenders plus observation of actual searches conducted during the audit, the Wynne Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in extraordinary circumstances and when approved by the Warden. When a cross gender strip search occurs, it will be documented on the Cross-Gender Search Log, SPPOM 02.05 Attachment D. The Unit has installed barriers and swing doors in strip search areas. These barriers and doors are painted red with the wording "STOP strip searches in progress" painted on them. This provides a reminder to staff not to enter while the strip searches are occurring. The Unit has also developed search procedures specific for offender work areas to prevent cross gender viewing. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown. The facility has not conducted any cross gender searches or cross gender visual body cavity searches of offenders.

The Safe Prisons/PREA Plan and facility's practice allows all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. The auditor noted during the audit tour that the toilets in the housing cells did not allow the offenders

use without the possibility of being viewed by female staff, if female staff is assigned to the housing unit post. The housing cells contain a toilet, sink, and bunked beds. The cell is open to the housing unit run by bars, not a wall or door. Female staff on the post while doing rounds may observe an offender on the toilet. Due to the floor plan of the cell and the square footage, a barrier for the toilet is not feasible for the cell. During the offender interviews, offenders indicated they received a sense of privacy for performing bodily functions. They indicated the officer announces prior to walking the housing run giving the offender time to complete their function or time to cover up for privacy. They also stated if a staff member is conducting count or making rounds, the staff offer privacy by only glancing in the area to ensure the count and security of the offender. The female staff interviewed indicated they announce the round, wait one to two minutes before making the round to give the offender time to cover up or complete their function. After discussion with the PREA Resource Center and the feedback from the staff and offenders, the auditor determined that offenders receive privacy from staff viewing as allowed by the facility design and defined as incidental viewing during routine count and cell checks.

The Safe Prisons/PREA Plan and officer's post orders require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Female staff "knock and announce," they knock on the door/wall when entering the area and loudly announce female on the run or female on the floor. The facility also has notices posted on the doors entering the housing areas stating, "You are now entering a cross gender viewing area in a male housing location. The opposite gender should announce their presence upon entry." Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing. The auditor observed a staff turnout where the knock and announce was covered as training. Staff indicated that announcements are made upon entering the housing runs. During the random offender interviews, the offenders stated that female staff announce when entering the housing areas by announcing "female on the run." A number of offenders did indicate they do not always hear the female staff announcements since they are housed at the middle or end of the housing run. Also in the summer with the fans running it makes it hard to hear staff announcements. A recommendation was made by the auditor for staff to announce themselves again as they approach the center and end of the runs and when entering the second floor of the run to ensure offenders hear the staff. The Warden indicated the process would be reviewed for possible changes and discussed with the Regional Director as an agency change.

The policy, AD 3.22 Offender Searches, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals. During interviews with staff, they were aware of the policy and indicated only medical could conduct such search. No searches have occurred in the audit period

All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and during daily turnout briefings. This is supported by policy AD 3.22 Offender Searches. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown. When staff were randomly asked how a transgender pat down search would be completed, they indicated by using the back or blade of their hand.

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

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

The agency's policies 115.16 Intake Procedures, 5.50 Qualified Spanish Interpreters Guidelines, 7.105 Psychiatric and Development Disabilities Program, G51.5 Certified American Sign Language Interpreter Services, Administrative Directive 4.25 Language Assistance Services to Offenders Identified as Monolingual Spanish, 6.25 Qualified Interpreter Services, 115.61 Offenders with Special Needs, and the Safe Prisons/PREA Plan has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies and directives address interpreter services, American Sign Language services, and offenders with special needs.

The Wynne Unit employs qualified interpreters who are designated staff who have demonstrated a satisfactory level of

competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has sixteen (16) certified qualified interpreters on various shifts and positions within the facility. The agency maintains a list of staff who speak other languages than English and Spanish by Region and facility including the name of the staff member and the language spoken. There are seventy-one (71) staff members in Region 1 who speak thirty-five (35) other languages than English and Spanish. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. During the audit, five (5) interviews were conducted with disabled and limited English proficient offenders. The two (2) limited English proficient offender interviews were conducted with the assistance of a staff interpreter. These offenders indicated they received PREA education through written materials in their language, they know how to report, and staff was able to assist when requested. In most cases, they would go to a peer for assistance if needed. The two (2) vision impaired offenders indicated they received education through listening to a video, PEER Education, and are able to reference the offender handbook by using a magnifying glass. The hearing impaired offender indicated he received his education through postings on the wall, handouts, and the offender handbook. Those offenders, as well as other offenders with hearing disabilities and limited English proficiently interviewed during the facility tour, all indicated they have received the PREA information and knew how to report if needed.

The agency policy, 115.16 Administrative Directive 4.25 Language Assistance, prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's certified qualified interpreters are available on various shifts and would assist. During the staff interviews, staff were aware of the policy and indicated that an offender interpreter would not be used, only qualified staff interpreters from the certified list would be used.

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)

Through a review of policies and executive directives, PD71 Selection Systems Procedure, PD73 Selection Criteria for Correctional Officer Applicants, PD75 Applicants with Pending Criminal Charges or Prior Criminal Convictions, PD27 Employment Status Pending Resolution of Criminal Charges or Protective Order, and the Safe Prisons/PREA Plan, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The application forms, Employment Application Supplement and Employment Supplement for Agency Applicants, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse. These forms are utilized for new hires and promotions. There were one hundred eighty (180) criminal background checks completed during this audit timeframe for new hires and one (1) for contract of services.

The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/ contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one month for viewing and six months for recall. The process of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five years.

Employees and contractors annually complete the Employee Acknowledgement Form that affirms they understand their PREA Audit Report

obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse. This requirement is also stated and available to employees in the Safe Prisons/PREA Plan.

The policy PD 73 Selection Criteria for CO Applicants states an applicant who provides false or inaccurate information or documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum period of one year from the date of the applicant's PERS 283, State of Texas Application for Employment. A current employee who provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees.

The agency only provides copies of confidential documents contained in an active or former employee's file when a release of information is provided. The release of information authorization must be signed and dated by the active or former employee within sixty (60) calendar days prior to the request. The request will be handled by the Employee Service Section – Records Human Resources Division. This is outlined in policy PD56 Request and Release of Employment Information or Documents.

Personnel files were reviewed with the Human Resource Manager. The background process is conducted and maintained by the Human Resources Division in Huntsville. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency's policy and PREA requirements were being followed in regards to hiring, promotional decisions, and background checks.

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)
- Non-Applicable

The Wynne Unit has not made any substantial expansions or modifications of the existing facility. A comprehensive video surveillance system upgrade was completed December 2016. The new system installed an additional 120 cameras within housing wings A, B, and C. These additional cameras provide viewing of the housing runs and activity areas. There currently are 166 (156 interior and 10 exterior) digital cameras in place which are monitored through the Administrative Office. Recordings can be retained for fifteen days on the internal memory of the servers.

The Security Operations Procedures Manual 7.02 Deletion, New Installation or Relocation of Video Surveillance Equipment and 01.14 Operating and Monitoring Video Surveillance Systems directs the Surveillance Systems Coordinator to collaborate with the facility's Warden and Safe Prisons/PREA compliance Manager prior to the deleting, installing, or relocating video surveillance equipment.

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)

Texas Department of Criminal Justice is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. The policy and procedures, 16.03 Evidence Handling, G57.1 Sexual Assault/Sexual Abuse, OIG 04.05 Offender Sexual Assault Investigations,

5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition. Interviews were conducted with a unit investigator (Lieutenant) who conducts offender on offender and staff on offender administrative investigations and the OIG Investigator. The interviews confirmed the practices for PREA investigations and both investigators were knowledgeable of the investigation process, the uniformed evidence protocol, and the use of the Sexual Abuse Checklist.

The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If requested by TDCJ Office of Inspector General (OIG) and if the offender/victim consents to a sexual assault examination, then the collection of evidence must follow local criminal justice guidelines. If it is determined that the assault took place more than 96 hours prior to the examination, use of the sexual assault evidence collection kit should be jointly discussed between the health care staff assigned to perform the sexual assault examination and the OIG investigator. However, the final decision as to whether or not to conduct the sexual assault exam rests with the OIG investigator. If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault Forensic Examiner) exactly according to instructions provided in the standard rape kit (available through the medical warehouse.) In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. The interview conducted with Investigators confirmed the practices for sexual abuse investigations and was very knowledgeable of the Sexual Abuse Response Plan steps.

All alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. There were no alleged victims of sexual assault who required forensic exams.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which may be willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated August 2015 (previous ones dated January 2014). The Agency's Safe Prisons/PREA Program Manager is overseeing this process. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office. The auditor verified the directory within the law library. An offender must complete and submit an Inmate Request Form to have accessibility to the Rape Advocacy Center Directory. This directory should be readily accessible to the offender population. A recommendation was made to have the directory placed on the library shelf which is readily accessible to the offender population. The Warden indicated the change will be made.

Policy 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Wynne Unit has six (6) designated staff as offender victim representatives (OVR): two (2) chaplains, classification chief, case manager, psychotherapist, and mental health case manager. The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

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)

The agency policies, AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD 16.20 Reporting Incidents/Crimes to OIG, SPPOM 5.01 Sexual Abuse Response and Investigation, Board Policy 01.07 Inspector General Policy Statement, PD29 Sexual Misconduct with Offenders, SPPOM 5.05 Completing the Offender Protection Investigation, and the Safe Prisons/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigations is maintained in the Safe Prisons Office and the Warden's Administrative office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. Interviews were conducted with a Wynne Unit Lieutenant who conducts the offender on offender and staff on offender administrative investigations and the OIG Investigator. Both investigators demonstrated the knowledge of facility's investigation responsibilities and the responsibilities of the OIG Investigator. The roles and responsibilities of each agency was clearly defined and understood. Staff on offender administrative investigations are conducted by a unit investigator of a Lieutenant or above in rank. The agency's policy is available on the agency's website.

There were thirty-three (33) allegations reported during the audit period: thirty (30) allegations occurred at the facility with two (2) of those reported at another facility and three (3) allegations that occurred at another facility and reported at the Wynne Unit. Of the twenty-seven (27) staff on offender allegations; there was twenty-one (21) alleged staff on offender sexual abuse, one (1) alleged staff on offender sexual harassment, and five (5) alleged staff on offender sexual misconduct. The administrative findings of the staff on offender allegations of sexual abuse were fifteen (15) unfounded, five (5) unsubstantiated, and one (1) still an active investigation. Of the staff on offender sexual harassment allegation, it was determined unfounded. Of the staff on offender allegations of sexual misconduct, all five (5) were unfounded. OIG opened six (6) cases on sexual abuse allegations: five (5) were closed with no charges and one (1) is still active. Of the six (6) offender on offender allegations, all were allegations of sexual abuse. The administrative findings of the six (6) offender on offender sexual abuse allegations were five (5) unsubstantiated and one (1) still active. Of the offender on offender allegations, OIG opened no cases. A review of twenty-five (25) administrative investigations was conducted. The actual OIG investigations files were not available for review.

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)

TDCJ has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. The agency's policies, PD-97 Training and Staff Development, PD29 Sexual Misconduct with Offenders, 6.01 Unit Safe Prisons PREA Program Awareness Training, and the Training Curriculum Safe Prisons/PREA Program address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prisons/PREA staff and agency leadership staff discussing the PREA information and requirements.

The initial training occurs at pre-service through the training curriculum Safe Prisons/PREA Program. Each staff member is attends pre-service prior to being assigned to the unit. The training is also provided annually through the annual in-service training for all staff. Each employee is required to attend in-service each fiscal year and generally scheduled for the same month each year. If an employee cannot attend in-service at the scheduled time, they are rescheduled in the first available class upon return to work. Additional training occurs during staff turnout briefing with different topics daily/weekly based on PREA updates and general information refreshers. An auditor attended a staff turnout and observed the refresher training for knock and announce. The facility's Safe Prisons/PREA Manager also provides monthly training with a different topic selected for each month for staff. Staff during interviews acknowledged the numerous methods they received training. The Pre-Audit Questionnaire indicated that only 616 of the 628 staff (98%) had completed training. After interviews with the Safe Prisons/PREA Manager, the Warden, and the Human Resources Manager, it was determined all facility staff have received training that were in full duty. The twelve (12) staff that did not attend training was due to: five (5) resigned prior to in-service, two (2) passed away, one (1) retired, one (1) transferred to another agency, and three (3) were on workers comp and have not returned to full duty. When staff return from leave, training will occur prior to assignment. A selection of training records were checked for facility staff; all had completed the pre-service training and annual in-service.

TDCJ policy, AD 12.20 In-Service Training Program requires staff to complete the training annually as a refresher instead of the every two years as required by the standard; this exceeds the requirement. New employees receive the training as part of the pre-service training within sixty days of employment. Training is documented through the signature of the employee on the Employee Acknowledgement Form. Gender specific information is provided through the lesson plan Gender Specific Training- Safe Prisons Initiative. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another. All training is maintained in the Department's Training Database for each employee. Documentation of training is directed through department policies ED12.10 TDCJ Training Database and PD97 Training and Staff Development.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of Safe Prisons/PREA policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

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)

All contractors and volunteers who have contact with offenders in the TDCJ and the Wynne Unit receive PREA training prior to assuming their responsibilities. The agency has 24,514 volunteers and 19 contractors agency-wide. The volunteers and contractors must complete the required training prior to being approved for services. Approved volunteers and contractors are not limited to specific facilities; they are approved to serve at all TDCJ facilities to include secured facilities and parole. The agency's policies, AD 2.46 Entities Contracting with the TDCJ, AD 7.35 Administration of Volunteer Services, PD-29 Sexual Misconduct with Offenders, Volunteer Service Plan, Volunteer Services Training Video, Handbook for Volunteer, Letter of Orientation for Special Volunteers, and the Safe Prisons/PREA Plan covers the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video, Volunteer Services Training Video, to help educate volunteers on PREA information. Volunteers are provided a handbook which is also available on the public website that covers PREA. The medical and mental health staff contractors have monthly and annual training on-line through the University of Texas Medical Branch. Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the Acknowledgement of Volunteer Training/Orientation Form. The form is filed in the volunteer's central file maintained at the TDCJ Volunteer Services in Huntsville, Texas. The electronic file is the source to which the facility identifies the approval status of a volunteer.

The electronic file is updated by the TDCJ volunteer services staff. Volunteers and contractors are required to attend the classroom training every two years to maintain their approval process. The alternate year a refresher course is provided on-line. The agency exceeds the standard by providing training annually with the requirement of training every two years and the on-line refresher course. The agency and facility also provides updated information as needed to the volunteers and contractors. Volunteers and contractors are also provided the pocket informational card which is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

Interviews were conducted with three (3) volunteers and eight (8) contractors. They all indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy.

Standard 115.33 Inmate Education

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

The Texas Department of Criminal Justice and the Wynne Unit provide a comprehensive offender PREA education to the offender population beginning at reception into the agency. The agency policies, UCPM 5.00 Orientation Procedures, Unit Orientation, and SPPOM 6.02 Offender Sexual Abuse Awareness Training, address the PREA education for offenders at intake. At intake into the facility, the Safe Prisons Office staff provide offenders information through a PREA pamphlet and offender handbook (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. An auditor observed this education during the intake process. During this audit period, the 1,545 offenders that were received at the facility were given educational information. The random offenders interviewed acknowledged receiving education on the same day as intake into the facility. The PREA information is provided again to the offender by staff during the risk assessment process. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video titled Offender Safe Prisons Orientation Video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender on Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training. Of the 1,545 offenders, 995 (64.4%) received comprehensive education. These offenders are ones that were identified who had not received PEER Education or comprehensive education at another facility.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four day, four hour training taught by offenders. These offenders are trained to provide the education and are very passionate and knowledgeable in the material and education process. The training provides open discussion and interactive activities. Inmates interviewed regarding the class indicated the class is well received and educational. They indicated the interaction, role playing skits, and receiving information from their peers is a positive method of sharing and reinforcing PREA information. During an interview with a Peer to Peer Offender instructor, he indicated the positive environment and response that offenders demonstrate during the course. The instructors receive updated training as needed. The Safe Prisons Office works with them on updates and any issues.

The facility provides inmate education in formats accessible to all inmates. This is accomplished through written handbooks, pamphlets, and posters; verbally through video; and staff interaction. Information is provided in English and Spanish, American Sign Language, and other languages are available through the Qualified Interpreter Services. Policies AD 6.25 Qualified Interpreter Services - American Sign Language, G-51.1 Offenders with Special Needs, G-51.5 and Certified American Sign Language (ASL) Interpreter Services outlines this process and accessibility of services.

The facility conducted education with all current inmates by housing unit within the twelve month period and documented it on the Attachment Q Sign-in Roster of policy SPPOM 6.02 Offender Sexual Abuse Training. This training occurred during 2013 and 2014. The facility's practice is to play the video annually in the housing units. The random inmates interviewed indicated the video was played in the units again and they were required to sign a form acknowledging their participation.

Through random offender interviews and discussions with offenders on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, and through information posted in the housing areas. The offenders also indicated The Echo, the Texas prison paper for Texas offenders also provides PREA education for offenders. Informational PREA Posters were posted in the housing areas, dayrooms, programs, and work areas. Offenders were able to explain how to report an incident and were aware of the zero tolerance policy. The intake process was observed demonstrating the sharing of the PREA information with incoming offenders. The Classification Committee also reviews PREA information with the offender during the interview including how to report, who to report to, and maintaining appropriate professional relationships with staff and other offenders. A classification committee was observed during the audit.

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)

The agency’s policies, Board Policy 01.17 Inspector General Policy Statement, OIG 2.15 Training Procedures, AD 16.03 Evidence Handling, OIG 4.05 Offender Sexual Assault Investigations reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training curriculums Safe Prisons/PREA Investigations Conducting a Thorough Investigation, OIG Sexual Assault Investigation Topics, and OIG Interview and Interrogation includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency’s 136 OIG and 24 Wynne Unit’s investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records.

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)

The nineteen (19) medical and mental health staff of Wynne Unit are contractors through the University of Texas Medical Branch (UTMB). The Correctional Managed Health Care policies G57.1 Sexual Abuse/Sexual Assault, C19.1 Continuing Education/Staff Development, and the Medical and Mental Health PREA Training direct specialized PREA training and continuing education for all medical and mental health staff. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The Pre-Audit Questionnaire indicated only 61.2% of the staff had completed training. During the on-site audit, the health care department provided verification that training was completed by all staff. The facility has a large vacancy rate, it was indicated that staff hired would be trained prior to assignment. All medical and mental health staff have received training through an annual electronic on-line course and refresher courses held February 13-17, 2017. An employee training form was submitted for documentation that verified training through the signatures of healthcare staff. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility’s staff are not trained on the conducting forensic exams. All offenders requiring a forensic exam are transported to

a local hospital. The agency's policy G 57.1 Sexual Assault / Sexual Abuse states: "If a sexual assault kit is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner (provider, Sexual Assault Nurse Examiner, or Sexual Assault forensic Examiner) exactly according to instructions provided in the standard rape kit (available through the medical warehouse.) In the event a "qualified medical practitioner" is not available at the facility where the offender is assigned, the offender will be taken to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Regardless of the location of the exam, the kit with collected evidence must be claimed by a TDCJ Office of the Inspector General investigator for processing." State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require that the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

The facility noted on the Pre-Audit Questionnaire 115.35(c)-1 that they were non-applicable for maintaining documentation showing that medical and mental health practitioners have completed the required training. The facility is in compliance with the requirement. The health care department maintains training records for the medical and mental health staff demonstrating that specialized and general PREA training was conducted. These records are also maintained by the University of Texas Medical Branch (UTMB) electronically. All training conducted by the unit is maintained by the unit and the health care department; including annual in-service, refresher courses, and any training conducted by the Safe Prisons Office. This practice is verified through the training records maintained by the healthcare department and the Safe Prisons Office.

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)

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM) 3.01 Offender Assessment Screening, Correctional Managed Health Care Policy Manual (CMHCPM) E35.1 Mental Health Appraisal for Incoming Offenders, 5.06 Intake Procedures, and the Safe Prisons/PREA Plan. The policies, manuals, and Offender Assessment Screening Form were reviewed. An assessment is conducted of all inmates during receiving at the facility by the Safe Prisons/PREA office staff. This assessment assists with determining an inmate's vulnerability or tendencies of acting out with sexually aggressive behavior. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored.

The auditor had the Safe Prisons Office staff that complete the intake and screening to explain the assessment process from the receiving of the offender at the facility to the completion of the risk screening process. At the arrival to the facility, the intake staff completes the Offender Assessment Screening Form. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are usually completed on the day of arrival at the facility. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival. The process conforms to the PREA standards. The facility on the PRE-Audit Questionnaire indicated 1,534 offenders were screened within 72 hours of their intake; which was 100% of the offenders admitted to the facility in the past twelve months whose length of stay was for 72 hours or more. The facility has three (3) staff members trained who can perform the risk assessments. The three (3) staff all work for the Safe Prisons Office. During the offender interviews, most offenders indicated they remember being asked these questions on the day of their arrival and others indicated by the next day. The auditor observed a risk screening of a new intake.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's Safe Prisons/PREA Plan policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. The reassessment is to be completed within 30 days of the offender's intake into the facility. In the audit period, there were no offenders identified for reassessment for risk of victimization or abusiveness.

Through policy review of SPPOM 3.01 Offender Assessment Screening and the Safe Prisons/PREA Plan and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the Record Department. Other than the record staff, the only other staff with access is the Warden, Assistant Wardens, Intake staff, Safe Prisons Office staff, and the Unit Classification Committee (UCC). Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. The protection of information is outlined in policies SPPOM 3.01 Offender Screening Assessment, Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual (CMHCPM) A09.01 Privacy of Care, and CMHCPM H61.1 Confidentiality and Release of Protected Health Information.

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)

The agency's policies IPM 4.01 Intake Procedures, SPPOM 3.01 Offender Assessment Screening, AD 4.17 Offender Housing Assignment Criteria and Procedures, AD 4.18 Offender Job Assignments, Special Population Review, and UCPM 4.00 Offender Housing Assignments, and the Safe Prisons/PREA Plan address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification committee and a shift commander to determine housing assignment. During the site visit, the auditor observed the classification committee completing the risk assessment process with an offender during receiving. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

The agency's policy CMHCPM G51.1 Treatment of Offenders with Intersex Conditions and the Safe Prisons/PREA Plan indicate that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. There was one (1) identified transgender offender. During the interview with the transgender offender it was indicated he had the opportunity to shower separately, was treated with respect, and was not housed in dedicated housing areas. He also stated the Unit Classification Committee met with him and discussed housing placement and if there were any concerns for safety within the unit. He indicated the unit staff properly searches him by searching him last when returning from recreation and not in front of other offenders. Three (3) other interviews with bi-sexual offenders indicated they were not housed in dedicated housing. This was verified by the auditor's review of the housing assignments of the offenders.

By policy SPPOM 3.02 Special Population Review and the Safe Prisons/PREA Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The facility has not housed a transgender beyond six months. The transgender currently housed indicated that the Safe Prisons Office staff check on him during housing unit rounds. The Safe Prisons/PREA Manager confirmed during the interview that a special population review would be conducted with each transgender offender at least twice a year, every six months. The special population review would be conducted as a classification meeting with the classification committee including the Director of Classification and a Safe Prisons Staff member.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. Through the interviews with the transgender offenders, it was verified they were housed in various housing areas within the facility. The facility has single shower stalls with shower curtains which allow transgender and intersex offenders the opportunity to shower separately from other offenders. Transgender offenders are not housed in the dorms due to the group showers.

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's Administrative Segregation Plan, Administrative Segregation Initial Placement and Notification Form, Safe Prisons/PREA Plan, Guidelines for Administrative Segregation, and the Offender Protective Investigation Form Report prohibits the placement of offenders at high risk for sexual victimization in the 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. The Safe Prisons/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. The Lieutenant interviewed who supervises offenders in special housing indicated that offenders still access to services including law library, commissary, visitation, telephone calls, school materials, and religious services to the extent possible. If a restriction occurs, it will be reviewed every twenty-four (24) hours. The unit has not placed an offender in involuntary segregated housing. If an offender would be placed in involuntary segregation housing (special housing), the offender would have a review conducted every seven days for the first sixty days then at least every thirty days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregations, and the Safe Prisons/PREA Plan.

Offenders may be placed in transient housing in Wing B for single cell housing during a pending investigation. Offenders are placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

Standard 115.51 Inmate reporting

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

The Texas Department of Criminal Justice established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, and on posters throughout the facility. Offenders can report verbally and in writing to staff, write the Safe Prisons Office, report through the grievance system, utilize third party reporting, or send an anonymous note. Offenders may also report allegations in writing to the Office of the Inspector General (OIG) and PREA Ombudsman as an outside agency, policy ED 02.10 Prison Rape Elimination Act Complaints and Inquires. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. Per policy BP-03.91 Uniform Offender Correspondence Rules, the offender may send correspondence to a special correspondent which includes the PREA Ombudsman, any member of the Texas Board of Criminal Justice, and Executive Director, sealed and uninspected. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. The offices forward to the facility information regarding the allegation and the victims name unless the victim has requested to stay anonymous. There were three (3) allegations during this audit period reported outside of the facility; two (2) through the PREA Ombudsman Office and one (1) through OIG which was an anonymous letter. These reporting systems were demonstrated through review of policies and procedures, offender handbook, posters throughout the facility, investigations, and interviews with offenders and staff.

During the formal offender interviews and informal offender interviews during the tour, most offenders indicated they felt

comfortable reporting sexual abuse or sexual harassment to a staff member. They also were able to identify other options available to them for reporting including telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. Upon reviewing the reporting methods of the thirty-one (31) allegations reported within the facility; nine (9) were verbally reported to a security staff member, four (4) were verbally reported to a non-security staff member, one (1) was reported in writing through an I-60, fourteen (14) through grievances, and three (3) reported outside the facility. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. Staff acknowledged through interviews that they would report immediately any allegation and document it through an inter-office communication form. They were aware they could privately report an incident to the OIG or Ombudsman Offices. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

The agency does not house offenders solely for immigration purposes.

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 agency's policies AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, Safe Prisons/PREA Plan and OGOM 1.04 PREA Allegations addresses administrative procedure for offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The Department does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an offender to use an informal grievance process or otherwise to attempt to resolve with staff. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process. Grievances are submitted to the Unit Grievance Investigator's Office.

Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Chief of Unit Classification, Unit Safe Prisons/PREA Manager, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within 48 hours of receipt. The agency's policy requires that within 5 calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. There were fourteen (14) grievances submitted: two (2) alleged sexual misconduct (voyeurism), two (2) alleged sexual contact by another offender, five (5) alleged sexual contact by staff, one (1) third party allegation of sexual abuse by offender, one (1) third party allegation of sexual abuse by staff, and three (3) alleged victim of third party compliant does not wish to file a grievance. These grievances were handled as emergency grievances; they were forwarded to a management level for immediate corrective action. The initial responses were provided within 48 hours of receipt of the grievance. Through a review of the grievances and documentation provided by the Unit Grievance Officer, it was determined they were handled in a timely and proper manner. This was also documented through the review of the timeframes in the investigation files.

During the random interview process, offenders indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They indicated they could report through the grievance process also. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting methods: telling a staff member, writing a grievance, writing the PREA Ombudsman, and/or contacting their family or friend. The offenders interviewed stated they felt comfortable reporting to the housing unit officer, Safe Prisons Officer, Major, or a supervisor.

The Department policies AD 03.82 Management of Offender Grievances, OGOM 9.00 Third Party Grievances, and the Safe PREA Audit Report

Prisons/PREA Plan address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of offenders. A third party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. There were two (2) third party grievances filed: one (1) third party allegation of sexual abuse by offender and one (1) third party allegation of sexual abuse by staff. The offenders declined third party assistance.

The Pre-Audit Questionnaire indicated that there was fourteen (14) grievances alleged substantial risk of imminent sexual abuse. After discussion with the Safe Prisons/PREA Manager and Grievance Officer and review of the grievances, none were for substantial risk of imminent sexual abuse. All the allegations received through the offender grievance system were post allegations.

The Safe Prisons/PREA Plan states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Wynne Unit had no disciplinary actions against an offender for having filed a grievance in bad faith.

Standard 115.53 Inmate access to outside confidential support services

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

The agency's policy SPPOM 02.02 Offender Victim Representative, BP 03.91 Uniform Offender Correspondence, PREA Brochure, and the Safe Prisons/PREA Plan indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by access to victim offender representatives, giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, and the extent to which communications will be monitored. There is a list of outside confidential support services available to the offender population through the law library. Offenders can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.

The majority of offenders interviewed indicated they were not aware of the outside support services. However, the facility provides this information in multiple ways to the offenders: during the educations process, in the PREA brochure, and on posters within the facility. This information is also available through the law library and Safe Prisons Office. Upon discussion of this concern with the facility staff, the Safe Prisons staff indicated they would further stress this information during the education process with the offenders. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office. The auditor verified the directory within the law library. An offender must compete and submit an Inmate Request Form to have accessibility to the Rape Advocacy Center Directory. This directory should be readily accessible to the offender population. A recommendation was made to have the directory placed on the library shelf which is accessible to the offender population. The Warden indicated the change will be made.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which are willing to establish a partnership with the agency. The effort to obtain an agreement is documented in various letters to rape crisis center agencies with the last solicitation letters dated August 2015 (previous ones dated January 2014). The Agency's Safe Prisons/PREA Program Manager is overseeing this process. The facility does provide a list of Rape Advocacy Centers in the Law Library and available through the Safe Prisons Office.

Policy SPPOM 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Wynne Unit has six (6) designated staff as offender victim representatives (OVR): two (2) chaplains, classification chief, case manager, psychotherapist, and mental health case manager. Anytime an offender is the victim of a sexual assault, and if OIG requests a forensic examination, an Offender Victim Representative must be offered to the offender, to be present during the examination. They are also available to respond when requested by the victim to provide services. It will be

documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided.

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 agency's policies Executive Directive 02.03 Ombudsman Program, ED 02.10 Prison Rape Elimination Act Complaints and Inquires, and SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency establishes guidelines and procedures for responding to complaints or inquires both through the Ombudsman Office and agency staff. The Department's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's Ombudsman Coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency's website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

General public complaints and inquires received by the Ombudsman Office, either in writing or verbally, must be responded to within ten days. However, the sexual assault allegations are forwarded immediately to the PREA Ombudsman, Facility Administrator, and OIG for investigation.

During the formal offender interviews and informal offender interviews during the tour, offenders were able to identify the PREA Ombudsman, OIG, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews also. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility. The only third party reporting within the audit period was two (2) third party reporting of allegations by another offender through the grievance process.

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)

The agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Office of Inspector General, PD29 Sexual Misconduct with Offenders, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy SPPOM 05.01 Sexual Abuse Response and Allegation states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training, pre-service training, and turnout briefings for all staff. The Safe Prisons/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Staff acknowledged through interviews that they would report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment and document it through an inter-office communication form.

Policy CMHC G57.01 Sexual Assault/Sexual Abuse addresses the medical and mental health staff reporting requirements for sexual abuse. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community

setting previously, the staff may only report to OIG if the offender provides consent. The facility does not house juveniles. However the agency policy directs that if the offender is under the age of 18, the staff must report the incident to OIG and the offender consent is not required. The Child Protective Services Agency would also be contacted by the facility's administration.

All allegations are reported to designated investigators, policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, CMHC G57.1 Sexual Assault/Sexual Abuse and Safe Prisons/PREA Plan. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders including third-party and anonymous reports. Staff acknowledged through interviews that they would report immediately any allegations and document them through an inter-office communication form. They were aware they could privately report an incident to the OIG or the PREA Ombudsman Office. They identified the OIG, security supervisors, and Safe Prisons Office as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

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 agency's policies SPPOM 05.01 Sexual Abuse Response and Investigation, 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 05.03 Time Frames Associated with Offenders Protection Investigations, and the Safe Prisons/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse; to immediately separate the offender from the area to keep the offender safe and contact the supervisor. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

In the audit period, the Pre-Audit Questionnaire reported no offenders were subject to substantial risk of imminent sexual abuse. During the Warden's interview, she outlined the steps that would be taken to ensure the safety of the offender determined to be at substantial risk of imminent sexual abuse by removing the offender from the area and placing the offenders in safe housing during the investigation process.

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)

The agency's policies SPPOM 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency, SPPOM 04.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, BP-02.09 PREA Ombudsman Policy Statement, AD-16.02 Reporting Incidents to the Office of Inspector General, and the Safe Prisons/PREA Plan requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred, and start the investigation process. This process is outlined in the Safe Prisons/PREA Operating Manual and Safe Prisons/PREA Plan. The facility must document and report as soon as possible but no later than 72 hours the offender's allegation by submitting a priority email via the Department's mainframe followed by a phone call to alert of the allegation and impending email. The facility will print and

retain a copy of the email in the appropriate PREA compliance folder. The reporting facility must also notify the Safe Prisons/PREA Manager. The facility staff is also responsible for notifying 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. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident. This process was confirmed through the interviews with the Warden, PREA Manager, Investigator, and the Agency Head.

In the audit period, there were three (3) allegations reported at the facility that an offender was abused while confined at another facility. The allegations were investigated and two (2) were determined unsubstantiated and one (1) is still an active investigation. The unit received from another facility where it was reported two (2) allegations of sexual abuse. The allegations were investigated and one (1) was found unsubstantiated and one (1) unfounded. Notifications were reviewed within the investigation files and the notifications were made within the acceptable time frames.

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)

The agency's policies 5.01 Sexual Abuse Response and Investigation, OIG 4.05 Offender Sexual Assault Investigations, AD 16.03 Evidence Handling, and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift supervisor. The Shift Supervisor will make further notifications to the Warden, medical, mental health, Safe Prisons Office, and OIG.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA pre-service training, annual in-service training, and during turnout briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and the reporting requirements.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence, and contact supervisor. The three (3) first responders interviewed outlined the process that was taken to ensure the safety of the offender including separating the alleged victim from the abuser, place the offenders in safe secure area, secure the area as a crime scene, preserve the evidence, notify shift supervisor, notify medical, and document the allegation. In the audit period, there were twenty-eight (28) allegations reported within the facility that an offender was sexually abused in the facility. A security staff member was the first responder in two (2) of the allegations. A non-security staff was the first responder in five (5) of the allegations. Only three (3) of the allegations were within a time frame that still allowed for the collection of physical evidence. Physical evidence was collected on these allegations.

There were four (4) offenders interviewed that reported sexual abuse. The offenders all indicated that staff took the appropriate actions to separate the offenders. Three (3) were sexual misconduct with one (1) an actual sexual abuse allegation. This offender indicated he requested the block officer to take him to the Lieutenant as soon as it occurred. Once reported to the Lieutenant, a Captain and the Warden responded within minutes to the incident. He felt the unit handled the situation timely and appropriate.

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 agency's policy SPPOM 05.01 Sexual Abuse Response and Investigation and the Safe Prisons/PREA Plan outlines the coordinated effort between security staff, Office of the Inspector General, medical and mental health services, and victim advocate/offender victim representative. The procedures provide a systemic notification and response following a reported sexual abuse incident. A checklist, Sexual Abuse Investigation Checklist, is provided to assist with the documentation of the completion of each part of the notification and response process. The Wynne Unit has a written institutional plan, Unit Specific Sexual Abuse Incident Plan, coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the agency's plan outlined in the Safe Prisons Plan. The Sexual Abuse Investigation checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The Warden indicated the supervisors utilize the checklist for the investigation process to ensure all departments and activities are coordinated. The unit investigation team meets every Monday with the Warden to discuss and evaluate the process of investigations. The coordinated response was also documented on the Sexual Abuse Investigation Checklist located in each of the investigation files reviewed.

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

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

The Texas Department of Criminal Justice reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is an "at will employer" and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

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)

The Department's policies SPPOM 05.08 90-Day Monitoring for Retaliation, PD29 Sexual Misconduct with Offenders, PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD31 Discrimination in the Workplace and the Safe Prisons/PREA Plan outlines protection of all offenders and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. The policy

designates the Warden or the Safe Prisons/PREA Compliance Manager as the staff member to monitor retaliation.

The Safe Prisons/PREA Manager monitors the offenders. The Safe Prisons/PREA Manager completes at a minimum thirty (30) day reviews for retaliation, a number of the reviews occurred more frequently. A file is maintained with a documentation form, Offender 90 Day Monitoring Form, for each offender that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The documentation included detailed information including notes on all changes, including why a housing, job or program change was made. This provided the documentation to ensure the changes were not made for retaliation. Further contact is made with the offender while making housing unit rounds. The staff were very knowledgeable of their responsibilities. The Safe Prisons/PREA Manager is knowledgeable of the monitoring responsibilities. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. Currently, there were four (4) offenders officially monitored for retaliation during this audit period. The Safe Prisons/PREA Manager monitored all the offenders that were alleged victims. There were no monitoring cases extended beyond the 90 days for this audit period.

At the Wynne Unit, the Majors monitor the staff sexual abuse retaliation. During this audit time period, there were no staff monitored for instances of retaliation. The monitoring notes were detailed and timely. The process is to complete monitoring reviews at a minimum every thirty (30) days for retaliation. A file is maintained with a documentation form, Staff 90 Day Monitoring Form, for each staff that is being monitored. As part of the review, performance reviews, reassignments of staff, discipline, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty days. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden will promptly remedy the situation and advise the staff member of the availability of emotional support services. Different measures to protect the staff may include different job position, shift, and/or work hours while the investigation of retaliation is in progress. During the interviews with the Major and Warden, the process was outlined to be taken that matched the policy and procedures.

If a staff member or offender who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Protection can be through housing change, program changes, staff assignment changes, and unit transfers. The Warden indicated a review of disciplinary records and shift assignments would be a method to review for retaliation for staff. Also she would notify OIG to assist and initiate an investigation if retaliation is occurring. The monitoring would be extended during the investigation process.

Once the monitoring is completed, the Completed Monitoring Form is maintained in the Major's office for staff and in the Safe Prisons/PREA Manager's office for offenders. The retaliation monitoring process was confirmed through interviews with the Warden and Safe Prisons/PREA Manager and through reviews of the monitoring forms. There were no reported incidents of retaliation at the facility.

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 agency's policies AD 04.63 Transient Status Offenders, Administrative Segregation Plan, and the Safe Prisons/PREA Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing (special housing) unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Wynne Unit utilizes the single cells in housing wing B as transient housing cells to separate offenders as needed during the investigation process. Offenders are placed in transient status in special housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The alleged abuser would be housed in segregation during the investigation.

There were no offenders who suffered sexual abuse held in involuntary segregation housing in the audit period. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender. The staff member interviewed who supervises offenders in special housing indicated that offenders still have access to services including law library, commissary, recreation, phone calls, visitation, and religious services to the extent possible. If a restriction occurs, it will be reviewed every twenty-four (24) hours.

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)

The PREA standard is met through the agency's policies AD-16.20 Reporting Incidents/Crimes to the Office of Inspector General, AD 02.15 Operations of Emergency Action Center, OIG 4.05 Offender Assault Investigations, OIG 5.10 Property and Evidence Control, AD 16.03 Evidence Handling, SPPOM 5.05 Completing the Offender Protection Investigation Worksheet, SPPOM 5.11 Completing the Staff on Offender Sexual Abuse Investigative Worksheet, and the Safe Prisons/PREA Plan. These policies address conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports.

The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, early, and objectively including third party and anonymous reports, by investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were initiated immediately and notification to OIG was immediate. OIG starts their investigation immediately upon notification. This was also confirmed through the interviews with the unit investigator who conducts the administrative investigations and the OIG investigator. If the incident occurs after hours, the shift supervisor will begin the investigation process and notify the Safe Prisons/PREA Manager and the OIG investigator. Once on site, OIG will take over the investigation and evidence collection and the unit investigator will continue the administrative investigation on the offender on offender investigations. Investigations of staff on offenders are conducted by supervisors of Lieutenant or above in rank. Once an offender protective investigation is initiated, notifications are made through email to the Chief of Classification, Warden, Assistant Wardens, court room, Major, and supervisors as needed.

In the review of the training records, all investigators have received special training in sexual abuse investigations. The specialized training curriculums, Safe Prisons Training: Conducting a Thorough Investigation and OIG Sexual Assault Investigations are utilized for the specialized training of investigators. The agency's 136 OIG and 24 unit investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records. The positive partnership between the facility staff and the OIG investigators were demonstrated through the daily working relationship. The Warden during the interview stressed the good working relationship between the unit and OIG including the assistance by OIG with the criminal and administrative investigations.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigators, and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. When an allegation is reported, the facility's investigator begins an administrative investigation immediately. It is also referred to the Office of Inspector General immediately to begin a criminal investigation. The investigators and the Warden acknowledged the outstanding cooperation and working relationship between the facility and OIG during the investigation process. The OIG investigator shares information that is able to be shared giving consideration to the integrity of the case. The Warden and the OIG investigator both noted during their interviews the positive communication and information sharing regarding updates and outcomes of the case.

If OIG determines a crime has been committed, the case is referred for prosecution. It is discussed with the special prosecution unit to determine if additional information or items are needed for support. OIG opened six (6) cases on sexual abuse allegations: five (5) were closed with no charges and one (1) is still active. The OIG investigator indicated the length of time to obtain SANE DNA results, about twelve to eighteen months, is the reason for the cases remaining open for any length

of time. No cases have been referred for prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency.

The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the Warden's comments. The investigation report is part of the Investigation Folder which also contains the EAC incident report, victim offender travel card, alleged abuser travel card, offenders photographs after allegation, medical and mental health clinical notes including the referrals, completed retaliation monitoring forms, and the Sexual Abuse Investigation Checklist completed. The Investigation Folder is maintained in the Warden's area. Twenty-five (25) cases were reviewed. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically which exceeds the standard requirement. This process is supported by Department policies OIG OPM 3.72 Record Retention-PREA and the records retention Schedule.

There were thirty-three (33) allegations reported during the audit period: thirty (30) allegations occurred at the facility with two (2) of those reported at another facility and three (3) allegations that occurred at another facility and reported at the Wynne Unit. Of the twenty-seven (27) staff on offender allegations; there was twenty-one (21) alleged staff on offender sexual abuse, one (1) alleged staff on offender sexual harassment, and five (5) alleged staff on offender sexual misconduct. The administrative findings of the staff on offender allegations of sexual abuse were fifteen (15) unfounded, five (5) unsubstantiated, and one (1) still an active investigation. Of the staff on offender sexual harassment allegation, it was determined unfounded. Of the staff on offender allegations of sexual misconduct, all five (5) were unfounded. OIG opened six (6) cases on sexual abuse allegations: five (5) were closed with no charges and one (1) is still active. Of the six (6) offender on offender allegations, all were allegations of sexual abuse. The administrative findings of the six (6) offender on offender sexual abuse allegations were five (5) unsubstantiated and one (1) still active. Of the offender on offender allegations, OIG opened no cases. A review of twenty-five (25) administrative investigations was conducted. The actual OIG investigations files were not available for review.

The auditor determined the facility exceeds this standard through the partnership OIG and the facility demonstrates in the investigation process and communication. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings. And the Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically, beyond the five year requirement of the standard.

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 Department's policy SPPOM 5.05 Completing the Offender Protection Investigation and the Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interviews with the unit and OIG investigators confirm compliance with the policy and standard.

Standard 115.73 Reporting to Inmates

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

The agency's Safe Prisons/PREA Plan and UCC Notification of Offender Protective Investigation requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to offenders are documented on the Attachment J: Offender Protection Investigation Form. The process directs the Unit Classification Committee (UCC) and the Safe Prisons/PREA Manager to notify the offender in person the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The process outlines that the offender will be notified verbally and in writing by the UCC Chairperson, and the offender signs acknowledging the notification on the Offender Protection Investigation Form Attachment J, along with the UCC Chairperson's signature for documentation of the process completion. If an offender is transferred prior to the Unit Classification Committee meeting, the offender is notified in writing. This process was confirmed during interviews with staff and offenders and reviews of the notifications in the case files.

OIG provides monthly updates to the facility on the criminal investigations. This was supported through interviews with the OIG investigator and the Warden. The offender is informed of the progress of the investigation, per policy SPPOM 05.10 Reporting Sexual Abuse Criminal Case Status to Offenders and the Safe Prisons/PREA Plan. The investigation updates to offenders of prosecution cases are made through written format by the agency's Safe Prisons/PREA Program Manager.

If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the Safe Prisons/PREA Manager to inform the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The investigation files reviewed all contained the offender notifications documented on the Offender Protection Investigation Form. In an interview with the offender that reported a sexual abuse, the offender stated the Unit Classification Committee (UCC) verbally provided him with the outcome of the investigation about a week after the allegation.

The Pre-Audit Questionnaire indicated that thirty-three (33) outcome notifications were made. However, only thirty-one (31) outcome notifications were made to the offender by the facility through the Unit Classification Committee. Two (2) cases are still open investigations. The notifications of outcome were documented in the investigation case files.

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)

The agency's policies PD29 Sexual Misconduct with Offenders, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, and PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment

commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General directs that all incidents or allegations of serious employee misconduct shall be reported to the OIG for determination regarding the OIG action to be taken in response to the reported incident.

There were no employees that violated the agency sexual abuse or sexual harassment policies. There were no employees terminated or resigned prior to termination. When a staff member resigns during an investigation, the facility places the discipline process in a pending status. If the staff member returns to employment at any time, the disciplinary process would continue at that time. The staff member is coded not to rehire.

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)

The Department's policies PD29 Sexual Misconduct with Offenders, 13.03 Chaplaincy Manual, the Volunteer Service Plan, Volunteer Training Facilitators Guide, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The contractor/volunteer will also be prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with eleven (11) contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Warden stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with offenders.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

Standard 115.78 Disciplinary Sanctions for Inmates

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

The agency's policies Disciplinary Rules and Procedures for Offenders and the Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The Warden indicated in the interview that disciplinary sanctions could include loss of good time, property restriction, commissary restriction, extra duties, cell restriction, and coded as sexual predator. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed, if any; policy Disciplinary Rules and Procedures for Offenders and Safe Prisons/PREA Plan.

The agency's policy, SOPT 01.01 Overview of the Sex Offender Treatment Program, outlines the program to address the needs of sex offenders including providing need specific rehabilitative interventions designed to limit an offender's risk to reoffend. An offender can be referred to programming based on the mental health assessment of the offender abuser. The facility/agency's Safe Prisons/PREA Plan states consideration shall be made to determine if participation should be a requirement for access to programming or other benefits. During the interviews with medical and mental health staff, they indicated that an offender's participation is not required as a condition of access to programming or other benefits. This supports the answer provided by the facility on the Pre-Audit Questionnaire.

The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes of disciplinary action. The agency's policy prohibits all sexual activity between offenders to include consensual and will process discipline on offender-on-offenders sexual activity, but will not consider it sexual abuse.

There were no administrative findings of offender-offender sexual abuse. There was no criminal finding of guilty for offender-on-offender sexual abuse.

Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse

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

The agency's policies G57.1 Sexual Assault/Sexual Abuse, Offender Assessment Screening, E35.2 Mental Health Evaluation, and the Safe Prisons/PREA Plan requires medical and mental health follow-up within ten business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the offender has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the offender is referred for medical and mental health services. If deemed as an emergency or a serious nature, the offender is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within 10 days. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. The five (5) offenders interviewed that disclosed victimization during screening acknowledged they were offered medical and mental health services. Three (3) of the offenders declined medical and mental health services. Two (2) of the offenders received healthcare services, one stated it occurred immediately and the other within a week. The auditor reviewed the medical and mental health cases for the two (2) offenders. The offenders' case notes documented being seen by mental health, however, the notes did not indicate the reason for the referral. A recommendation was made that mental health staff need to document the referral with the reason for the referral and the services provided to the offender.

Information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as required; policies 5.05 Completing the Offender Protection Investigation, A09.1 Privacy of Care, H61.1 Confidentiality and Release of Protected Health Information, and the Safe Prisons/PREA Plan. Information is shared with appropriate staff including the Warden, Assistant Wardens, Majors, Classification, and the Safe Prisons/PREA Manager as needed to make housing, bed, work, education, and program assignments. The medical and mental health staff obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, policies CMHCPM G57.1 Sexual Assault/Sexual Abuse, CMHCPM I70.1 Informed Consent, CPOM 2.05 Requirement to Contact Department of Family Protective Services and Safe Prisons/PREA Plan. This process was confirmed through interviews with medical and mental health staff, the Warden, and the Safe Prisons/PREA Manager.

Standard 115.82 Access to Emergency Medical and Mental Health Services

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

The Department's policies G57.1 Sexual Assault/Sexual Abuse, A01.1 Access to Care, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan indicate that offenders who are victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The policies also indicate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical attention is provided through the facility's medical department. Health care services are provided on site Monday through Friday from 3:00 am to 6:00 pm. Medical services after hours are provided by the local hospital. Medical and mental health staff are also on call as needed for emergencies.

The agency's policy indicates that all victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. There were no alleged victims of sexual assault who required a forensic exam. The interview with the offender that reported sexual assault indicated that he was seen by medical immediately and was offered follow-up services. He indicated mental health services was offered, however, he refused stating he did not need the services. He indicated he was on the mental health caseload and could see mental health as needed.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Shift Supervisor begins the notifications which include medical and mental health services as outlined in the Safe Prisons/PREA Plan and 5.01 Sexual Abuse Response and Investigation. This process was verified through incident reviews, the Sexual Abuse Investigation Checklist within the investigation files, and interviews with staff and medical and mental health practitioners.

The offenders also receive timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, policy G57.1 Sexual Assault/Sexual Abuse. These services are offered through the CID nurse immediately. Additional educations and follow-up treatment and testing are provided as needed by the CID nurse. The interviews with medical staff confirmed this process. Treatment services are provided to every victim without any financial costs policy G57.1 Sexual Assault/Sexual Abuse.

Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

The agency's policies G57.1 Sexual Assault/Sexual Abuse, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no cost to the offenders and are consistent with the community level of care, per policies E32.1 Receiving, Transferring, and Continuity of Care Screening, G57.1 Sexual Assault/Sexual Abuse, and E44.1 Continuity of Care. The healthcare staff during their interviews indicated that the healthcare services are consistent with the community level of care and in most cases better than the community. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately. Additional education, follow-up treatment, and testing are provided

as needed by the CID nurse. Treatment services associated with sexual assault/sexual abuse or alleged sexual assault/sexual abuse will not result in the application of the health services fee to the victim. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process. The interview with the offender that reported sexual assault indicated that he was seen by medical immediately and was offered follow-up services. He indicated mental health services was offered, however, he refused stating he did not need the services. He indicated he was on the mental health caseload and could see mental health as needed. There were no charges for his medical care.

The Safe Prisons/PREA Plan and policy 57.1 Sexual Assault/Sexual Abuse states if an incident occurs within the 96 hours of reporting, the offender will be seen by a mental health professional immediately after medical exams are completed. If reported after 96 hours, the offender will be referred to and will be seen by a mental health professional within 10 business days. This applies to the victim and the offender-on-offender abuser. A mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. Mental health staff interviewed that, in most cases, the offender is seen for an evaluation the day of the referral. Treatment will be offered based on the outcome of the mental health evaluation. There was no confirmed offender on offender abuser in the twelve month period.

Standard 115.86 Sexual Abuse Incident Reviews

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

The agency's policies AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, SPPOM 08.01 Monthly Safe Prisons/PREA Plan, and the Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents. The Administrative Incident Review must be forwarded to the Regional Director no later than 10 working days following the notification to Emergency Action Center (EAC). The facility's Warden obtains input from security supervisors, investigators, and medical and/or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team includes the Assistant Warden, Major, Captains, Safe Prisons/PREA Manager, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The facility will implement recommendations that result from the review, or document the reasons for not doing so. The Regional Director reviews the Administrative Incident Review Report and documents any comments in the final portion of the Administrative Review Section and forwards to EAC no later than 20 working days following the initial notification to EAC. All Administrative Incident Reviews containing recommendations or corrective action require a written 90-day follow-up report prepared by the Regional or department head. The follow-up report shall be completed and submitted to the Deputy Director for Prison and Jail Operations or designee within 90 days of the notification to EAC.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and the implement recommendations or improvements. The Unit Investigation Team meets weekly on Monday to discuss and review all investigations. The review is documented through

meeting minutes. The review team includes the Warden, Assistant Wardens, Majors, Safe Prisons/PREA Manager, Captains, and as needed input from line supervisors, investigators, medical, and mental health practitioners.

Sexual abuse incident reviews were completed on ten (10) cases determined unsubstantiated. The twenty-one (21) unfounded cases were not formally reviewed. The administrative incident review team reports were included in the investigation files for review. The interviews with the Incident Review Team indicated they review all five elements including offender rosters, offender movements, area blind spots, review the incident area, building schedule, training records of the staff in area of incident, and whether cameras would supplement supervision in the area. The Warden indicated the review also includes whether protocol was followed, was the response appropriate, identifying unit vulnerabilities, and what proactive actions can be taken to better the system. The Warden also stated the administrative team is responsible for monitoring for compliance. The review of the files and interviews with the Warden, Incident Review Team members, and Safe Prisons/PREA Manager demonstrates compliance with the standard.

Standard 115.87 Data Collection

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

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. The PREA Ombudsman oversees the reporting of sexual abuse and sexual harassment information for the Texas Department of Criminal Justice. One of the responsibilities of the PREA Ombudsman is to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards. Daily a list of all alleged sexual abuse incidents that occurred the previous day is reported to the PREA Ombudsman and Safe Prisons/PREA personnel. The information is collected using a uniform data standardized instrument, Survey of Sexual Violence 2012. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency and the PREA Ombudsman aggregates this incident based sexual abuse data at least annually. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency's website. The agency provided the Department of Justice with data from the previous calendar year. This information also was incorporated into the 2015 Safe Prisons/PREA Annual Report. The annual report was reviewed as part of the audit process.

Department policies that outline the data collection process include: AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; BP 2.09 PREA Ombudsman Statement; OIG 4.05 Offender Sexual Assault Investigations; and 01.01 Safe Prisons/PREA Management Office.

Standard 115.88 Data Review for Corrective Action

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

The Department's policy BP 2.09 PREA Ombudsman Statement outlines the PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice (TBCJ) chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. The Ombudsman office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. Before publishing the annual report, all personal identifiers

are removed. The annual report is approved by the Executive Director of the Texas Department of Criminal Justice then the report is published on the Texas Board of Criminal Justice PREA Ombudsman website. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. The report was reviewed as part of the audit process. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Warden and review of the facility's monthly reports it documents the data collection process and correction actions taken by the facility.

Standard 115.89 Data Storage, Publication, and Destruction

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

The Department's policy BP 2.09 PREA Ombudsman Policy Statement, Record Retention Schedule, ED 2.29 Records Management, and the Safe Prisons/PREA Plan direct how the incident based information and aggregate data is collected, properly stored, and securely retained. The PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility including contracted facilities; preparing monthly and semiannual activity reports for distribution. Access to the data is controlled. The agency's aggregate data is available to the public through the agency's website and the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Program Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All Offender Investigation Packets and criminal investigations and which include sexual abuse cases are permanently maintained electronically.

AUDITOR CERTIFICATION:

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara King
Auditor Signature

April 12, 2017
Date