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

☐ Interim  ☒ Final

Date of Report  January 13, 2021

## Auditor Information

<table>
<thead>
<tr>
<th>Name: Kendra Prisk</th>
<th>Email: <a href="mailto:Kendra@preaauditing.com">Kendra@preaauditing.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name: PREA Auditors of America, LLC</td>
<td></td>
</tr>
<tr>
<td>Mailing Address: 14506 Lakeside View Way</td>
<td>City, State, Zip: Cypress, TX 77429</td>
</tr>
<tr>
<td>Telephone: 713-818-9098</td>
<td>Date of Facility Visit: December 14-15, 2020</td>
</tr>
</tbody>
</table>

## Agency Information

<table>
<thead>
<tr>
<th>Name of Agency: Texas Department of Criminal Justice</th>
<th>Governing Authority or Parent Agency (If Applicable): State of Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address: 861-B I-45 North</td>
<td>City, State, Zip: Huntsville, TX 77320</td>
</tr>
<tr>
<td>Mailing Address: PO Box 99</td>
<td>City, State, Zip: Huntsville, TX 77342</td>
</tr>
<tr>
<td>The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit</td>
<td></td>
</tr>
<tr>
<td>☐ Municipal ☐ County ☒ State ☐ Federal</td>
<td></td>
</tr>
</tbody>
</table>

Agency Website with PREA Information: [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html)

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

| Name: Cassandra McGilbra | Email: Cassandra.McGilbra@tdcj.texas.gov | Telephone: 936-437-5557 |

PREA Coordinator Reports to: Patrick O'Daniel - Chairman  Number of Compliance Managers who report to the PREA Coordinator: 6
### Name of Facility: Carole Young Medical Facility

#### Physical Address: 5509 Attwater Avenue  
City, State, Zip: Dickinson, TX 77539

#### Mailing Address (if different from above):  
City, State, Zip:

#### The Facility Is:  
☐ Military  
☐ Private for Profit  
☐ Private not for Profit  
☐ Municipal  
☐ County  
☒ State  
☐ Federal

#### Facility Type:  
☒ Prison  
☐ Jail

#### Facility Website with PREA Information:  
[https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html)

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

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

- ☒ ACA  
- ☐ NCCHC  
- ☐ CALEA  
- ☐ Other (please name or describe):  
- ☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: A Division Level Operational Review was conducted at the unit in December 2019. These reviews are conducted by each functional area proponent at least every three years.

#### Warden/Jail Administrator/Sheriff/Director

- **Name:** Cynthia Moore  
- **Email:** Cynthia.A.Moore@tdcj.texas.gov  
- **Telephone:** 409-948-0001

#### Facility PREA Compliance Manager

- **Name:** Mary McCoy  
- **Email:** Mary.McCoy@tdcj.texas.gov  
- **Telephone:** 409-948-0001

#### Facility Health Service Administrator

- **Name:** Dr. Ojo  
- **Email:** folojo@utmb.edu  
- **Telephone:** 409-948-0001

### Facility Characteristics

- **Designated Facility Capacity:** 469  
- **Current Population of Facility:** 345
<p>| <strong>Average daily population for the past 12 months:</strong> | 425 |
| <strong>Has the facility been over capacity at any point in the past 12 months?</strong> | ☐ Yes  ☒ No |
| <strong>Which population(s) does the facility hold?</strong> | ☐ Females  ☐ Males  ☒ Both Females and Males |
| <strong>Age range of population:</strong> | 21-86 |
| <strong>Average length of stay or time under supervision:</strong> | 5 months |
| <strong>Facility security levels/inmate custody levels:</strong> | MD (medical patient), G2, G4, G5 and OT (outside trustee) |
| <strong>Number of inmates admitted to facility during the past 12 months:</strong> | 4786 |
| <strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</strong> | 3565 |
| <strong>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</strong> | 1252 |
| <strong>Does the facility hold youthful inmates?</strong> | ☐ Yes  ☒ No |
| <strong>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</strong> | ☒ N/A |
| <strong>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</strong> | ☐ Yes  ☒ No |
| <strong>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</strong> | ☐ Federal Bureau of Prisons  ☐ U.S. Marshals Service  ☐ U.S. Immigration and Customs Enforcement  ☐ Bureau of Indian Affairs  ☐ U.S. Military branch  ☐ State or Territorial correctional agency  ☐ County correctional or detention agency  ☐ Judicial district correctional or detention facility  ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)  ☐ Private corrections or detention provider  ☐ Other - please name or describe: Click or tap here to enter text.  ☒ N/A |
| <strong>Number of staff currently employed by the facility who may have contact with inmates:</strong> | 214 |
| <strong>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</strong> | 42 |
| <strong>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</strong> | 1 |
| <strong>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</strong> | 119 |</p>
<table>
<thead>
<tr>
<th>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</th>
<th>204</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Plant</strong></td>
<td></td>
</tr>
<tr>
<td>Number of buildings:</td>
<td>9</td>
</tr>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
<tr>
<td>Number of inmate housing units:</td>
<td>7</td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
<tr>
<td>Number of single cell housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of multiple occupancy cell housing units:</td>
<td>4</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>3</td>
</tr>
<tr>
<td>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</td>
<td>32</td>
</tr>
<tr>
<td>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</td>
<td>□ Yes □ No ☒ N/A</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes □ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>□ Yes ☒ No</td>
</tr>
<tr>
<td><strong>Medical and Mental Health Services and Forensic Medical Exams</strong></td>
<td></td>
</tr>
<tr>
<td>Are medical services provided on-site?</td>
<td>☒ Yes □ No</td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☑ Yes ☐ No</td>
</tr>
<tr>
<td>Where are sexual assault forensic medical exams provided? Select all that apply.</td>
<td>☐ On-site ☑ Local hospital/clinic ☐ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)</td>
</tr>
</tbody>
</table>

### Investigations

#### Criminal Investigations

| Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: | 142 |
| When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply. | ☑ Facility investigators ☐ Agency investigators ☑ An external investigative entity |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations) | ☐ Local police department ☐ Local sheriff’s department ☐ State police ☐ A U.S. Department of Justice component ☑ Other (please name or describe): Office of the Inspector General (OIG) ☐ N/A |

#### Administrative Investigations

| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment? | 27 |
| When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply | ☑ Facility investigators ☐ Agency investigators ☑ An external investigative entity |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations) | ☐ Local police department ☐ Local sheriff’s department ☐ State police ☐ A U.S. Department of Justice component ☑ Other (please name or describe): Office of the Inspector General (OIG) ☐ N/A |
Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) re-certification audit for the Carole Young Medical Facility (Young Unit), Texas Department of Criminal Justice (TDCJ) in Dickinson, Texas was conducted on December 14-15, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through a third-party entity as a contractor and is personally accountable for complying with the DOJ certification requirements and audit findings. The agency contract was secured through a third-party entity, PREA Auditors of America, LLC. and not directly by the auditor herself. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, on-site audit and post-audit.

The last PREA audit was conducted by PREA auditor Michelle Burrows on December 11-13, 2017. The previous auditor conducted the audit with 3 exceeds standards and 42 met standards.

Prior to the on-site portion of the audit the auditor reviewed the Pre-Audit Questionnaire (PAQ) and supporting documentation. The facility was very responsive related to any questions the auditor had during this review. The Warden ensured the audit posting was placed throughout the facility prior to the audit. On December 11, 2020 the auditor received six emailed photos of the PREA audit announcement posted throughout the facility. The announcement was dated from October 2020. The auditor did not receive correspondence from any inmates at the facility related to PREA or the PREA audit.

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site audit. Based on the population on the day of the audit (345) the PREA auditor handbook indicated that at least 26 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across; gender, race, ethnicity, housing assignments and time in custody. It should be noted that no inmates were selected from the housing units that were quarantined due to COVID-19. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Interviews were conducted using the **Inmate Interview Questionnaire** supplemented by the **Targeted Inmate Questionnaires**. Sixteen inmate interviews were completed via paper format due to five housing units being quarantined. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening
The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across; gender, race, ethnicity and post assignments. Staff selected for the specialized interviews were selected at random across varying factors, when possible. Staff from all three shifts were interviewed. Interviews were conducted using the Interview Guide for a Random Sample of Staff and/or the Interview Guide for Specialized Staff. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
   - Agency contract administrator
   - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
   - Line staff who supervise youthful inmates, if any
   - Education staff who work with youthful inmates, if any
   - Program staff who work with youthful inmates, if any
   - Medical staff
   - Mental health staff
   - Non-medical staff involved in cross-gender strip or visual searches
   - Administrative (Human Resources) staff
   - SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff
- Administrative investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse) and non-security staff
- Intake staff

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff</td>
<td>12</td>
</tr>
<tr>
<td>Specialized Staff</td>
<td>18</td>
</tr>
<tr>
<td>Total Staff Interviews</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialized Staff Interviews</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Agency Contract Administrator</td>
<td>1</td>
</tr>
<tr>
<td>- Intermediate or Higher Level Facility Staff</td>
<td>1</td>
</tr>
<tr>
<td>- Line Staff who Supervise Youthful Inmates</td>
<td>0</td>
</tr>
<tr>
<td>- Education and Program Staff who Work with Youthful Inmates</td>
<td>0</td>
</tr>
<tr>
<td>- Medical and Mental Health Staff</td>
<td>3</td>
</tr>
<tr>
<td>- Human Resources Staff</td>
<td>1</td>
</tr>
<tr>
<td>- Volunteers and Contractors</td>
<td>2</td>
</tr>
<tr>
<td>- Investigative Staff</td>
<td>2</td>
</tr>
<tr>
<td>- Staff who Perform Screening for Risk of Victimization</td>
<td>1</td>
</tr>
<tr>
<td>- Staff who Supervise Inmates in Segregated Housing</td>
<td>1</td>
</tr>
<tr>
<td>- Incident Review Team</td>
<td>1</td>
</tr>
<tr>
<td>- Designated Staff Member Charged with Monitoring Retaliation</td>
<td>1</td>
</tr>
<tr>
<td>- Security and Non-Security who Acted as First Responders</td>
<td>3</td>
</tr>
<tr>
<td>- Intake Staff</td>
<td>1</td>
</tr>
</tbody>
</table>
The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Bryan Collier (Agency Head Designee)
- Ms. Cynthia Moore (Warden)
- Ms. Cassandra McGibra (PREA Coordinator “PC”)
- Ms. Mary McCoy (PREA Compliance Manager “CM”)

The on-site portion of the audit was conducted on December 14, 2020 and additional review was conducted on December 15, 2020. The auditor had an initial briefing with facility leadership and answered any questions. After the initial briefing, the auditor reviewed documentation and selected the inmates and staff for interviews as well as the documentation and files to be reviewed. A tour of the facility began at 10:30am. The tour including all areas associated with the Young Unit, to include, all housing units, medical and mental health, education, the dining area and kitchen, laundry, law library, commissary, the chapel and visitation. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. The auditor had limited interaction with inmates and staff during the tour due to COVID-19. The tour was completed at 12:30pm.

Interviews were conducted on December 14, 2020 in the morning, afternoon and evening. During the on-site portion of the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

**Personnel and Training Files.** The facility has 214 staff assigned. The auditor reviewed a random sample of twelve training records as well as documents related to the 42 staff hired within the past twelve months. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Additionally, personnel and training files for four volunteers and four contractors who have contact with inmates were reviewed.

**Inmate Files.** On the first day of the on-site phase of the audit, the inmate population was 345. A total of eleven inmate records were reviewed. The records reviewed were of inmates who arrived within the previous twelve months and included their initial risk assessment, 30-day reassessment and inmate PREA education. Additionally, two LEP inmates and three disabled inmate records were reviewed.

**Medical and Mental Health Records.** During the past year, there have been three inmates who reported sexual abuse at the facility. The auditor reviewed medical and mental health files for those inmates as well as mental health documents for one victim who reported sexual harassment. Additionally, three mental health files were reviewed for inmates who reported prior victimization during the risk screening.

**Grievances.** The PAQ indicated that there were three grievances within the previous twelve months. The auditor reviewed the three PREA grievance. Additionally, the auditor reviewed the grievance log to confirm no other sexual abuse grievances were received.

**Hotline Calls.** The facility has an outside reporting hotline via the PREA Ombudsman’s Office. The Ombudsman confirmed that the hotline is utilized for inmates and the public to report allegations and that all allegations are reported back to the facility for investigation.

**Incident Reports.** The auditor reviewed four investigations, which included a review of four incident reports.

**Investigation Files.** Agency investigators (OIG) or facility investigators complete investigations for all sexual abuse and/or sexual harassment allegations. The PAQ indicated there were four sexual abuse or sexual harassment allegations reported in the previous twelve months. A review of investigative reports confirmed the four allegations reported, three sexual abuse and one sexual harassment. The below table depicts the outcomes of the closed investigations.
<table>
<thead>
<tr>
<th></th>
<th>Sexual Abuse</th>
<th></th>
<th>Sexual Harassment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inmate on Inmate</td>
<td>Staff on Inmate</td>
<td>Inmate on Inmate</td>
<td>Staff on Inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unfounded</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Allegations</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Facility Characteristics

The Carole Young Medical Facility is a state prison under the authority of the Texas Department of Criminal Justice, located at 5509 Attwater Avenue in Dickinson, Texas. The Young Unit is located in Galveston County, approximately 32 miles Southeast of Houston, Texas. The Young Unit was established in February 1996 and is one of TDCJ's medical facilities. Young Unit is a hub for the University of Texas Medical Branch (UTMB) and has 141 medical beds, 131 of which are skilled care/assisted living beds and 10 of which are respiratory isolation rooms. The Unit offers numerous specialty clinics including prenatal and pregnancy, female hospice, dialysis, respiratory therapy and physical therapy. The medical services at the Young Unit work closely with another TDCJ medical facility, Hospital Galveston.

The Young Unit comprises the buildings inside the secure perimeter, to include the medical housing and two open population housing units, as well as a Trustee housing unit that is located outside the secure perimeter. Inside the secure fence is the main building which is two stories and includes administrative offices, medical, mental health, visitation, education the kitchen and the four medical housing units. Outside the main building but still inside the secure perimeter you find laundry, the library and law library, the dining area, commissary, the dayroom and activity building and two open bay housing units. Outside the secure perimeter is the Outside Trustee open bay housing unit.

Entry into the facility is through the main building where staff are required to show identification, are searched and are asked the COVID-19 safety questions. Immediately following this area is the Warden’s office and other administrative offices, including Human Resources and the UTMB staff offices. North of the search area is visitation. Visitations includes an indoor space where tables and chairs are set up with vending machines, as well as an outdoor space with tables and benches. The administrative area and the visitation area have painted PREA information and reflective mirrors to cover any blind spots. Entry to the rest of the main building and compound is through Central Control. Security staff control the secure doors in and out of the facility.

Located on the other side of Central Control are three hallways. The East hallway contains the dialysis center where inmates receive medical care and is directly in front of Central Control. A restroom is located in the center and provides privacy via a solid door with a security window. The South hallway contains the barber shop and caustics and the North hallway houses classification, supply and other administrative offices.

Around the hallways you find the medical and mental health area, education and the kitchen. The medical area is only utilized by the female inmates. Male inmates do not go to medical, but rather medical goes around to the housing units and provides services there. Medical contains a waiting area with benches and numerous exam rooms. A restroom is located in the waiting rooms and provides privacy via a half wall and a privacy barrier. The exam rooms provide privacy via solid doors with security windows. PREA information was observed to be painted in the medical area as well as posted on the walls in bright blue. Education consists of one open classroom with a solid door with a security window. This education room is rarely used as most inmates in the main building are bed ridden or have serious medical issues that do not allow them to be ambulatory. Also found around the hallways is the kitchen. The kitchen is where all the food for the Young Unit is prepared. The space contains all equipment necessary to feed over 400 inmates, including grills, kettles, freezers, coolers, a baking area and a dish area. Only female inmates work in the kitchen and at least two security officers are assigned to the area. The restroom provides privacy through a solid door with a small security window. The strip search area is equipped with a large full-length cloth barrier. Additionally, PREA information was painted on the kitchen walls and posted in bright blue.

The second floor of the main building is where all the male medical housing units are located as well as the one female medical unit. Additionally upstairs is a dining area, staff offices, a shift change area, the armory, dental and a physical therapy room. The dining area is utilized by all four housing units and contains six tables and stools. It is a very small area with a miniature serving line where hot boxes drop off food. Reflective mirrors are throughout the hallways on the second floor to provide coverage of blind
spots. Additionally, outside of each medical housing unit on the second floor are four RHU rooms. These rooms are located in the entry hallways just outside of the units.

Upon exit of the main building (from the South) is a walkway that leads to the remainder of the secure compound. Cross fencing is utilized to separate areas for protection and security. Laundry is found Southeast of the main building and is a large building containing industrial style washers and dryers, pressing machines, a space for folding laundry and an area for linen/laundry exchange. Cross fencing was observed in the washer and dryer area to prohibit entry to areas that are potential blinds spots. Additionally, reflective mirrors were found throughout the laundry area to maximize line of sight and limit blind spots. The restroom was a public bathroom style with solid swinging metal doors. PREA information was observed to be posted on the walls in laundry. Only female inmates work in laundry and at least two security staff are assigned to the area.

Southwest of laundry is the female open bay housing units and buildings utilized by the female inmates. Cross fencing separates this area and upon entry is a building that contains the chaplain’s office, the law library and an open multipurpose space used for small activities. The restroom in this area is a solid door with a security window. Both housing units are located East of the building with a dayroom/activity building located in between. The dayroom/activity building is shared by the two housing units. The space is equipped with two dayrooms containing benches, tables, phones, televisions and weight equipment. The restrooms area is a toilet with a saloon style door. Also in the building is an activity room. This is a large open area where tables and chairs can be set up. This space is utilized as the chapel as well. The restroom contains half walls with solid doors. PREA information is painted in the activity room wall. An outdoor recreation area is located in this area and is shared among the two housing units. The recreation yard is equipped with a basketball court and grassy area.

West of the dayroom/activity building is the dining hall and commissary building. The dining area is an open area with tables and stools and a serving line. It also contains a freezer, dish area and a gutted kitchen that is not utilized to prepare food. PREA information was observed painted on the walls of the dining area. Commissary is also located in the building. It is small space where purchased food and goods are retrieved by the inmates.

South of the open bay housing area is the Outside Trustee housing unit. This is located outside the secure perimeter. The exit from the secure perimeter is located through two secure gates West of the housing area. A storage shed is found in the sally port area between the two gates. The shed is utilized to perform strip searches on the female inmates coming in and out of the secure perimeter.

Housing units A, B, C and South are open bay style housing units that are set up the same. The units have living space throughout the entire dorm with the back-middle part of the dorm housing the restroom and shower area. Living areas are cubicle style with half walls providing separation. Each cubicle living space is equipped with a bed and a desk. The restroom area contains sinks on one side of the wall and toilets on the opposite side. The toilets are enclosed with solid doors, similar to those in a public restroom. The showers are located South of the restroom area and are all single person showers with solid doors for privacy.

The North, East and West housing units are identical but with varying capacities. Each unit has a secure metal door for entrance. Upon entry is a nurse’s station. The set up resembles a nursing home or a hospital floor. On the outer walls are inmate rooms. Each room is set up to house up to four inmate hospital beds. Each room is equipped with a sink and a toilet. Room doors are solid with a security window. The units are laid out in a “U” shape with the nurse’s station located in the middle. A dayroom is located on each side of the “U” (two per housing unit). Dayrooms consists of chairs and a television. Showers are located around the housing unit. All are single person showers with a solid door with a half-painted security window for privacy. All the units are equipped with reflective mirrors in the hallways and are mainly occupied by inmates who are bed ridden. Additionally, cameras are utilized in these areas to supplement monitoring.
The Restrictive Housing Unit (RHU) is not an individual housing area. Restrictive Housing rooms are found outside the medical housing units. Each hallway has four rooms upon exit of the medical housing unit. Each room is equipped with a toilet and a sink and space for two hospital beds. The doors to the rooms are solid with a security window. Each area also has a room that has been converted to a shower. All are single person showers and have a solid door with a half-painted security window for privacy.

All housing units and common areas have PREA reporting information posted in English and Spanish. Additionally, opposite gender announcement placards are located throughout the Unit at entry points. Cameras are found in the dayrooms of the medical housing units and hallways on the second floor.

<table>
<thead>
<tr>
<th>Housing</th>
<th>Capacity</th>
<th>Style</th>
<th>Inmate Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>104</td>
<td>Open Bay</td>
<td>MD/G2 – Females</td>
</tr>
<tr>
<td>B</td>
<td>104</td>
<td>Open Bay</td>
<td>MD/G2 – Females</td>
</tr>
<tr>
<td>C</td>
<td>110</td>
<td>Open Bay</td>
<td>OT – Females</td>
</tr>
<tr>
<td>West</td>
<td>33</td>
<td>Multiple Occupancy</td>
<td>MD – Female</td>
</tr>
<tr>
<td>North</td>
<td>33</td>
<td>Multiple Occupancy</td>
<td>MD/G4/G5 – Males</td>
</tr>
<tr>
<td>South</td>
<td>15</td>
<td>Open Bay</td>
<td>MD/G4/G5 – Males</td>
</tr>
<tr>
<td>East</td>
<td>80</td>
<td>Multiple Occupancy</td>
<td>MD/G4/G5 – Males</td>
</tr>
<tr>
<td>RHU West</td>
<td>8</td>
<td>Multiple Occupancy</td>
<td>RHU</td>
</tr>
<tr>
<td>RHU North</td>
<td>8</td>
<td>Multiple Occupancy</td>
<td>RHU</td>
</tr>
<tr>
<td>RHU South</td>
<td>8</td>
<td>Multiple Occupancy</td>
<td>RHU</td>
</tr>
<tr>
<td>RHU East</td>
<td>8</td>
<td>Multiple Occupancy</td>
<td>RHU</td>
</tr>
</tbody>
</table>

The facility employs 214 staff. Staff mainly make up three shifts, first shift works from 5:45am until 2:00pm, second shift works from 1:45pm until 10:00pm and third shift works from 9:45pm until 6:00am. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff during the weekdays. The hospital Lieutenant serves as the shift supervisor on each shift. Additionally, each shift has at least two Sergeants to assist with supervisory duties. Rover Officers and Desk Officers are utilized on each shift, with the main medical housing area consisting of three Roving Officers and one Desk Officer per shift. The female housing areas have a Roving Officer assigned to each unit per shift. Additionally officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, infirmary, gate control, visitation, utility, etc. The facility employs 119 contractors that make up medical and mental health staff. The facility also has numerous volunteers that have contact with inmates. Currently the facility has 204 volunteers that provide services to the inmates. It should be noted that volunteers were not permitted access to the facility during the on-site audit due to COVID-19.

The total capacity for the facility is 469. On the first day of the audit the population at the facility was 345. The facility houses adult male and female inmates. The age range of the facility’s population is 21 to 86 years of age. The facility houses medical inmates, G2, G4, G5 and , outside trustee inmates. The average length of stay for inmates at the facility is approximately five months.
## Summary of Audit Findings

### Standards Exceeded
- Number of Standards Exceeded: 3
- List of Standards Exceeded: 115.31, 115.67 & 115.73

### Standards Met
- Number of Standards Met: 42

### Standards Not Met
- Number of Standards Not Met: 0
- List of Standards Not Met: N/A
PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Prison Rape Elimination Act Ombudsman Policy Statement BP-02.09
4. Executive Order ED-03.03
5. Post Order PO-07.150
6. Organizational Charts

Interviews:
1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency has a comprehensive PREA Policy: Safe Prisons/PREA Plan as well Executive Orders, Policy Statements, Post Orders, Administrative Directives and numerous other policies and procedures that supplement the PREA Plan. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the strategies on preventing, detecting and responding to such conduct. Agency policies address “Preventing” sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address “Detecting” sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address “Responding” to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. Agency policies are consistent with the PREA standards and outline the agency’s approach to sexual safety.

115.11 (b): ED-03.03 confirms the responsibilities of the PC and BP-02.09 states that the TBCJ PREA Ombudsman shall coordinate the TDCJ efforts to comply with the PREA standards in all its correctional and community facilities. Additionally, it states that the PREA Ombudsman will have sufficient time and authority to oversee TDCJ’s policies related to the implementation of the PREA. The agency’s organizational chart reflects that the PC position is an upper-level position. The PC stated that she has enough time to manage all her PREA related responsibilities. She indicated she has a lot of help and that there are numerous regional and facility staff that assist her with ensuring compliance. The PC stated that together with these staff they develop recommendations to correct any policies, procedures and practices to comply with PREA standards. Additionally, she stated that if there is an issue complying with a PREA standard she would work with the regional and facility staff to ensure correction.

115.11 (c): The facility has a staff member responsible for ensuring PREA compliance (Unit Safe Prisons PREA Manager – USPPM). PO-07.150 states that the USPPM shall assist the unit Warden with monitoring of the Safe Prisons/PREA Program, as well as coordinate and maintain compliance with PREA standards at the unit level. The facility’s organizational chart as well as PO-07.150 confirm the USPPM is responsible for PREA compliance and that this staff member reports directly to the Warden. The interview with the Compliance Manager indicated she has sufficient time to coordinate the facility’s PREA compliance.

The evidence shows that the agency has a PREA policy, has designated an upper-level PC as verified through policy and the organizational chart and has a PREA Compliance Manager as verified through policy and the organizational chart. Based on the review of the PAQ and related documents, PREA implementation appears to comply with the standard under the PC and Compliance Manager. The preparedness for the audit, the absence of any additional job duties and overall incorporation of institutionalized sexual safety practices demonstrates that the PC and CM have sufficient time and authority to accomplish PREA responsibilities for the agency and facility.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s
115.12 (b)

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Administrative Directive AD-02.46
3. Contracts for Confinement of Inmates

Interviews:
1. Interview with the Agency’s Contract Administrator

Findings (By Provision):

**115.12 (a):** The agency has 37 contracts related to the confinement of parolees and probationers; ten secure, eight re-entry and nineteen transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the 37 contracts confirmed that all had language requiring compliance with PREA standards. The secure treatment contracts stated that the contractor shall comply with the PREA standards for adult prisons and jails and they are required to report any sexual abuse or sexual harassment to TDCJ. The residential corrections centers and transitional treatment contracts state that the contractor shall comply with the PREA community confinement standards and report any sexual abuse or sexual harassment to TDCJ. Additionally, newer contracts also contain language requiring the contractor to obtain PREA compliance within twelve months of the service commencement date and maintain compliance at all times thereafter.

**115.12 (b):** The agency has 37 contracts related to the confinement of parolees and probationers; ten secure, eight re-entry and nineteen transitional treatment. AD-02.46 requires all contracts to comply with all applicable TDCJ policies and procedures. A review of the 37 contracts confirmed that all had language requiring compliance with PREA standards. The secure treatment contracts stated that the contractor shall comply with the PREA standards for adult prisons and jails and they are required to report any sexual abuse or sexual harassment to TDCJ. The residential corrections centers and transitional treatment contracts state that the contractor shall comply with the PREA community confinement standards and report any sexual abuse or sexual harassment to TDCJ. Additionally, newer contracts also contain language requiring the contractor to obtain PREA compliance within twelve months of the service commencement date and maintain compliance at all times thereafter. The interview with the Agency’s Contract Administrator indicated that each secure treatment facility has a staff member responsible for monitoring PREA compliance. The transitional treatment contracts and the residential corrections centers are monitored at least monthly via contract reviews. The Administrator stated that all of the contracts are
in compliance with PREA currently and that each facility reports the required information through their chain of command and that the contract monitors check to ensure adherence to protocols.

Based on the review of AD-02.46, the PAQ, a review of the language within the agency’s 37 contracts and the interview with the Agency’s Contract Administrator, this standard appears to be compliant.

**Standard 115.13: Supervision and monitoring**

**115.13 (a)**

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

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

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

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

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

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

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

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

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

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

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

115.13 (b)

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

115.13 (c)

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

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

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

115.13 (d)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Administrative Directive AD-11.52
5. Security Operations Procedures Manual SOPM-08.06
6. Post Order PO-07.002 through PO-07.005
7. Staffing Plan
8. Security Rosters
9. Employee and Visitor Logs

Interviews:
1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate Higher-Level Facility Staff

Site Review Observations:
1. Staffing Levels
2. Security Rosters for all Shifts

Findings (By Provision):

115.13 (a): AD-11.52 indicates that the Security Operations Department is responsible for approving staffing plans and shift turnover rosters for each state operated unit. Additionally, the Safe Prisons/PREA Plan, page 10-11 states that TDCJ shall ensure each unit develops, documents and complies with a staffing plan that provides adequate levels of staffing. It indicates that when calculating adequate staffing the unit will take into consideration; generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from Federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant, the composition of the inmate population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incident of abuse and any other relevant factors. The current staffing plan was reviewed and indicated that staffing was based off the facility’s maximum capacity (469). The staffing plan includes staff on the administrative shift as well as the three main shifts, first shift works from 5:45am until 2:00pm, second shift works from 1:45pm until 10:00pm and third shift works from 9:45pm until 6:00am. A building Captain and a building Major are on-site Monday through Friday and serve as the highest security supervisory level staff during the weekdays. The hospital Lieutenant serves as the shift supervisor on each shift. Additionally, each shift has at least two Sergeants to assist with supervisory duties. Rover Officers and Desk Officers are utilized on each shift, with the main medical housing area consisting of three Roving Officers and one Desk Officer per shift. The female housing areas have a Roving Officer assigned to each unit per shift. Additionally officers are assigned to other areas to include; recreation, shakedown, escort, kitchen, infirmary, gate control, visitation, utility, etc. Interviews with the Warden and the CM confirmed that the facility has a staffing plan that provides adequate staffing levels and that they comply with the plan on a regular basis. The Warden stated that each year the facility meets with the Region to determine if additional positions are needed or something on the current staffing plan needs changed. She indicated that the plan is checked daily via the shift rosters.

115.13 (b): The facility indicated on the PAQ that deviations from the staffing plan had occurred and indicated these occurrences were due to hospital transports, hospital security, chaplaincy programs, major projects, constant direct observation and COVID-19. The SOPM-08.01, page 2 and the Safe Prisons/PREA Plan, page 11 indicate that all deviations from the staffing plan are required to be documented and justified on the back side of the security roster. A review of five security rosters indicated that the facility documents their deviation, including unmanned priority one positions, on the back of the security roster. An additional review of six security rosters on-site indicated that five had deviations documented due to hospital security and off unit transports. The interview with the Warden indicated that all deviations are documented on the back of the shift roster.

115.13 (c): SOPM 08.06 and the Safe Prison/PREA Plan, page 11, describe the required annual review. They indicate that each unit shall complete an assessment, whenever necessary, but no less frequently
than once a year. The staffing plan was reviewed and a statement of participation was signed by the Regional Director, the Warden, the Security Operations Warden, the PREA Coordinator and the Staffing Coordinator for Security Operations on August 12, 2020. The plan was reviewed to assess, determine and document whether any adjustments were needed to the staffing plan, the unit’s deployment of video monitoring technologies and/or the resources the unit had available to commit to ensuring adherence to the staffing plan. A review of prior reviews confirmed that the staffing plan was previously reviewed on April 16, 2019 and June 13, 2018. The PC confirmed in the interview that the review is completed annually and that leadership assesses, determines and documents whether adjustments are necessary. She indicated that she is not directly involved during the review but she does review the plans afterward.

115.13 (d): The SAFE Prison/PREA Plan, page 9, section B, indicates that security supervisors are required to conduct and document unannounced rounds on all shifts to identify and deter sexual abuse and sexual harassment. Unannounced rounds are conducted by the building Sgt., Lt. and/or Captain and are documented at the bottom of the shift turnover roster. A review of Post Orders 002 through 005 (Sgt., Lt., Captain and Major) confirm that required duties for these security staff include frequently conducting and appropriately documenting unannounced inspections of all areas where staff are assigned. The interview with the intermediate higher-level staff indicated that supervisors are required to make unannounced rounds and that rounds are documented on the reverse side of the roster and on the visitor logs. A review of the PAQ supplemental documentation to include five rosters and five visitor logs confirmed that unannounced rounds were made on all three shifts. An additional review of six shift rosters during the on-site portion of the audit indicated that supervisory rounds were being made and documented on all three shifts. Additionally, the SAFE Prisons/PREA Plan prohibits staff from alerting other staff members about the rounds unless the announcement is related to legitimate operational functions of the unit. During the interview with the intermediate higher-level staff indicated that she never does her rounds at the same time or the same locations. She stated sometimes she goes through the facility twice and she frequently goes to different places.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-11.52, SOPM 08.06, SOPM 08.01, Post Orders, the staffing plan, the security rosters, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, CM and intermediate higher-level staff, this standard appears to be compliant.

**Standard 115.14: Youthful inmates**

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)
• Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No □ NA

• Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No □ NA

• Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Unit Classification Procedure UCP-4.19
4. Unit Classification Procedure UCP-16.15
5. CPOM-01.02
6. Population Reports

Interviews:
1. Interview with the Warden

Site Review Observations:
1. Observations in Housing Units Related to Age of Inmates

Findings (By Provision):

115.14 (a): The Safe Prisons/PREA Plan page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for Youthful Inmates. Policies indicates that youthful offenders shall not be placed in housing units where the youthful offender will have sight, sound or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area or sleeping quarters. While the agency does house youthful inmates, the Young Unit does not. A review of the population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

115.14 (b): The Safe Prisons/PREA Plan, page 10, section C, as well as Unit Classification Procedure 4.19, Unit Classification Procedure 16.15 and CPOM 01.01 describes the procedures for youthful inmates. Policies indicates that when youthful offenders are outside of the housing areas, correctional staff shall maintain sight and sound separation between youthful offenders and adult offenders as well as provide direct supervision when youthful offenders and adult offenders have any sight, sound or physical contact. While the agency does house youthful inmates, the Young Unit does not. A review of the population report indicated that no inmates under the age of 18 were housed at the unit within the
previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

**115.14 (c):** The Safe Prisons/PREA Plan page, 10, section C, indicates that the agency (TDCJ) shall make best efforts to avoid placing youthful offenders in isolation for the purpose of maintaining sight and sound separation. It also indicates that daily large muscle exercise and legally required special education services required to comply with the standard shall not be denied except in exigent circumstances. Additionally, youthful inmates shall have access to other programs and work opportunities to the extent possible. While the agency does house youthful inmates, the Young Unit does not. A review of the population report indicated that no inmates under the age of 18 were housed at the unit within the previous twelve months. During the tour, it was observed that no inmates under the age of 18 were housed at the facility.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Unit Classification Procedures 4.19 and 16.15, CPOM 01.01, population reports and observations made during the tour this standard appears to be compliant.

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

**115.15 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
  ☒ Yes ☐ No

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
  ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  
  ☒ Yes ☐ No ☐ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.)  
  ☒ Yes ☐ No ☐ NA

**115.15 (d)**

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  
  ☒ Yes ☐ No
• Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes  ☐ No

115.15 (e)

• Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes  ☐ No

• If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes  ☐ No

115.15 (f)

• Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes  ☐ No

• Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operational Manual SPPOM-02.05
4. Administrative Directive AD-03.22
5. Post Order PO-07.006, PO-07.023 and PO-07.027
6. Safe Prisons/PREA Program In-Service Training
7. Contraband and Searches In-Service Training
8. Cross Gender Search Log and Memo
9. Staff Training Records

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:
1. Observation of Solid Doors and Privacy Barriers
2. Observation of Cross Gender Announcement Placards and Actual Announcement
Findings (By Provision):

115.15 (a): The Safe Prisons/PREA Plan, page 9, section B as well as AD-03.22, page 2, prohibit staff from conducting cross gender strip searches and cross gender body cavity searches except in exigent circumstances. Additionally, Post Orders state that staff are required to request a security supervisor’s approval if an exigent circumstance arises and a cross-gender strip search of a male offender is required. The Safe Prisons/PREA Program in-service training goes over these requirements on pages 4-10. The PAQ indicated that there was one search of this kind conducted at the facility over the past twelve months. A review of documentation indicated that a female inmate refused to comply with orders for a transport and as such a use of force ensued and a strip search was required. At the time of the incident only four male officers were available. The search was documented and exigent circumstances were documented.

115.15 (b): AD-03.22, page 2, prohibit staff from conducting cross gender pat searches of female inmates. The PAQ indicated that the facility does not permit cross-gender pat down searches of female inmates, absent exigent circumstances. It also indicated that the facility does not restrict female inmates’ access to regularly available programming or other out of cell opportunities to comply with the provision. The PAQ stated that there have not been any pat-down searches of female inmates by male staff in the previous twelve months. Interviews with twelve staff indicated that they do not restrict access, however if they did not have a female immediately they would require the inmate(s) to wait until one was able to respond. Staff did indicate that there is never a time when there would not be female staff available to perform pat searches. Interviews with nineteen female inmates indicated that none had been restricted from access to programs or other out of cell activities.

115.15 (c): The Safe Prisons/PREA Plan, page 9 and AD-03.22 page 4, requires staff to document all cross-gender strip searches, cross gender visual body cavity searches and cross gender pat searches of female inmates by the security supervisor through the approving Warden. Post Orders state that staff are required to request a security supervisor’s approval if an exigent circumstance arises and a cross-gender strip search of a male offender is required. Additionally, they state that staff are required to document the approved cross-gender search on the Inter-Office Communication. The Safe Prisons/PREA Program in-service training goes over these requirements on pages 4-10. The PAQ indicated that that one cross-gender search had been conducted in the previous twelve months. A review of documentation indicated that exigent circumstances were documented by the Captain and the search was fully documented on a memo and the cross-gender search log.

115.15 (d): The Safe Prisons/PREA Plan, page 9, section B as well as Post Orders, indicate that the facility enables inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks or genitalia. Additionally, they require staff of the opposite gender to announce their presence prior to entering a housing unit. Specifically, Post Orders (page 2 and 3) require staff to announce their presence when entering the dorm if the dorm officer is of the opposite gender of the offenders housed in the dorm. Additionally, they state that a verbal announcement is made any time the gender supervision of a dorm changes and the announcement is for both security and non-security staff. The Safe Prisons/PREA Program in-service training reviews these requirements on pages 4-10. Interviews with 26 inmates indicated that none had been naked in front of opposite gender staff. All twelve staff interviewed stated that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, 26 inmates and all twelve staff stated that staff of the opposite gender announce their presence when entering a housing unit. During the tour, the auditor observed placards on the doors of the housing units reminding opposite gender staff to announce their presence prior to entering. Additionally, when the audit team entered a housing unit during the tour the cross-gender announcement was made. The auditor observed that housing units afforded privacy via solid doors and privacy barriers.

115.15 (e): The Safe Prisons/PREA Plan, page 16 and AD-03.22, page 2, prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Additionally, the Safe Prisons/PREA Program in-service training, page 10, directs staff on
this requirement. The PAQ indicated that there had been no searches of this nature within the previous twelve months. Interviews with random staff indicate that all twelve were aware of a policy that prohibits staff from physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status or knew it was not allowed. Interviews with three transgender inmates indicated that none had ever been searched for the sole purpose of determining their genital status.

115.15 (f): The Safe Prisons/PREA Plan, page 33 and AD-03.22 page 2 indicate that security staff are trained on conducting cross gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The Contraband and Searches Training, page 8-15 as well as the Safe Prisons/PREA Program In-Service Training, page 4-6 and 9-11 outline these professional and respectful search techniques. The PAQ indicated that 100% of security staff had received this training. A review of a sample of twelve training records indicated that all twelve staff had received the cross gender and transgender searches training during their annual in-service training. Interviews with staff indicated that ten of the twelve had received this training during their annual in service and during shift briefings.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.22, SPPOM-02.05, Post Orders, the Safe Prisons/PREA Program In-Service Training, the Contraband and Searches In-Service Training, staff training records, observations made during the tour to include the presence of the opposite gender announcement placard, privacy barriers, solid doors and the opposite gender announcement as well as information from interviews with random inmates and random staff indicate that this standard appears to be compliant.

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

115.16 (a)

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
• Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

• Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

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

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHPCM-G-51.1
5. Administrative Directive AD-06.25
6. Administrative Directive AD-04.25
7. Staff Translator List
8. PREA Posters
10. Safe Prisons/PREA Program Brochure
11. LanguageLine Solutions Information

Interviews:
1. Interview with the Agency Head Designee
2. Interview with Random Staff
3. Interview with Inmates with Disabilities
4. Interview with Limited English Proficient (LEP) Inmates

Site Review Observations:
1. Observations of PREA Posters in English and Spanish

Findings (By Provision):

115.16 (a): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmate who are blind or have an intellectual/cognitive disability would be read PREA information. The interview with the Agency Head Designee indicated that the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all of the agency’s sexual abuse and sexual harassment policies. He stated that information is delivered in different formats, written, video, English, Spanish, American Sign Language, etc. He stated that facilities that house deaf and blind offenders use an alert system of lights and bells to alert gender supervision changes in the housing area. He also stated there are policies for providing assistance to any offender identified as having special needs. Interviews with three disabled inmates indicated that all three had received PREA information in a format that they could understand. A review of three disabled inmate files indicated that all three received PREA information and two had signed that they understood the information. One was unable to sign due to his medical condition. During the tour, the PREA signage was observed to be in large text and in bright colors.

115.16 (b): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are LEP. The agency has a staff translator list that is utilize by the facility for any inmates who are LEP. They can also utilize LanguageLine Solutions, a service they can call that will translate information between the staff member and the LEP inmate. Policy and interviews indicate that the agency’s PREA information is available in numerous formats to include; written, video, English, Spanish, American Sign Language, etc. and that PREA information is available throughout the facility in English and Spanish. The interview with the Agency Head Designee indicated that the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all of the agency’s sexual abuse and sexual harassment policies. He stated that information is delivered in different formats, written, video, English, Spanish, American Sign Language, etc. He stated the agency has staff certified interpreters within the facilities and a database of employees who speak different languages is maintained. No interviews with LEP inmates were able to be conducted, three refused and one was off the unit at the time of the on-site portion of the audit. A review of two LEP
inmate files indicated that both received PREA information and both signed that they understood the information. During the tour, it was observed that PREA signage was posted throughout the facility in English and Spanish.

115.16 (c): The Safe Prisons/PREA Plan, page 21, prohibits the use of inmate interpreters, readers or any other type of inmate assistants for allegations of sexual abuse and sexual harassment. The PAQ indicated that there were no instances where an inmate was utilized. Interviews with a random sample of staff indicated that nine of the twelve knew that inmates are not utilized to translate for PREA purposes. All twelve staff stated that they were not aware of a time an inmate had been utilized. Interviews with disabled inmates indicated that all received information in a format they could understand. One indicated that the CM assisted them with the education, however they understood it even without her assistance.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-04.25, AD-06.25, CMHPCM G-51.1, CMHPCM E-37.05, the staff translator list, the Safe Prisons/PREA Program brochure, the LanguageLine Solutions information, observations made during the tour to include the PREA signage as well as interviews with the Agency Head Designee and disabled inmates indicates that this standard appears to be compliant.

**Standard 115.17: Hiring and promotion decisions**

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
• Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes □ No

115.17 (c)

• Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes □ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

• Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes □ No

• Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes □ No

• Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes □ No

115.17 (g)

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

115.17 (h)

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-75
4. Executive Directive PD-73
5. Executive Directive PD-56
6. Employment Application Supplement
7. Personnel Files of Staff
8. Contractor Background Files
9. Volunteer Background Files

Interviews:
1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The Safe Prisons/PREA Plan, page 27, section 1 as well as Executive Directive PD-75, indicates that the agency will not hire or promote anyone who may come in contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates if they have: engaged in sexual abuse in prison, jail, lockup or any other institution; been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion. The PAQ indicated that the agency prohibits hiring or promoting anyone who has engaged in the activities under this provision. A review of personnel documentation indicated that all 42 staff hired in the previous twelve months had a criminal background check completed prior to hiring. Additionally the four contractors reviewed had a background check completed prior to enlisting their services.

115.17 (b): The Safe Prisons/PREA Plan, page 27, indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with an inmate. Human Resource staff indicated that it is part of their clearance process. All applicants, including contractors, are asked a question related to substantiated allegations of sexual harassment.

115.17 (c): The Safe Prisons/PREA Plan, page 39, indicates that the agency is required to perform criminal background checks and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of sexual abuse for new employees that may have contact with inmates. The PAQ indicated that 100% (42) of those hired in the past twelve months that may have contact with inmates had received a criminal background check and prior institutional employers were contacted. A review of documentation indicated 100% of those reviewed had a criminal background completed and required institutional checks. Additionally, all were fingerprinted and any future arrest is automatically reported to the agency through the Fingerprint-based Applicant Clearinghouse of Texas (FACT). The interview with Human Resources indicated that all applicants have a criminal background check completed as part of the pre-employment process. The agency reviews the applicants Federal Bureau of Investigations (FBI) and Texas Department of Public Safety (DPS) criminal history and arrest records.
**115.17 (d):** The Safe Prisons/PREA Plan, page 39, indicates that the agency performs criminal background checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there has been one contract at the facility within the past twelve months and 100% of the contractors have had a criminal background check completed prior to enlisting services. A review of a random sample of four contractor personnel files indicated that criminal background checks had been conducted. Human Resource staff indicated that all contractors have a criminal background check completed prior to working at the facility.

**115.17 (e):** The PAQ indicated that the agency has a policy that requires that either criminal background checks be conducted at least every five years for current employees and contractors, or that a system is in place for otherwise capturing such information. The Safe Prisons/PREA Plan, page 39, outlines the system that is in place to capture criminal background information. The agency utilizes the FACT, a repository of the Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) fingerprint-based criminal history results. All staff and contractors are fingerprinted upon initial hire and any future arrest are automatically reported to the TDCJ Human Resources Division. This system is more efficient than annual background checks as it is live information and the agency is notified immediately and able to terminate employment. All staff have an annual background completed each year in addition to the FACT process. The interview with Human Resource staff confirmed that they utilize the Criminal Justice Information System which alerts them of any new arrests or criminal history information for employees.

**115.17 (f):** The Safe Prisons/PREA Plan, page 38, indicates that the agency will ask all applicants and employees who have contact with inmates directly about whether they have: engaged in sexual abuse in prison, jail, lockup or any other institution been convicted of engaging or attempting to engage in sexual activity in the community or has been civilly or administratively adjudicated to have engaged in sexual abuse by force, overt or implied threats of force or coercion through a written application, during any interviews or through any written self-evaluations as part of a review of current employees. A review of page 1 of the Employment Application Supplement indicates that these questions are included under questions 9a, 9b, 9c, 9d and 9e. A review of personnel files indicated 100% of those reviewed completed an application and as such were asked about the above incidents. Additionally, the interview with Human Resource staff confirmed that all three questions are on the employment application for agency employees, for outside of the agency new hires and for contract applicants.

**115.17 (g):** The PAQ stated that the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The Safe Prisons/PREA Plan, page 38 as well as PD-73, page 5 indicates that material omissions regarding sexual misconduct or the provision of materially false information will be subject to disciplinary action and may be grounds for termination. Human Resource staff confirmed that the agency imposes a continuing duty to disclose any previous misconduct.

**115.17 (h):** Executive Directive PD-56 indicates that the agency will provide information related to substantiated allegations of sexual abuse or sexual harassment involving a former employee to institutional employers for whom the employee has applied to work. The interview with the Human Resource staff indicated that the agency provides this information through open records and through the OIG.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-56, PD-73, PD-75, the Employment Application Supplement, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard appears to be compliant.

### Standard 115.18: Upgrades to facilities and technologies

**115.18 (a)**
• If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  □ Yes  □ No  ☒ NA

115.18 (b)

• If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  □ Yes  □ No  ☒ NA

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:
1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the facility has not designed, acquired or planned any expansion or modification of the existing facility. The PAQ as well as the interview with the Warden indicated that the facility has not made any substantial expansions or modifications since the last PREA audit. Additionally, the interview with the Agency Head Designee indicated that there are processes in place to ensure any new facilities or modification to existing facilities take into consideration the safety of the inmates in the construction, design or modification. He stated that there is no upcoming construction and they have no plans for expansion.

115.18 (b): The PAQ indicated that the facility has not installed or updated video monitoring technology, electronic surveillance system or other monitoring technology within the audit period. SOPM-07.02 indicates that prior to new installation the Surveillance Systems Coordinator must coordinate with the CM to ensure the facility’s ability to protect inmates from sexual abuse. The PAQ as well as the interview with the Warden confirmed there have not been any upgrades or installation of video monitoring technology.
She indicated that if there was though they would ensure their ability to protect inmates from abuse. The interview with the Agency Head Designee indicated that the agency has utilized technological enhancements via monitoring technology to supplement staffing and assist in the safety and protection of the offender population. During the tour, the auditor observed video monitoring technology in the dayrooms of the medical housing units as well as in the medical unit hallways.

**RESPONSIVE PLANNING**

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

**115.21 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - Yes ☒ No ☐ NA ☐

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - Yes ☒ No ☐ NA ☐

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
  - Yes ☒ No ☐ NA ☐

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?
  - Yes ☒ No ☐

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?
  - Yes ☒ No ☐

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?
  - Yes ☒ No ☐

- Has the agency documented its efforts to provide SAFEs or SANEs?
  - Yes ☒ No ☐
• Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes  ☐ No

• If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes  ☐ No  ☐ NA

• Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes  ☐ No

115.21 (e)

• As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes  ☐ No

• As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes  ☐ No

115.21 (f)

• If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes  ☐ No  ☐ NA

115.21 (g)

• Auditor is not required to audit this provision.

115.21 (h)

• If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.03
4. Correctional Managed Health Care Policy Manual CMHCPM-G-57.01
5. Office of the Inspector General Policy OIG-04.05
7. Safe Prisons/PREA Operations Manual SPPOM-02.02
8. Offender Victim Representative (OVR) Training
9. Offender Victim Representative (OVR) Handout
10. Solicitation Letters

Interviews:
1. Interview with Random Staff
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.21 (a): AD-16.03, Evidence Handling, and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All investigators follow the same evidence protocol no matter the crime. The PAQ indicated that the facility is responsible for conducting administrative investigations while the Office of the Inspector General (OIG) is responsible for conducting administrative and criminal investigations. Interviews with random staff indicated that all twelve were aware of the evidence protocol.

115.21 (b): AD-16.03 and OIG-04.05 outline the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per the PAQ as well as the Safe Prisons/PREA Plan this was developed appropriate for youth and was adapted from the DOJ’s Office of Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents”.

115.21 (c): The Safe Prisons/PREA Plan, page 13-14, section 5 indicates that all inmate victims of sexual abuse shall be offered access to forensic medical examinations at no cost. The facility does not offer forensic medical examinations on-site. Rather the inmate is transported to a local hospital where the forensic examination is performed by nurses with specialized training. The PAQ indicated that during the previous twelve months, there has been one forensic exam conducted. The PAQ also indicated that victims of sexual assault who require a forensic exam are taken to the nearest hospital emergency department for completion of the exam. State law (SB-1191) requires that hospital staff have specialized training to complete a forensic exam but does not require that they be SANE or SAFE trained. When possible though, SANE or SAFE are utilized. A review of documentation indicated that one inmate was transported to the local hospital where a forensic exam was performed. Additionally, an OVR was offered and accompanied the inmate during the forensic examination. An interview was unable to be conducted due to the SANEs/SAFEs being employed by the local hospital.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that these efforts are documented. Additionally, the PAQ indicated that if and when a rape crisis center is not available, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two Offender Victim Representatives (OVR) to serve as the TDCJ qualified staff members to provide advocacy services. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Resource and Crisis Center of Galveston County, Inc. for the Young Unit. The facility has two OVRs, the Chaplain and the Unit Supervisor, who serve as
advocates when necessary. A review of medical documentation indicated that one inmate was provided a forensic examination at the local hospital. Additionally, documentation confirmed that the OVR accompanied the inmate during the forensic medical examination. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.21 (e): The Safe Prisons/PREA Plan, page 12, outlines the process for offender victim services. The plan indicates that attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim. Additionally, the plan indicates that the Warden shall designate at least two OVRs to serve as the TDCJ qualified staff member to provide advocacy services. SPPOM-05.01, page 2 states that following an allegation of sexual abuse, the security supervisor shall offer the offender a victim advocate, where available, or an OVR to accompany and provide the offender with emotional support services during the forensic examination and/or investigatory interviews. The facility has made numerous attempts to secure a victim advocate from a rape crisis center to accompany the inmate victim during forensic medical examinations and investigatory interviews. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Resource and Crisis Center of Galveston County, Inc. for the Young Unit. The facility has three OVRs, the Chaplain, the Chief of Classification and the Unit Supervisor who serve as advocates when necessary. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted. The facility has two OVRs, the Chaplain and the Unit Supervisor, who serve as advocates when necessary. A review of medical documentation indicated that one inmate was provided a forensic examination at the local hospital. Additionally, documentation confirmed that the OVR accompanied the inmate during the forensic medical examination.

115.21 (f): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal investigations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (g): The facility is responsible for conducting administrative investigations while the Office of the Inspector General is responsible for conducting administrative and criminal allegations. The OIG is independent of the agency, however policies including OIG-04.05, indicate they are required to comply with all federal PREA standards.

115.21 (h): SPPOM 02.02 outlines the requirements for OVRs. Those authorized to serve in this capacity receive specialized training via the Offender Victim Representative Training and include; mental health practitioners, sociologists, chaplains, social workers and case managers.

Based on a review of the PAQ, The Safe Prisons/PREA Plan, OIG-04.05, AD-16.03, SPPOM-05.01, SPPOM-02.02, CMHCPM-G-57.01, OVR Training and Handout, copies of solicitation letters and information from interviews with random staff and the PREA Compliance Manager, indicates this standard appears to be compliant.

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

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes  ☐ No
• Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

• Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

• Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

• Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

• If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

• Auditor is not required to audit this provision.

115.22 (e)

• Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons PREA Operational Manual (SPPOM) 05.05
4. Office of the Inspector General Policy OIG-04.05
5. Administrative Directive AD-16.20
7. Board Policy BP-01.07
8. Texas Rule 493.019
9. Investigative Reports

Interviews:
1. Interview with the Agency Head Designee
2. Interview with Investigative Staff
Findings (By Provision):

115.22 (a): SPPOM 05.05, pages 1-2, OIG-04.05, AD-16.20, PD-29 and the Safe Prisons/PREA Plan, outlines the administrative and criminal investigative process. Policies require that all allegations be reported to a staff member which will then be forwarded to a supervisor. The supervisor or ranking staff member will determine if it requires immediate reporting to the OIG. If it requires an administrative investigation the supervisor or Warden will ensure an Administrative Incident Review is completed promptly. All criminal allegations will be forwarded to the OIG for investigation. The PAQ indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ stated that there have been four sexual abuse and sexual harassment allegations reported in the previous twelve months. The PAQ indicated that all facility investigations were completed for those allegations received in the previous twelve months, however one OIG investigation was still open. A review of investigative reports indicated all four had a completed administrative investigation. Additionally, two of the allegations had a criminal investigation initiated by the OIG. One was completed but was awaiting prosecution and as such the investigation was not available from the OIG for review. The second investigation was still open. The interview with the Agency Head Designee indicated all investigations are driven by policy and procedure and that the investigative process is described in these policies. He stated that the OIG is responsible for all criminal investigations.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred to an investigative agency with the legal authority to complete criminal investigations. Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The PAQ stated that the agency policy requires that the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website and that all of these referrals are documented. The policy regarding investigations is published at https://www.tdcj.texas.gov/divisions/oig/index.html. The interviews with the investigators confirmed that all allegations are referred to the OIG who determines whether they will complete an investigation or refer it back to the facility for investigation.

115.22 (c): Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.

115.22 (d): Texas Government Code 493.019 and BP-01.07 indicate that the OIG is the primary investigative and law enforcement entity of the TDCJ. The OIG serves as the independent office responsible for conducting investigations in accordance with professional standards related to the field of investigations in a government environment. The policy outlines the responsibilities of the OIG as it relates to investigations.

115.22 (e): This provision does not apply as no Department of Justice entity is responsible for conducting investigations.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.05, OIG-04.05, AD-16.20, PD-29, BP-01.07, Texas Government Code 493.019, the agency’s website, investigative reports and information obtained via interviews with the Agency Head Designee and investigative staff indicate that this standard appears to be compliant.

| TRAINING AND EDUCATION |
## Standard 115.31: Employee training

### 115.31 (a)
- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

### 115.31 (b)
- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

### 115.31 (c)
- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
• Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

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

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Executive Directive ED-12.10
5. Safe Prisons/PREA Operations Manual SPPOM-06.01
6. Safe Prisons Module: Sexual Abuse/Assault Training Curriculum
7. Safe Prisons/PREA Program Training Curriculums (All & Supervisor)
8. Safe Prisons/PREA in Texas Video Transcript
9. Security Memorandum SM-02.25 (On the Job Training Program)
10. On the Job Training (OJT) Program Procedures Guide
11. Sample of Staff Training Records

Interviews:
1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ indicated that the agency trains all employees who may have contact with inmates on topics (1) through (10). PD-29 and the Safe Prisons/PREA Plan, page 33-35 indicate that all staff are required to receive PREA training at least every two years. It also indicates that the during the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies. A review of the three PREA training curriculums as well as the Safe Prisons/PREA in Texas video confirms that the agency trains all employees who may have contact with inmates on the following matters: its zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the 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 relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates
and how to comply with relevant laws related to mandatory reporting. A review of a sample of twelve staff training records indicated that 100% of those reviewed received PREA training. Interviews with staff confirmed that they receive PREA training annually at in-service and monthly during turnover. Most staff indicated they had received some PREA training as recently as last week. Staff were very knowledgeable on PREA, the policy and their processes.

115.31 (b): The Safe Prisons/PREA Plan, page 33-35 and SM-02.25, page 16, indicate that the training shall be tailored to the gender of the offenders at the unit of assignment and that the employee shall receive additional training when transferring to a unit with offenders of a different gender. The OJT Program Procedures Guide, page 17 states that a twelve-hour gender specific course will be completed for those correctional employees that will be assigned to a unit that houses female offenders and that they will be required to complete the training course prior to being assigned to a shift or a department. The facility houses male and female inmates and as such all staff receive the regular PREA training as well as the gender specific training. The PAQ indicated that training is tailored to the gender of inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. A review of a sample of twelve staff training records indicated that 100% of those reviewed received gender specific training.

115.31 (c): The PAQ indicated that 234 or over 100% of the staff have been trained in PREA requirements and that they receive PREA training annually. The additional staff trained over 100% are those that retired, resigned or were fired during the previous twelve months and are no longer working at the facility. The PAQ also indicated that in between trainings staff are provided PREA information at shift turnouts. SPPOM-06.01 indicates that in addition to the annual training, the USPPM shall provide awareness education to unit staff and be available to answer any questions or concerns regarding the operational procedures of the Safe Prison/PREA Program. A review of documentation confirmed that all staff received PREA training and that they receive annual training during in-service. Additionally, PREA is included in shift turnout training topics at least monthly. A sample of staff training records indicate that nine staff had received PREA training the previous two years. The other three were hired within the previous twelve months and as such only had an initial year.

115.31 (d): The PAQ indicated that all staff are required to physically sign or electronically acknowledge that they received and understood the PREA training. ED-12.10 indicates that training courses are approved through the TDCJ training database. Employees are required to enroll and complete courses through this database. If the training is a classroom setting, the trainer of the class or designee is required to ensure the course is entered into the database. Additionally, a supplemental training record is kept for all classroom style training. A review of the training records indicate that all staff sign an acknowledgement of training once completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, ED-12.10, SM-02.25, SPPOM-06.01, the PREA video transcript, the numerous PREA training curriculums, the OJT guide, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. Staff receive PREA training annually at in-service. Additionally, staff are trained monthly during their shift turnouts on different PREA topics. All staff interviewed were extremely knowledgeable on all aspects of PREA indicating that the facility/agency provides continuous training.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

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

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (RequiresCorrectiveAction)

Documents:

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Volunteer Handbook
5. PREA Training Lesson Plan (Volunteer Services Training Program)
6. Volunteer Services Plan
7. Texas Tech University Health Sciences Center (TTUHSC) Annual Prea Policy Packet Training
8. University of Texas Medical Branch (UTMB) Health Safe Prison/Sexual Assault Training
9. Sample of Contractor Training Records
10. Sample of Volunteer Training Records

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as information in the volunteer handbook (pages 12-13). Additionally, health services contractors and/or volunteers receive PREA training via the Texas Tech University Health Sciences Center Annual PREA Policy Packet Training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicated that a plethora of PREA information is provided during the trainings, including their responsibilities in prevention, detection and response. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The PAQ indicated that 323 volunteers and contractors had received PREA training, which is equivalent to 100%. A review of sample training documents for four contractors and four volunteers indicated that 100% of those reviewed received PREA training. The interviews conducted with the two contract staff members confirmed that
they had received PREA training, were aware of the zero-tolerance policy and knew who to report to if they were informed of an allegation. It should be noted that no volunteers were available for interview due to COVID-19.

115.32 (b): The PAQ indicated that volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures on sexual abuse and sexual harassment. All volunteers and contractors are required to receive the Safe Prisons PREA in Texas training video and receive information from the Volunteer Services Training Program (pages 32-33) as well as the volunteer handbook (pages 12-13). Additionally, health services contractors and/or volunteers receive PREA training via the Texas Tech University Health Sciences Center (TTUHSC) Annual PREA Policy Packet Training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicated that a plethora of PREA information is provided during the trainings, including the agency’s zero tolerance policy and how to report incidents of sexual abuse and sexual harassment. PD-29 and the Safe Prisons/PREA Plan, page 35, describe the required training and indicate that the training is based on the type and level of services provided and the level of contact with offenders. The interviews conducted with the two contract staff members confirmed that they had received PREA training, were aware of the zero-tolerance policy and knew who to report to if they were informed of an allegation.

115.32 (c): The PAQ and a review of sample training documents for four contractors and four volunteers indicated that 100% of those reviewed had signed the TDCJ Volunteer Services Acknowledgment of Volunteer Training/Orientation (volunteers) or the employee training acknowledgement (contractors). Both forms document that individuals have received and understood the training.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-29, the PREA training video transcript, the volunteer handbook, the Volunteer Services Training Program, the TTUHSC training, the UTMB training, a review of a sample of contractor and volunteer training records as well as and interviews with contractors indicate that this standard appears to be compliant.

**Standard 115.33: Inmate education**

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes  ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes  ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes  ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes  ☐ No
115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prison/PREA Operations Manual SPPOM 02.03
4. Safe Prison/PREA Operations Manual SPPOM 06.02
5. Intake Procedures 1.10
115.33 (a): Intake Procedures 1.10 and the Safe Prisons/PREA Operations Manual 02.03 outline the requirement for inmates to receive PREA education, specifically information on the agency's zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. Inmates receive orientation within seven calendar days of arrival and receive five hours of peer education, to include sexual assault awareness. The PAQ indicated that 4,786 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of the inmates that arrived within the previous twelve months. A review of documentation indicated the offender orientation handbook, pages 26-28, as well as the Safe Prisons/PREA Program brochure include information on the zero-tolerance policy and the reporting methods. Both documents are provided to inmates at intake. A review of a sample of eleven inmate files indicated that 100% of those reviewed had been documented that they received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided a handout/brochure upon arrival. PREA posters were found throughout the intake area as well as in housing units and commons areas. The interview with intake staff indicated that she checks the appropriate information to see if they need to receive the PREA video. She indicated she provides them with unit orientation which includes rules and regulations, Safe Prisons and the brochure. Interviews with 26 inmates indicated that all 26 had received information on the facility’s sexual abuse and sexual harassment policies.

115.33 (b): The Safe Prisons/PREA Operations Manual 06.02 outlines the requirement for inmates to receive PREA education, specifically the comprehensive education that is provided to the inmates. The manual indicates that the Offender Sexual Abuse/PREA Awareness video will be shown to all offenders within 30 days of arrival into the TDCJ and if the inmate is received at a facility and it is determined that he/she has not seen the video, they are to receive it immediately. A review of the video transcript indicated that inmates are educated on their rights to be free from sexual abuse and sexual harassment and their right to be free from retaliation. The video also goes over the agencies policies and procedures related to prevention, detection and response. The PAQ indicated that 1,252 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those received in the previous twelve months whose length of stay was for more than 30 days. A review of a sample of eleven inmate files indicated that 100% of those reviewed had been documented that they received comprehensive PREA education. The majority of those reviewed had received their comprehensive PREA education previously at the intake facility or another facility. All TDCJ policies and procedure are the same and as such, additional comprehensive education is not required as policies and procedures do not differ. All eleven inmates had comprehensive PREA education within the previous two years as the agency requires inmates to receive the information every two years. The interview with intake staff indicated that she checks the appropriate information to see if they need to receive the PREA video. She indicated she
provides them with unit orientation which includes rules and regulations, Safe Prisons and the brochure. She stated that she does this as soon as the inmates arrive, typically the same day. Interviews with twelve inmates that arrived within the previous twelve months indicated that eleven had been told about their right to be free from sexual abuse, how to report an incident and that they would not be retaliated against for reporting. The majority of the inmates indicated that they had received this information on the same day as their arrival.

115.33 (c): The PAQ indicated that all inmates had received comprehensive PREA education. Additionally, the PAQ indicated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to the extent that the policies and procedures of the new facility differ from those of the previous facility. SPPOM-06.02, page 1, states that the USPPM shall be responsible for ensuring offenders receive the Offender Sexual Abuse/PREA Awareness video every two years and that the USPPM at non-intake facilities ensure all offenders arriving at the facility view the video as soon as possible following knowledge that he or she did not receive the training. A review of inmate files indicated that all inmates received PREA education every two years. The interview with intake staff confirmed that all inmates are provided orientation and the sexual assault brochure. Additionally, they are provided comprehensive education via the video if they have not had it within the previous two years.

115.33 (d): The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual G-51.1 and AD-06.25 establishes the procedure to provide disabled inmates an equal opportunity to benefit from all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are deaf or hard of hearing are provided information in American Sign Language (ASL) while inmates who are blind or have an intellectual/cognitive disability would be read PREA information. The Safe Prisons/PREA Plan, page 20-21 as well as Correctional Managed Health Care Policy Manual E-37.05 and AD-04.25, establishes the procedure to ensure meaningful access to all the aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are LEP. The agency has a staff translator list that is utilized by the facility for any inmates who are LEP. They can also utilize LanguageLine Solutions, a service they can call that will translate information between the staff member and LEP inmate. A review of a sample of three disabled and two LEP inmate files indicated that they received PREA information and they understood the information. During the tour, the PREA signage was observed to be in large text, bright colors and in both English and Spanish.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. Initial intake is completed when the inmate signs the orientation sign-in sheets (SSP-117). Comprehensive PREA education is documented via the offender sexual abuse awareness education sign-in roster. This information is then entered in to the offender’s individual treatment plan. A review of inmate files indicate that all had signed the sign in sheet indicating they had received the PREA information.

115.33 (f): The PAQ indicated that information is continuously available through posters, inmate handbooks or other written forms for the inmate population. SPPOM-02.03, page 1, states that the USPPM shall ensure the continuous display of English and Spanish Safe Prisons/PREA Program posters throughout the unit. A review of documentation indicated that the facility had PREA information via the offender orientation handbook, the Safe Prisons/PREA Program Brochure and through PREA signage. During the tour, the auditor observed the PREA signage in each housing unit and in common areas.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM-02.03, the SPPOM-06.02, Intake Procedures 1.10, the offender orientation handbook, the Safe Prisons/PREA Program brochure, the Safe Prisons/PREA Program posters, the Offender Sexual Abuse/PREA Awareness Video NSPM-E.37.5 (Interpretive Services), CMHCPM-G-51.5 (American Sign Language), the staff translator list, the LanguageLine Solutions information, a sample of inmate records, observations made during the tour to include the availability of PREA information via signage and documents as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.
### Standard 115.34: Specialized training: Investigations

#### 115.34 (a)

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

#### 115.34 (b)

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

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

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

115.34 (a): The PAQ stated that the agency has a policy that requires investigators to be trained in conducting sexual abuse investigations in confinement. The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums; Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. A review of investigator training records indicated that all OIG investigators have completed the NIC investigation training. Additionally, 27 facility staff members are documented with completing the agency specialized training. The OIG investigator indicated he received specialized training through the NIC training which included topics such as victim interviews and evidence collection. The facility investigator indicated she received specialized training through the agency.

115.34 (b): The 2013 Operational Procedures Manual OIG-02.15, page 3, requires that all investigators receive mandatory training for sexual assault investigations as well as in-service training specifically related to sexual assaults within the prison facilities. This training is completed through two curriculums; Safe Prisons/PREA Investigator Training and Sexual Assault Investigative Topics. The training curriculums included the following; techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. A review of investigator training records indicated that all OIG investigators have completed the NIC investigation training. Additionally, 27 facility staff members are documented with completing the agency specialized training. The OIG investigator indicated he received specialized training through the NIC training which included topics such as victim interviews and evidence collection. The facility investigator indicated she received specialized training.

115.34 (c): The PAQ indicated that currently there are 142 OIG investigators and 27 facility investigators who complete investigations on sexual abuse and sexual harassment. The PAQ also indicated that the agency maintains documentation showing that investigators have completed the training. Of the 169 investigators, the PAQ indicated that all have received specialized training. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and 27 facility investigators have received specialized training through the agency.

115.34 (d): The PAQ indicated that currently there are 142 investigators who complete criminal PREA investigations that work for the Office of the Inspector General. This office is independent of the TDCJ. A review of the training documents indicated that all OIG investigators have received specialized training through NIC and are required to receive this training prior to conducting sexual abuse investigations.

Based on a review of the PAQ, OIG-02.15, the Safe Prisons/PREA Investigation Training curriculum, the Sexual Assault Investigation Topics curriculum, a review of investigator training records as well as interviews with investigative staff, indicate that this standard appears to be compliant.
Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☑ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☑ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☑ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☐ Yes ☐ No ☑ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☑ Yes ☐ No ☐ NA

115.35 (d)

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

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Correctional Managed Health Care Policy Manual CMHCPM C-25.1
3. University of Texas Medical Branch (UTMB) Health PREA: Part 4 Specialized Training for Medical and Mental Health Staff
4. PREA Resource Center (PRC) PREA Health Care Standards Training
5. Texas Tech University Health Sciences Center Annual PREA Policy Packet Training
6. University of Texas Medical Branch (UTMB) Health Safe Prison/Sexual Assault Training
7. Mental Health Staff Training Records

Interviews:
1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to the training of medical and mental health practitioners who work regularly in facilities. CMHCPM C-25.1, requires that all medical and mental health care staff complete an orientation within 90 days. The orientation includes security, classification and health care topics and specifically discusses the detection, assessment and response to offender-victim sexual abuse and sexual harassment. Medical and mental health services are provided through Texas Tech University Health Science Center and UTMB Health. The orientation is completed through one of two curriculums; UTMB Health PREA: Part 4 Specialized Training for Medical and Mental Health or the PRC’s PREA Health Care Standards Training. A review of the two curriculums confirm that they both contain the following topics: 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 whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that the facility has 119 medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that all those reviewed received the specialized training. Interviews with medical and mental health staff confirmed that they had all received specialized training.

115.35 (b): This provision does not apply. Forensic exams are not conducted on-site by any of the facility’s medical staff. Inmates are transported to a local hospital, where nurses with specialized training completes the forensic medical examination. State law (SB-1191) requires that hospital staff have specialized training to complete a forensic exam but does not require that they be SANE or SAFE trained. When possible though, SANE or SAFE are utilized. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that documentation showing the completion of the training is maintained by the agency. A review of sample training documents for four medical and mental health care staff confirm that staff who complete the specialized training are required to complete a post text quiz and that a certificate is printed showing the test score and completion of the training. The certificate of completion is added to each staff members training file.
115.35 (d): All medical and mental health care staff are considered contractors. The PAQ indicated that contractors who have contact with inmates have been trained on their responsibilities under the facility's policies and procedures on sexual abuse and sexual harassment. Health services staff receive contractor PREA training via the Texas Tech University Health Sciences Center Annual PREA Policy Packet Training or the UTMB Health Safe Prison/Sexual Assault training. A review of the training curriculums and video indicate that a plethora of PREA information is provided during the trainings, including their responsibilities in prevention, detection and response, the agency’s zero tolerance policy and how and whom to report allegations. A review of sample four training documents for medical and mental health care staff indicated that 100% of those reviewed completed and signed the training. Additionally, the interview conducted with medical and mental health staff confirmed that they had received PREA training.

Based on a review of the PAQ, CMHCPM C-25.1, the four PREA training curriculums, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears to be compliant.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

115.41 (a)

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

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
  ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?  ☒ Yes  ☐ No

• Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  ☐ Yes  ☒ No

115.41 (e)

• In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  ☒ Yes  ☐ No

• In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  ☒ Yes  ☐ No

• In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  ☒ Yes  ☐ No

115.41 (f)

• Within a set time period not more than 30 days from the inmate’s arrival at the facility, does the facility reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  ☒ Yes  ☐ No

115.41 (g)

• Does the facility reassess an inmate’s risk level when warranted due to a referral?  ☒ Yes  ☐ No
- Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01
4. Intake Procedures 5.06
5. Offender Assessment Screening (Attachment E & E-1)
6. Inmate Assessment and Re-Assessment Records

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ indicates that the agency has a policy that requires screening for risk of sexual victimization or sexual abusiveness toward other inmates. The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake
screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates. During the tour, the auditor observed the intake area, however the screening is not conducted in this space. The risk screening is conducted in the CM’s office, which is a private setting. Interviews with twelve inmates received within the previous twelve months confirm that eleven were asked the risk screening questions. The majority indicated they were asked the same day they arrived. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization or abusiveness during intake.

115.41 (b): The PAQ states that the agency policy requires that inmates be screened for risk of victimization or risk of sexually abusing other inmates within 72 hours of their intake. The Safe Prisons/PREA Plan, pages 16-17, as well as the SPPOM 03.01, page 1, indicates that all inmates will be assessed during the intake screening for their risk of being sexual abused by other inmates or sexually abusive toward other inmates within 72 hours. The PAQ indicated that inmates are screened within this timeframe and that 3,565 inmates were received at the facility whose length of stay was for 72 hours or more. The PAQ indicated that 100% of those whose length of stay was for 72 hours or more received the risk screening within 72 hours. A review of a eleven inmate files confirmed that all eleven were screened within 72 hours, most within 24 hours. Interviews with twelve inmates received within the previous twelve months confirm that eleven were asked the risk screening questions. The majority indicated they were asked the same day they arrived. The interview with the staff responsible for the risk screening confirmed that the facility definitely completes the risk screening assessment within 72 hours.

115.41 (c): The PAQ indicated that the risk screening is conducted using an objective screening instrument. A review of Attachment E and E-1 indicated that inmates answer yes or no questions with one being multiple for gender identity/sexual preference and that many of the questions can be confirmed through a review of the inmate’s file.

115.41 (d): A review of Attachment E and E-1 indicates that the intake screening considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate was previously incarcerated; whether the inmate’s criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization and the inmate’s own perception of vulnerability. Inmates at the facility are not held solely for civil immigration purposes and as such this portion of the screening is not included. The interview with the risk screening staff indicated that the risk screening includes questions related to whether they have ever been incarcerated before, whether they have ever been sexually abused, about their gender identity and whether she perceives them to be vulnerable. She stated that the screening is mostly yes and no but inmates can elaborate on the yes responses.

115.41 (e): A review of Attachment E and E-1 confirms that the intake screening considers the following; prior acts of sexual abuse, prior convictions for violent offenses and prior institutional violence or sexual abuse known to the facility. The interview with the risk screening staff indicated that the risk screening includes questions related to whether they have ever been incarcerated before, whether they have ever been sexually abused, about their gender identity and whether she perceives them to be vulnerable. She stated that the screening is mostly yes and no but inmates can elaborate on the yes responses.

115.41 (f): The PAQ confirmed that policy requires that the facility reassess each inmate’s risk of victimization or abusiveness within a set time period, not to exceed 30 days. SPPOM 03.01, page 1 and 5, indicates that inmates would be reassessed for the inmate’s risk of victimization or abusiveness within 30 days from their arrival at the facility. The PAQ indicated that the facility requires inmates to be reassessed and that 1,252 inmates were reassessed within 30 days. The number indicate that 100% of those inmates whose length of stay was for 30 days or more received a reassessment. The interview with staff responsible for the risk screening indicated that inmates are reassessed between 15 and 30 days. Interviews with twelve inmates that arrived within the previous twelve months indicated that six remember being asked risk screening information on more than one occasion. Most indicated it was a
few months after their arrival. A review of eleven inmate files indicated that ten were reassessed within the 30-day timeframe. One inmate was reassessed at day 31.

115.41 (g): SPPOM 03.01, page 5, indicates that inmates would be reassessed for their risk of victimization or abusiveness when warranted due to referral, request, incident of sexual abuse or receipt of additional information that bears on their risk of sexual victimization or abusiveness. The PAQ indicated that this practice is occurring. The interview with the staff responsible for risk screening indicated that the facility will reassess the inmate when warranted. Interviews with twelve inmates that arrived within the previous twelve months indicated that six remember being asked risk screening information on more than one occasion. A review of the one substantiated allegation indicated that the inmate victim was reassessed.

115.41 (h): The Safe Prisons/PREA Plan, pages 19-20, as well as the SPPOM 03.01, page 2, indicates that inmates would not be disciplined for refusing to answer the following questions during the risk screening: whether or not the inmate has a mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether or not the inmate previously experienced sexual victimization and the inmate’s own perception of vulnerability. The PAQ indicated that inmates are not disciplined for refusing to answer. The interview with the staff responsible for risk screening indicated that inmates are not disciplined for refusing to answer any of the questions in the risk screening.

115.41 (i): The Safe Prisons/PREA Plan, pages 19-20, the SPPOM 03.01, page 2, and the PAQ indicated that the agency has implemented appropriate controls on the dissemination of the screening information to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Interviews with the PREA Coordinator, PREA Compliance Manager and staff responsible for the risk screening indicate that the information obtained during the risk screening moves through the automated classification system. The PC indicated that it is only accessed by those who have a need to know. The interview with the risk screening staff member and the CM confirm that risk screening information is only accessible to the Major or above on the security side.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, Attachment E and E-1, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicates that this standard appears to be compliant.

Standard 115.42: Use of screening information

115.42 (a)

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

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

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

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

**115.42 (b)**

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

**115.42 (c)**

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

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

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 03.01
4. Safe Prisons/PREA Operations Manual SPPOM 03.02
5. Unit Classification Procedure UCP 4.00
6. Administrative Directive AD-04.17
7. PEN Packet Document Checklist
8. Transgender/Intersex Biannual Reassessments
9. Inmate Housing, Job, Program & Education Assignments/Logs

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:
1. Location of Inmate Records
2. Shower Area in Housing Units

Findings (By Provision):

**115.42 (a):** The PAQ confirmed that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Unit Classification Procedure 4.00, AD-04.17, pages 6-8 and SPPOM 03.01, indicates that the agency uses the information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate inmates at high risk of being sexual abused from those at high risk of being sexually abusive. Interviews with the Compliance Manager and staff responsible for the risk screening indicated that the information is used to ensure inmates are placed in housing units with other inmates who match up with them, such as same height, weight, physical build, etc. A review of inmate files and of inmate housing and work assignments confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together. Additionally, they did not work together and did not attend education/programs together to the extent possible.

**115.42 (b):** The PAQ indicated that the agency makes individualized determinations about how to ensure the safety of each inmate. The interview with the staff responsible for the risk screening indicated that the information is used to ensure inmates are placed in housing units with other inmates who match up with them, such as same height, weight, physical build, etc.

**115.42 (c):** The Safe Prisons/PREA Plan, page 19, indicates that housing and program assignments for transgender and intersex inmates are considered on a case by case basis to ensure the inmate’s health and safety, and whether the placement would present management or security problems. The PAQ
indicated that this practice is taking place and that this occurs at the agency’s reception centers where inmates arrive. At the time of the audit, three transgender inmates were housed at the Young Unit. The agency as a whole has 1,190 inmates that identify as transgender or are intersex. Transgender and intersex inmate housing is completed at the intake center. The TDCJ completes the PEN Packet Document Checklist upon the inmate’s arrival in TDCJ. This checklist asks the inmate whether they identify as male or female. The packet also includes other pertinent information including their arrest information and criminal history. Inmates then go through the risk screening, a Sociology interview and a medical interview. All four of these components are then reviewed by classification at the intake center to determine the inmates housing based on safety and security. The interview with the CM indicated that the male and female unit housing determination is not made at the facility level but is done at the Central Office level. She did however state all transgender inmates are housed in a general population and that they try to house them toward the front of the housing units for additional protection. She stated housing is determined with safety and security in mind. The interviews with the three transgender inmates indicated that all three were asked about their safety and none believed they were housed in a specific housing unit, wing or facility based on their gender identity.

115.42 (d): SPPOM 03.02, indicates that housing and program assignments for transgender and intersex inmates are reassessed at least twice each year to review any threats to the inmate’s safety. The interview with the PC indicated that transgender and intersex inmates are seen by classification every 30 days or sooner if needed to review their safety, security and assignments. A review of documentation for eight TDCJ inmates who identify as transgender indicated that seven had biannual assessments completed in 2019 and six had biannual assessments completed in 2020. One inmate had just entered into TDCJ custody in 2020 and as such only had one assessment completed in 2020. The other inmate had the second 2020 assessment due in December. An additional review of the three transgender inmates at the Young Unit indicated that two had their biannual assessments for the last two years, while one had biannual assessments in 2019 but only one in 2020. The interview with the staff responsible for risk screening indicated that transgender and intersex inmates are reassessed at least twice a year.

115.42 (e): SPPOM 03.02, indicates that the inmate’s own views with respect to his or her safety is given serious consideration. The interview with the CM and staff responsible for the risk screening indicated that transgender and intersex inmates are asked about their safety and this information is given serious consideration. The interviews with three transgender inmates indicated all three were asked about their own views with respect to their safety.

115.42 (f): The Safe Prisons/PREA Plan, page 9, indicates that transgender and intersex inmates are given the opportunity to shower separately. During the tour the auditor observed that all showers are single person showers with solid doors, and as such all inmates are able to shower separately. The interview with the CM and the staff responsible for risk screening confirmed that transgender and intersex inmates can shower separately. The CM stated that all showers are individual and have doors and as such transgender inmates are able to shower separately. Interviews with the three transgender inmates indicated that all three are afforded the opportunity to shower separately.

115.42 (g): The Safe Prisons/PREA Plan, page 19, states that LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated wing established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting these offenders. The interviews with the PC and CM confirmed that the agency does not have a consent decree, legal settlement or legal judgment. The interviews indicated that LGBTI inmate are not placed in one specific housing unit. A review of housing assignments for inmates who identify as LGBTI indicated that these inmates were assigned to various units throughout the facility. Interviews with four inmates who identified as LGB indicated that all four did not feel they were placed in any specific unit based on their sexual preference.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 03.01, SPPOM 03.02, AD-04-17, Unit Classification Procedure 4.00, a review of inmate housing assignments, job assignments, program assignment and education assignments, a review of transgender and intersex inmate’s assessments and
information from interviews with the Compliance Manager, staff responsible for conducting risk screenings and LGBTI inmates, indicates that this standard appears to be compliant

### Standard 115.43: Protective Custody

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

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

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

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

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☑ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☑ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☑ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Restrictive Housing Plan
4. I-203 Form
5. I-216 Form
6. Offender Protection Investigation Form (Attachment J)

Interviews:
1. Interview with the Warden

Site Review Observations:
1. Observation of Segregated Housing Unit

Findings (By Provision):

115.43 (a): The PAQ indicates that the agency has a policy that prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. The Safe Prisons/PREA Plan, page 18-19, and the Restrictive Housing Plan, page 11 indicate that the agency does not place inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Specifically, the Restrictive Housing Plan indicates that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The PAQ states that there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the previous twelve months for one to 24 hours. A review of housing documents for inmates identified to be at high risk of sexual victimization indicated that none were in
RHU due to their risk of victimization. The interview with the Warden indicated that inmates at high risk of sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and there are no available alternatives.

115.43 (b): The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation they would have access to programs, privileges, education and work opportunities to the extent possible and all limitations would be documented with indication of the reason and length of time of limitation. The I-216 form documents each inmate’s daily activities, including recreation, education, work, etc. The I-203 form documents the placement and any restrictions for inmates in restrictive housing. During the tour the auditor observed that no inmates at high risk of victimization were placed in the RHU. A review of housing documents for inmates identified to be at high risk of sexual victimization indicated that none were placed in restrictive housing and as such no additional documentation was reviewed. The interview with staff who supervise inmates in segregated housing indicated that inmates would have access to programs, education and privileges to the extent possible but they would not be mixed with the rest of the offender population. The staff member stated that if they did restrict anything that it would be documented. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

115.43 (c): The PAQ indicates that there have been zero inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days (within the previous twelve months). The Safe Prisons/PREA Plan, page 18-19, indicates that if an inmate was placed in segregation due to risk of victimization they would only be placed until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. A review of housing documents for inmates identified to be at high risk indicated that none were involuntarily segregated and as such no additional documentation was reviewed. The interview with the Warden confirmed that the inmate would only be placed in involuntary segregated housing only until an alternative means of separation could be arranged. She stated that they would not typically be involuntarily segregated for more than 72 hours and that if they were not going to be placed back on the unit they would be transferred to another unit. The interview with staff who supervise inmates in segregated housing indicated that inmates would only be placed in RHU until they can find the inmate other housing. She stated the typical placement would be seven to ten days because they can’t immediately be transferred due to their medical issues. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

115.43 (d): The Offender Protection Investigation form documents the basis for the concern for the inmates’ safety and why no alternative means of separation could be arranged. A review of the form confirms this information is documented on the form in Section XII. A review of housing documents for inmates identified to be at high risk indicated that none were involuntarily segregated and as such no additional documentation was reviewed.

115.43 (e): The PAQ confirms that if an involuntary segregated housing assignment is made, the facility affords each inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The Restrictive Housing Plan, page 11, indicates that if an inmate was placed in segregation due to risk of victimization they would be reviewed every 30 days to determine if there was a continued need for the inmate to be separated from the general population. Additionally, it states that that inmates who are referred for protective custody are reviewed within seven days, and then every seven days for the first 60 days. After 60 days, the inmate would be reviewed every 30 days. The interview with staff who supervise inmates in segregated housing indicated that all inmates would be reviewed at least every 30 days for continued placement needs. There were no inmates in segregated housing due to their risk of victimization and as such no interviews were completed.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Restrictive Housing Plan, the I-216 form, the I-203 form, the Offender Protection Investigation Form, observations from the facility tour related to any segregation areas as well as information from the interviews with the Warden and staff that supervise inmates in segregated housing indicates that this standard appears to be compliant
### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

#### 115.51 (c)

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

#### 115.51 (d)

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

**Auditor Overall Compliance Determination**

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

Does Not Meet Standard *(Requires Corrective Action)*

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive ED-02.10
4. Board Policy BP-03.91
5. Offender Orientation Handbook
6. PREA Ombudsman Brochure
7. PREA Posters

Interviews:
1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with the PREA Compliance Manager

Site Review Observations:
1. Observation of PREA Reporting Information

Findings (By Provision):

115.51 (a): The PAQ indicates that the agency has established procedures allowing for multiple ways for inmates to report privately to agency officials about sexual abuse, sexual harassment, retaliation for reporting and/or staff neglect or violation of responsibilities that may have contributed to such incidents. The Safe Prisons/PREA Plan, page 20-21, outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated that there are multiple ways for inmates to report. These reporting mechanisms include: to any employee, contractor or volunteer; on an inmate request (I-60 form), via sick call, via grievance, by calling or writing the PREA Ombudsman or by having any family member or friend report the allegation to the Office of the Inspector General, PREA Ombudsman or any facility staff member. During the tour, it was observed that information pertaining to how to report PREA allegations to the PREA Ombudsman and the OIG was posted in all housing units. Interviews with 26 inmates confirm that they are aware of methods to report sexual abuse and sexual harassment and that they were informed on these methods. Most inmates indicated that they would verbally report to an officer, through an I-60 or through the Ombudsman. Most of the female staff indicated that they would directly speak to the CM. Interviews with twelve staff confirm that they take all allegations seriously and that inmates have multiple ways (those indicated above) to report sexual abuse and sexual harassment.

115.51 (b): The PAQ states that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The Safe Prisons/PREA Plan, page 20-21, indicates that the agency has a way for inmates to report abuse or harassment to a public or private entity that is not part of the agency, and that the entity can immediately forward the report back to the facility for investigation. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage confirm the agency provides information including an address and a phone number for the outside entity. The outside entity is the PREA Ombudsman’s Office. This office is separate from the Texas Department of Criminal Justice. ED-02.10, page 4 and 6, provide direction on how to contact the PREA Ombudsman. It specifically states that an offender may privately and confidentially contact the PREA Ombudsman and may remain anonymous upon request. Additionally, BP-03.91, page 3 illustrates that any correspondence sent to the
PREA Ombudsman is considered “special correspondence”. Page 8, states that special correspondence can be sent sealed and uninspected and any incoming “special correspondence” shall be opened in front of the inmate and can only be inspected for contraband. During the tour, it was observed that information pertaining on how to report PREA allegations to the PREA Ombudsman’s Office was posted in all housing units. Inmates can have a third-party call 936-437-5570 or can write to P.O. Box 99, Huntsville, TX 77342. During the on-site portion of the audit, the auditor sent a letter to the PREA Ombudsman to ensure the reporting method was functional. The auditor received communication from the PREA Ombudsman two days after the letter was mailed. Additionally, the auditor made contact with the PREA Ombudsman’s office via the phone number above to ensure the line was also functional. The interview with the CM indicated that inmates can report to the PREA Ombudsman or to their family. She indicated that the PREA Ombudsman’s office would then report the information back to the facility to initiate the investigative process. Interviews with 27 inmates indicated that twelve were aware of the outside reporting entity and 22 were aware they can report anonymously. Many inmates indicate that they would report to their family as the outside entity and have their family report for them.

115.51 (c): The Safe Prisons/PREA Plan, page 20-21, notes that staff are required to accept all reports made verbally, in writing, anonymously and from a third party and will promptly document any verbal reports. The PAQ indicates that staff accept all reports and that they immediately document any verbal allegations of sexual abuse or sexual harassment. A review of additional documentation to include the offender orientation handbook, the PREA Ombudsman brochure and PREA signage indicated inmates could report verbally, in writing, anonymously or through a third party. Interviews with 27 inmates confirm that they are aware of the methods available for reporting, including verbal and written. 24 indicated that they knew a third party could report an allegation on their behalf. Interviews with twelve staff indicate they accept all allegations of sexual abuse and sexual harassment. They indicated that they immediately report any allegation to their supervisor and they would immediately document any verbal reports in an incident report.

115.51 (d): The Safe Prisons/PREA Plan, page 20-21, describes that the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ indicates staff can privately report to the Office of the Inspector General or the PREA Ombudsman’s Office. Interviews with staff indicate that they can privately report sexual abuse and sexual harassment of inmates to any supervisor, the Major or the Ombudsman.

Based on a review of the PAQ, Safe Prisons/PREA Plan, ED-02.1, BP-03.91, the offender orientation handbook, the PREA Ombudsman brochure, PREA signage, observations from the facility tour related to PREA signage and posted information and information interviews with the CM, inmates and staff indicate that this standard appears to be compliant.

**Standard 115.52: Exhaustion of administrative remedies**

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any
Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)
• Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

• After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

• After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

• After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

• Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

• Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

• Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

• If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-03.82
4. Offender Grievance Operations Manual 9.00
7. Offender Orientation Handbook
8. Grievance Log

Findings (By Provision):

115.52 (a): The Safe Prisons/PREA Plan, AD-03.82 and OGOM 9.00, are the policies related to inmate grievances. The PAQ indicates that the agency is not exempt from this standard.

115.52 (b): The PAQ indicates that the agency has a policy that allows inmates to submit a grievance regarding sexual abuse at any time regardless of when the incident is alleged to have occurred. Additionally, the PAQ confirms that inmates are not required to use the informal grievance process, otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. It also discusses that the agency does not require an inmate to use the informal grievance process, or attempt to resolve with staff, an alleged incident of sexual abuse. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility, including timelines and procedures for PREA grievances.

115.52 (c): That PAQ indicates that the agency has a policy that states inmates are not required to submit the grievance to the staff member who is the subject of the complaint and that the policy states that the grievance not be referred to the staff member who is the subject of the complaint. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the inmate may submit a grievance without submitting it to the staff member who is the subject of the complaint and that grievances will not be referred to staff members who are the subject of the complaint. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility.

115.52 (d): The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, that the agency would issue a final decision on grievances related to sexual abuse within 90 days of the initial filing. The 90 days does not include the time used by the inmate to prepare any administrative appeal. The agency may claim an extension up to 70 days if the normal time period for response is insufficient to make an appropriate decision. The inmate must be notified in writing of the extension and provide a date by which the decision will be made. The policy also indicates that if the inmate does not receive a response within the allotted timeframe, the inmate will consider the absence of a response to be a denial. A review of the offender orientation handbook indicates that part 17 discusses the grievance procedures for the facility, including timelines and procedures. The PAQ indicated that there have been three grievances of sexual abuse filed in the previous twelve months and that all three had a final decision within 90 days. Additionally, the PAQ states that the agency always notifies the inmate in writing when the agency files any extensions. A review of the three grievances indicated that all three were responded to within 30 days. All three indicated that the allegation was investigated with sufficient evidence to support the allegation. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.52 (e): The PAQ stated that the agency has a policy that permits third parties to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and are able to file such requests on the inmate’s behalf. AD-03.82, OGOM Appendix U and OGOM 9.00, outline the grievance process for third party allegations of sexual abuse and sexual harassment. Specifically, they state that third parties are permitted to assist inmates in filing request for administrative remedies for sexual abuse and are permitted to file such request on behalf of the inmate. In addition, they state that if a third-party files a report on behalf of an inmate that the agency may require the alleged victim to agree with the request prior to filing and if the inmate declines, will require the inmate to complete a sworn affidavit stating he does not want the grievance to proceed. The PAQ indicated that in the previous twelve months, there have been zero grievances where the inmate declined third-party assistance. A review of the three grievances indicated all were reported by the victim and none were filed by a third party.
115.52 (f): The PAQ indicates that the agency has a policy related to filing an emergency grievance alleging substantial risk of imminent sexual abuse and that policy requires an initial response within 48 hours. The Safe Prisons/PREA Plan, pages 21-22, outlines the grievance process for allegations of sexual abuse and sexual harassment. Specifically, it requires that the agency provides inmates the opportunity to file an emergency grievance alleging substantial risk of imminent sexual abuse and requires that the grievance be addressed immediately. The policy states that an initial response will be provided within 48 hours and that a final decision will be provided within five calendar days by the housing Captain. The final decision must document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the three grievances indicated all were reported by the victim through the regular grievance process and none were emergency grievances.

115.52 (g): The Safe Prisons/PREA Plan, page 22, indicates that inmates may be disciplined for filing a grievance in bad faith. The PAQ indicated that no inmates have been disciplined for filing a grievance in bad faith in the previous twelve months. A review of the three grievances illustrates that none involved inmate discipline.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-03.82, OGOM, OGOM 9.00, OGOM Appendix U, the offender orientation handbook, the three sexual abuse grievances, a review of the grievance log and information obtained from interviews with inmates who reported sexual abuse, this standard appears to be compliant.

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
• Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Texas Association Against Sexual Assault (TAASA) Service Directory
4. Offender Orientation Handbook
5. Safe Prisons/PREA Program Brochure
6. Solicitation Letters

Interviews:
1. Interview with Random Inmates

Findings (By Provision):

115.53 (a): The PAQ states that the facility provides inmates access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing address and phone numbers. Additionally, the PAQ states that the facility enables reasonable communication between inmates and these organizations in a confidential manner as possible. The Safe Prisons/PREA Plan, page 12, indicates that the agency provides access to outside victim advocates for emotional support related to sexual abuse by giving inmates mailing addresses and telephone numbers to victim advocates or rape crisis organizations and enables reasonable communication in as confidential manner as possible. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organizations to provide services, specifically the Resource and Crisis Center of Galveston County, Inc. for the Young Unit. While, the agency does not have an agreement, they do provide the inmates with the TAASA directory that includes mailing addresses and phone number of all the rape crisis centers in Texas. Inmates have access to the TAASA number by requesting through staff to call. Additionally, the facility offers emotional support services through the on-site OVRs. The offender orientation handbook (page 29) and Safe Prisons/PREA Program brochure describes the available agency services via the OVRs. Interviews with inmates indicated that 24 knew about victim advocacy services outside the facility. The majority indicated that there was information posted around the unit about the services. Additionally, most stated that they can contact these services anytime and that they are confidential. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (b): The PAQ indicates that the facility informs inmates, prior to giving them access to outside support services, the extent to which communication will be monitored. It also indicates that the facility provides information to inmates related to mandatory reporting rules governing privacy and confidentiality. The Safe Prisons/PREA Plan, page 13, confirms that prior to giving inmates access to outside support services that they are informed of the extent which communication will be monitored as
well as any mandatory reporting rules and limits to confidentially. A review of the offender orientation handbook indicates that inmates are informed about confidentiality and that all calls on the inmate phones are recorded. A review of numerous solicitation letters from 2018 to 2020 confirm the efforts. However, at the time of the audit they have been unable to establish an agreement. The agency continues to solicit community rape crisis organization to provide services, specifically the Resource and Crisis Center of Galveston County, Inc. for the Young Unit. While, the agency does not have an agreement, they do provide the inmates with the TAASA directory that includes mailing addresses and phone number of all the rape crisis centers in Texas. Inmates have access to the TAASA number by requesting through staff to call. Additionally, the facility offers emotional support services through the on-site OVRs. The offender orientation handbook (page 29) and Safe Prisons/PREA Program brochure describes the available agency services via the OVRs.

115.53 (c): The PAQ indicated that the facility has been unable to obtain an MOU or other agreement with community service providers. Additionally, it states that the agency maintains documentation of the attempts to enter into such agreements. The agency has attempted to solicit local advocacy services from 2014 to current. The facility is currently one that the agency has been unable to obtain an MOU for services. A review of the solicitation letters confirmed attempts have been made each year to partner with local rape crisis centers, specifically the Resource and Crisis Center of Galveston County, Inc. for the Young Unit. The letters express the requirements under the PREA standards, the services they would like to receive from the organization and the change in the Victims of Crime Act (VOCA) funding requirements that allow them to utilize their current funding to assist inmates. Additionally, the letters indicate the TDCJ is willing to provide support to the organization to allow them to become familiar with the correctional environment.

Based on a review of the PAQ, the Safe Prison/PREA Plan, the TAASA directory, the offender orientation handbook, the Safe Prisons/PREA Program brochure, solicitation letters, and interviews with random inmates and inmate who reported sexual abuse, this standard appears to be compliant.

Standard 115.54: Third-party reporting

115.54 (a)

▪ Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

▪ Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Offender Orientation Handbook
3. PREA Posters
Findings (By Provision):

115.54 (a): The PAQ indicated that the agency has a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. A review of the general information guide for families of offenders and PREA posters as well as the agency’s website (www.tdcj.texas.gov/tbcj/prea.html or www.tdcj.texas.gov/ks_offender.html) confirm that third parties can report on behalf of an inmate. Third parties can report via the PREA Ombudsman’s office, the OIG or reporting directly to the facility Warden.

Based on a review of the PAQ, the offender orientation handbook, the general information guide for families of offenders, PREA posters and the agency’s website this standard appears to be compliant.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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<td>•</td>
<td>Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No</td>
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<td>Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No</td>
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<td>Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No</td>
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115.61 (b)

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<td>•</td>
<td>Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No</td>
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115.61 (c)

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<td>Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No</td>
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<td>Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No</td>
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115.61 (d)

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<td>If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No</td>
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115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-16.20
4. Executive Directive PD-29
5. Safe Prisons/PREA Operations Manual SPPOM 05.01
6. Correctional Managed Health Care Policy Manual CMHCPM G-57.1

**Interviews:**
1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden
4. Interview with the PREA Coordinator

**Findings (By Provision):**

**115.61 (a):** The Safe Prisons/PREA Plan, page 23, AD-16.20, pages 3-4 and PD-29, pages 4-5, outline the staff and agency reporting duties. Specifically, it requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against any inmate or staff that reported such incidents and any staff neglect or violation of responsibility that may have contributed to an incident. The PAQ along with interviews with twelve staff confirm that they take all allegations seriously and that they know they are required and would report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment. Interviews also confirmed they would report retaliation or any staff neglect related to these incident types.

**115.61 (b):** The Safe Prisons/PREA Plan, page 23 and the SPPOM 05.01, page 4, describes that staff will not reveal any information related to an incident of sexual abuse other than as necessary for treatment, investigation and other security decisions. The PAQ along with interviews with twelve staff confirm that they would immediately report the information to their supervisor and complete an incident report.

**115.61 (c):** The Safe Prisons/PREA Plan, page 23, indicates that medical and mental health staff are required to report sexual abuse as described in section (a) and that they are required to inform inmates of their duty to report and limits to confidentiality at the initiation of services. The PAQ along with interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse that occurred within a confinement setting. Medical and mental health care staff indicated they are required to inform inmates of their limitation of confidentiality and any duty to report.
115.61 (d): CMHCPM G-57.1 indicates that any alleged victims under the age of 18 or considered to be a vulnerable adult would require the agency to report the allegation to the designated State or local service under applicable mandatory reporting laws. The agency is required to report to the Department of Children and Family Protective Services. The PAQ, along with interviews with the PREA Coordinator and the Warden indicated that the OIG is responsible for notifying the Department of Family Protective Services related to any of these allegations.

115.61 (e): AD-16.20, pages 3-4, indicates that all allegations of sexual abuse and sexual harassment, including third party and anonymous reports would be reported to the Office of the Inspector General. The PAQ, along with the interview with the Warden confirmed that this is the practice. A review of investigative reports indicate that all allegations are reported to the Office of the Inspector General and if they decline to investigate the facility investigators are responsible for completing an investigation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, AD-16.20, PD-29, SPPOM 05.01, CMHCPM G-57.1 and interviews with medical, mental health, the PREA Coordinator and the Warden confirm this standard appears to be compliant.

**Standard 115.62: Agency protection duties**

115.62 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Operations Manual SPPOM 02.04
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Safe Prisons/PREA Operations Manual SPPOM 05.03

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

**Findings (By Provision):**

115.62 (a): SPPOM 02.04, 05.01 and 05.03, indicate that when the agency learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. SPPOM 02.04 specifically illustrates the available actions, to include, verbal intervention, changes in housing assignments, work assignments or work shift hours, placement of aggressive or assaultive offender in restrictive housing, unit transfers, assignment to safekeeping status, assignments to protective safekeeping and interstate corrections compact. The PAQ noted there were no inmates who were determined to be at risk of imminent sexual abuse. The interview with the Agency
Designee indicated the agency takes immediate action in order to protect the offender. He stated that this can be done by placement into an investigative status and removing the offender from general housing into transient housing. He further stated a committee would review the offenders housing, job changes, unit transfers and placement in safekeeping housing as several of the intervention strategies designed to separate the victim from the predator. The interview with the Warden confirmed that they would walk through the facility to check the cameras and line of sight. She stated that they would then place the inmate in transient status for protection until they could investigate the allegation. Interviews with twelve staff indicated that they would keep the inmate with them/in their sight and immediately contact their supervisor.

Based on a review of the PAQ, SPPOM 02.04, 05.01 and 05.03 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 04.01
4. Safe Prisons/PREA Operations Manual SPPOM 04.02
5. Investigative Reports

**Interviews:**

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describe the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the USPPM will notify the Safe Prisons PREA Management Office who will then notify the appropriate office of the outside agency. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (b): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Safe Prisons PREA Management Office will notify the head of the facility where the alleged abuse occurred within 72 hours. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (c): The Safe Prisons/PREA Plan, pages 24-25 and SPPOM 04.01 and 04.02, describes the requirements for reporting to other confinement facilities. Specifically, it requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Safe Prisons PREA Management Office will notify the head of the facility where the alleged abuse occurred and documentation will be retained that such notification occurred. The PAQ indicated that during the previous twelve months, the facility has not had any inmates report that they were abused while confined at another facility.

115.63 (d): The Safe Prisons/PREA Plan, page 25 and SPPOM 04.02, indicate that if the facility receives information from another agency head that an inmate alleges they were sexually abused while housed at the facility, the allegation will be reported to the PREA Ombudsman and the Office of the Inspector General. The PAQ indicated that during the previous twelve months, the facility received zero reports from other facilities indicating inmates reported that they were abused while confined at Young Unit. The interview with the Agency Head Designee indicated any allegation that is reported to the agency or another facility within the agency would be referred to the OIG and PREA Ombudsman for an investigation. He indicated that it would be handled the same as if the inmate reported it internally within the agency or at the facility where he/she is currently housed. The interview with the Warden indicated that they have not had any but if they did they would immediately begin an investigation. A review of investigative reports confirmed none were received from another facility or agency.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 04.01 and 04.02, investigative reports and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

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

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Investigative Reports

Interviews:
1. Interview with Security Staff and Non-Security Staff First Responders

Findings (By Provision):

115.64 (a). The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01, describe staff first responder duties. Specifically, they require that upon learning that an inmate was sexually abused, the first security staff member separate the alleged victim and the alleged perpetrator; preserve and protect any crime scene until evidence can be collected and if the abuse occurred within a time period that still allows for the collection of physical evidence request that the alleged victim and alleged perpetrator not take any action to destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The PAQ indicated that during the previous twelve months, there have been three allegations of sexual abuse. Of the three allegations, three required a security staff member to separate the victim and abuser and one allowed for the collection of physical evidence. Additionally, one allegation involved the security staff member to preserve and protect the crime scene and request that the alleged victim and alleged perpetrator not destroy any physical evidence. A review of the four investigations indicated three were sexual abuse allegations. Of the three, all involved the separation of victim and abuser by either physical separation or a housing change. One allegation involved the preservation of evidence via a forensic examination and through the securing of
a crime scene. The security staff first responders as well as the twelve random staff interviewed were well versed on first responder duties. Staff indicated they would separate the alleged victim and alleged perpetrator, protect the crime scene and ensure the inmates not brush their teeth, change their clothes or use the bathroom. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.64 (b): The Safe Prisons/PREA Plan, pages 26-27 and the SPPOM 05.01 describe staff first responder duties. Specifically, they require that non-security staff first responders advise the alleged victim and ensure the alleged perpetrator not take any action to destroy physical evidence, if it occurred within a time period that still allows for the collection of physical evidence. Staff would tell the inmate not to wash, brush their teeth, change their clothes, urinate, defecate, smoke, drink or eat. The PAQ indicated that during the previous twelve months, there have been no allegations of sexual abuse that involved a non-security staff first responder. A review of the four allegations indicated three were sexual abuse allegations. Zero of the three involved a non-security staff member first responder. The interviews with staff first responder confirmed that they would separate the inmates, preserve the crime scene, not allow the inmates to destroy evidence, report to their supervisor and take the inmate to medical. Interviews with staff indicated they were very well versed on first responder duties and all twelve stated that they knew and understood the agency’s protocol on obtaining usable physical evidence.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the SPPOM 05.01, investigative reports and information from interviews with random staff, security and non-security first responders and inmates who reported sexual abuse this standard appears to be compliant.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes  □ No

Auditor Overall Compliance Determination

□ Exceeds Standard (Substantially exceeds requirement of standards)

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

□ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Young Unit Sexual Abuse Coordinated Response Plan

Interviews:
1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility has a written plan that coordinates actions taken in response to incidents of sexual abuse among staff first responders, medical and mental health, investigators and facility leaders. A review of the coordinated response shows that all areas are
accounted for in the plan. Each section includes the actions that each person and/or department is responsible for and includes information on how all areas work together to respond to allegations. The Warden confirmed that the facility has a plan and that it includes all the required components.

Based on a review of the PAQ, the coordinated response and the interview with the Warden, this standard appears to be compliant.

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Documents:**

1. Pre-Audit Questionnaire

**Interviews:**

1. Interview with the Agency Head Designee

**Findings (By Provision):**

**115.66 (a):** The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head Designee confirmed that the agency does not have a collective bargaining agreement or any entity that would be able to have collective bargaining on the agency’s behalf.

**115.66 (b):** The PAQ indicated that this provision does not apply as the agency does not have any collective bargaining agreement. No entity has the ability to limit the facility from removing alleged staff abusers from contact with any inmates. The interview with the Agency Head Designee confirmed that the agency does not have a collective bargaining agreement or any entity that would be able to have collective bargaining on the agency’s behalf.
Based on a review of the PAQ and the interview with the Agency Head Designee, this standard appears to be compliant.

**Standard 115.67: Agency protection against retaliation**

### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Safe Prisons/PREA Operations Manual SPPOM 05.08
5. Attachment N.S. 90 Day Monitoring Form (Staff)
6. Attachment N.O. 90 Day Monitoring Form (Inmates)

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation

Findings (By Provision):

115.67 (a): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s method for protection against retaliation. It addresses that the agency will protect all inmates and staff who report sexual abuse and sexual harassment from retaliation by other inmates and staff and has designated staff
responsible for monitoring. The PAQ indicated that the facility has a policy and that the USPPM, the Major and a Sergeant are responsible for monitoring for retaliation.

115.67 (b): SPPOM 02.04, outlines the agency’s protection against retaliation. It addresses the multiple measures that the facility will take to protect inmates and staff. These measures include; housing changes or unit transfers, removal of the alleged staff abuser from contact with the victim, work changes for inmates, placement in safe keeping or protective custody, if necessary, and emotional support services. The interview with the Agency Head Designee indicated that monitoring for retaliation is driven by policy and procedure. He stated that monitoring is conducted 90 days in 30-day increments. The interview with the Warden confirmed that inmates are monitored and that they conduct interviews, speak to offenders, conduct an investigation and secure them from anyone who may retaliate. She stated that they are able to separate the offender from other offenders and/or staff who may retaliate. The staff responsible for monitoring for retaliation also confirmed that she plays the main role in monitoring through making rounds and speaking to the offenders about their issues. She advised she is able to move the offenders if needed and is able to move staff members if needed. She stated she monitors them every 30 days for at least 90 days, but does it more frequently through the week when she is at work. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.67 (c): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will monitor the conduct and treatment of the inmate or staff to see if there are any changes that may suggest possible retaliation and will act promptly to remedy any retaliation. The policy requires that the process include; monitoring any inmate disciplinary reports, housing or program changes or any negative performance reviews or reassignments of staff. The policy indicates that monitoring can extend beyond 90 days if the initial monitoring indicates a need to continue. Attachments N.S. and N.O. are utilized by staff to monitoring staff and inmates. The PAQ indicated that the facility monitors for retaliation and that it does so for at least 90 days. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. A review of the four allegations indicated that three were sexual abuse. All three required monitoring under the standard and had monitoring completed for 90 days. The monitoring included monthly status checks as well as checks of housing and program changes as well as a review of disciplinary reports. The interview with the Warden indicated that if retaliation is suspected it would be referred for investigation through the OIG. Additionally, the facility would follow through with the appropriate discipline. The staff responsible for monitoring for retaliation confirmed that housing changes, program changes and disciplinary issues are monitored. She stated that most of the time the inmates come to her and tell her any of their issues. She stated she monitors for 90 days, however there is not a maximum about of time for monitoring if she feels it needs to continue. It should also be noted that the one allegation of sexual harassment involved monitoring of the inmate victim as well as witnesses. The facility exceeds this provision through the monitoring of sexual harassment victims.

115.67 (d): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will monitor the inmate for at least 90 days following a report of sexual abuse and will conduct a minimum of three status checks. The facility utilizes two forms to monitor for retaliation, Attachment N.O. and Attachment N.S. These forms are utilized to ensure all requirements are met and staff and inmates are safe from retaliation. A review of monitoring documents indicated that all had monitoring completed for 90 days. The monitoring included monthly status checks, checks of housing and program changes as well as a review of disciplinary reports. The interview with the staff responsible for monitoring for retaliation indicated that she reviews them every 30 days for 90 days, but that she checks with them more frequently during the weekdays when she is at work.

115.67 (e): The Safe Prisons/PREA Plan, page 24 and the SPPOM 05.08, outline the agency’s protection against retaliation. It addresses that the facility will take appropriate measures to protect any individual
who cooperates with an investigation or expresses fear of retaliation. The interview with the Agency Head Designee indicated that monitoring for retaliation is driven by policy and procedure. He stated that monitoring is conducted 90 days in 30-day increments. The interview with the Warden confirmed that inmate victims and any inmate or staff member who expresses fear due to cooperating with the investigation would be monitored for 90 day. She stated that they would immediately begin an investigation and would secure them away from those who may retaliate against them. She indicated if retaliation occurred that there would be a formal disciplinary process. A staff member would more than likely be terminated if they were the one responsible for retaliating. A review of monitoring documents and investigative reports indicated no inmates or staff reported retaliation or expressed fear of retaliation. A review of the four allegations indicated that only three were sexual abuse. Two of those had witnesses monitored. Additionally, the one sexual harassment allegation had victims monitored. It should be noted the facility exceeds this standard as they monitor witnesses for retaliation regardless of if they express fear.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 02.04, SPPOM 05.08, Attachment N.O., Attachment N.S. and interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse, the facility appears to exceed this standard. The facility completes monitoring on all inmate victims of sexual abuse and sexual harassment. Additionally, all witnesses, regardless of whether they express fear of retaliation are also monitored.

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☑ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Documents:**

1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Protective Safe Keeping Plan
4. Protective Safe Keeping Plan Attachments A-E
5. Housing Logs

**Interviews:**

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing

**Site Review Observations:**

1. Observations of Inmates in RHU

**Findings (By Provision):**
115.68 (a): The Safe Prisons/PREA Plan, page 18-19, indicates any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse will not be involuntary unless an assessment of all available alternatives has been made and no alternative is available to separate the inmate from likely abusers. Additionally, required justifications related to the concerns for safety and no alternatives are required to be documented and the inmate is required to be reviewed every 30 days. The PAQ indicated that no inmates who alleged sexual abuse were involuntarily segregated for zero to 24 hours or longer than 30 days. A review of housing assignments for inmates who reported sexual abuse indicated that none of the three were removed from general population. During the tour, it was observed that no inmates who alleged sexual abuse were involuntarily segregated. The interview with the Warden indicated that inmates who alleged sexual abuse would only be placed in involuntary segregated housing if there were no available alternative means of separation from likely abusers. She indicated that they would not typically be placed in involuntary segregated housing for longer than 72 hours. She stated they would transfer the inmate if they determined they would not be returning to general population at the unit. Additionally, she stated she was not aware of any inmates who had been placed in involuntary segregated housing after an allegation of sexual abuse. The interview with staff who supervise inmates in segregated housing confirmed that inmates would only be placed in involuntary segregated housing to the extent possible, but would remain separate from the rest of the offender population. She stated that any limitations would be documented and that they would only be back there until alternative housing could be found. The staff member also stated inmates in RHU would be reviewed at least every 30 days related to their need for continued placement.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the Protective Safekeeping Plan, Attachments A-E, housing logs and the interview with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  ☒ Yes  ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  ☒ Yes  ☐ No

### 115.71 (d)
- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  ☒ Yes  ☐ No

### 115.71 (e)
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff?  ☒ Yes  ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  ☒ Yes  ☐ No

### 115.71 (f)
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  ☒ Yes  ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  ☒ Yes  ☐ No

### 115.71 (g)
- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  ☒ Yes  ☐ No

### 115.71 (h)
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  ☒ Yes  ☐ No

### 115.71 (i)
- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  ☒ Yes  ☐ No

### 115.71 (j)
- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  ☒ Yes  ☐ No
### 115.71 (k)
- Auditor is not required to audit this provision.

### 115.71 (l)
- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a.)) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Operational Procedures Manual OIG-04.05
4. Investigator Training Records
5. Records Retention Schedule
6. Investigative Reports

#### Interviews:
1. Interview with Investigative Staff
2. Interview with the Warden
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

#### Findings (By Provision):

**115.71 (a):** The PAQ indicated that the agency/facility has a policy related to criminal and administrative agency investigations. The Safe Prisons/PREA Plan, page 25, section A4, states that all allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly and objectively. OIG-04.05 details the sexual abuse investigative process. There were three allegations of sexual abuse and one allegation of sexual harassment reported at the facility in the previous twelve months. A review of the investigative reports determined that all had a completed facility investigation and all investigations were objective, prompt and thorough. All four investigations were completed by the facility within two weeks of the allegation while two had an OIG investigation, one that was awaiting prosecution and one that was still open. The interview with the OIG investigator as well as the facility investigator confirmed that all investigations are initiated immediately and that investigations are done promptly, thoroughly and objectively no matter whether they are reported first hand, anonymously or by a third party.

**115.71 (b):** The PAQ indicated that currently there are 169 investigators who complete PREA investigations. A review of training documents confirmed that all OIG investigators and 27 facility investigators had received specialized training. The interviews with the investigative staff confirmed that
the OIG investigator received the NIC training and the facility investigator received specialized training through the agency.

115.71 (c): OIG-04.05, describes the criminal and administrative investigation process. Specifically, it discusses evidence collection including; physical, DNA, electronic monitoring data and interviews. It also indicates that they will review prior complaints and reports of sexual abuse involving the alleged perpetrator. There were three allegations of sexual abuse and one allegation of sexual harassment reported at the facility in the previous twelve months. A review of the four investigative reports determined that all were investigated at the facility level and two were investigated by the OIG. All closed investigations included an interview of the victim, an interview of the alleged perpetrator (if applicable) and interviews of available witnesses (if applicable). One allegation involved collection of physical evidence, including a forensic examination and crime scene. The interviews with investigative staff confirmed that they would initially gather as much information as possible, interview all applicable staff and offenders, collect necessary evidence including physical and electronic, process the evidence and document the information in a report. They indicated they would collect and process evidence including video monitoring, statements, clothing, DNA and anything additional from the scene or related to the allegation.

115.71 (d): The Safe Prisons/PREA Plan, page 28, describes the criminal and administrative investigation process. Specifically, it states that when evidence appears to support criminal prosecution that the agency will conduct compelled interviews only after consulting with prosecutors. A review of investigative reports indicated one allegation was substantiated and referred for prosecution. The perpetrator refused to provide the facility investigator a statement and resigned his position. The OIG investigation was unavailable for review. The interview with the OIG investigator confirmed that he would gain rapport first and would consult with the prosecutor prior to the interview.

115.71 (e): The Safe Prisons/PREA Plan, pages 28-29, describes the criminal and administrative investigation process. Specifically, it states that the credibility of the alleged victim, perpetrator and/or witness will be assessed on an individual basis and will not be determined based on the individual’s status as an inmate or staff member. Additionally, it indicates that inmates would not be required to submit to a polygraph examination or any other truth-telling device as a condition for proceeding with the investigation. The interview with the OIG investigator confirmed that the agency does not utilize polygraph tests or any other truth-telling devices on inmates who allege sexual abuse. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.71 (f): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it states that all administrative investigation will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. There were three allegations of sexual abuse and one allegation of sexual harassment reported at the facility. All four had an administrative investigation completed at the facility level. A review of the four closed investigations noted that all of the allegations were documented in reports that included required elements under this provision. The investigators gathered evidence to include physical and testimonial and a description of the evidence was included in the reports. No reports included a credibility assessment; however the outcome of the investigation was based on evidence and facts. Interviews with investigative staff confirm that administrative investigations would be documented in written reports and include a summary of the allegation, inmate statements and interviews, a description of the evidence, a summary of the investigative process, fact and finding and the outcome of the investigation. They also indicated that they would determine if staff actions or failure to act contributed to the allegation and that this was part of the investigative process through a review of any policy or procedure violations.

115.71 (g): There were three allegations of sexual abuse and one allegation of sexual harassment reported at the facility. Of the four, two had a criminal investigation initiated. Neither report was available for review as one was open and the other was awaiting prosecution of the perpetrator. The interview with
the OIG investigator confirmed that criminal investigations are completed in a written document and includes a summary of the allegation, inmate statements and interviews, a description of the evidence, a summary of the investigative process, fact and finding and the outcome of the investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated that there was one allegation referred for prosecution since the last PREA audit. A review of the facility investigative reports indicated one allegation was substantiated, however the OIG criminal investigation was unavailable for review at the time of the audit. The facility indicated they would receive the report after the OIG received information on the prosecution. The interview with the OIG investigator confirmed if solid evidence was available and the elements were met for prosecution that the case would be referred.

115.71 (i): The Safe Prisons/PREA Plan, page 31, describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained per the retention schedule. The retention schedule is found in a document from 2014. All administrative investigations are retained seven years after closure or after termination while criminal investigations are permanently retained. A review of a sample of historical investigations confirmed that they were retained per the agency retention schedule.

115.71 (j): The Safe Prisons/PREA Plan, page 29, describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the OIG investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency’s custody.

115.71 (k): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations.

115.71 (l): The Office of the Inspector General is responsible for conducting investigations at all facilities within the Texas Department of Criminal Justice. The OIG policies were reviewed and are included throughout this report. The OIG complies with all PREA policies and procedures related to investigations. The Warden stated that the facility remains informed through communication via email and phone. She advised the OIG is really good with providing the facility required key information. Additionally, the CM indicated that the Warden will communicate with the OIG related to the progress and that the Warden will receive a copy of the report once completed. The OIG indicated they are responsible for investigation and no other outside entity would conduct investigations. The interview with the PC confirmed that the OIG provides a monthly report to the PC and other TDCJ staff regarding the progress of all open investigations.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, OIG-04.05, the retention schedule, investigative reports, training records and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, investigative staff and inmates who reported sexual abuse, this standard appears to be compliant.

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

115.72 (a)

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

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. PREA Investigations Training
4. Investigative Reports

Interviews:
1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The Safe Prisons/PREA Plan, page 28 and the PREA Investigations Training, page 6, describe the administrative investigation process. Specifically, they indicate that the agency imposes no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of investigative reports indicated one allegation rose to the level of a preponderance of evidence and as such was substantiated. The other allegations did not contain the level of evidence required to substantiate the allegations. The interviews with investigative staff confirmed that all administrative investigations only require a preponderance of evidence to make a substantiated finding.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, the PREA Investigations Training, investigative reports and information from the interviews with investigative staff indicate that this standard appears to be compliant.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate
has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the
  inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate
  has been released from custody, does the agency subsequently inform the inmate whenever:
  The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

- Following an inmate’s allegation that a staff member has committed sexual abuse against the
  inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate
  has been released from custody, does the agency subsequently inform the inmate whenever:
  The agency learns that the staff member has been convicted on a charge related to sexual
  abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate’s allegation that he or she has been sexually abused by another inmate,
  does the agency subsequently inform the alleged victim whenever: The agency learns that the
  alleged abuser has been indicted on a charge related to sexual abuse within the facility?
  ☒ Yes ☐ No

- Following an inmate’s allegation that he or she has been sexually abused by another inmate,
  does the agency subsequently inform the alleged victim whenever: The agency learns that the
  alleged abuser has been convicted on a charge related to sexual abuse within the facility?
  ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.05
4. Safe Prisons/PREA Operations Manual SPPOM 05.10
5. Attachment M and Attachment F (SPPOM 05.11)
6. Investigative Reports

Interviews:
1. Interview with the Warden
2. Interview with Investigative Staff

Findings (By Provision):

115.73 (a): The Safe Prisons/PREA Plan, page 30, SPPOM 05.05 and SPPOM 05.10 describe the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were three criminal and/or administrative investigations of sexual abuse completed within the previous twelve months and that all three included an inmate notification, either verbally or in writing. A review of the completed sexual abuse investigations indicated that all three contained a notification to the inmate on the outcome of the investigation. The interviews with the Warden and the investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted. Additionally, the auditor reviewed the one sexual harassment allegations and it also contained an investigative outcome notification. This indicates that the facility exceeds this standard by informing inmate victims who report sexual harassment about the outcome of the investigation.

115.73 (b): The OIG is responsible for conducting all criminal and certain administrative investigations for the agency. The OIG is an independent agency but works very closely with the TDCJ. The OIG provides the outcome of the investigation to the PREA Coordinator who in turn provides the memo to the facilities to notify the inmate. The PAQ indicated that there were two investigations completed within the previous twelve months by an outside agency and both involved an inmate notification. A review of the completed sexual abuse investigations indicated that two were investigated by the OIG but only one was completed and awaiting prosecution. A review of that investigative file indicated the inmate was notified that the investigation was substantiated.

115.73 (c): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describe the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted of a charge related to sexual abuse within the facility. The PAQ indicated inmates are informed of the requirements under this provision and that there have been substantiated or unsubstantiated complaints in the previous twelve months. A review of investigative reports indicates there was one substantiated and two unsubstantiated sexual abuse allegations. Of these, one included a notification that the staff member was no longer employed at the unit. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.73 (d): The Safe Prisons/PREA Plan, page 27 and SPPOM 05.10, page 1, describe the process for reporting investigative information to inmates. Specifically, they state that following an investigation into an inmate’s sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted of a charge related to sexual abuse within the facility. The PAQ
indicated that inmate victims are notified when an alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. A review of the three sexual abuse investigations indicated that one was inmate on inmate abuse and it was not substantiated. Thus it did not involve a conviction or indictment. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.73 (e): The Safe Prisons/PREA Plan, page 28, describes the process for reporting investigative information to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were four total notifications made during the audit period. A review of the completed sexual abuse investigations indicated that all three contained a notification to the inmate on the outcome of the investigation and one involved the notification of the staff member no longer being employed at the unit. Additionally, the auditor reviewed the one sexual harassment allegation and it also contained an investigative outcome notification. This indicates that the facility exceeds this standard by informing inmate victims who report sexual harassment allegation about the outcome of the investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 05.05, SPPOM 05.10, investigative reports, inmate notifications and information from interviews with the Warden and investigative staff, it appears the facility exceeds this standard. The facility provided all inmate victims of sexual abuse information on the outcome of their investigation. They also informed the inmate victim about staff/contractors no longer being employed at the facility. Additionally, the facility goes above the requirements for the standard by providing all inmate victims of sexual harassment notifications related to the outcome of their investigations.

### DISCIPLINE

**Standard 115.76: Disciplinary sanctions for staff**

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☑ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☑ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☑ Yes ☐ No

115.76 (d)
• Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

• Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
4. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ indicated that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. The Safe Prisons/PREA Plan, page 31 and PD-22, pages 42, 49, 52 and 54, describe the process for disciplinary sanctions against staff. Specifically, they indicate that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

115.76 (b): The Safe Prisons/PREA Plan, page 39, indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there was one staff member who violated the sexual abuse and sexual harassment policies in the previous twelve months. A review of the investigative report indicated the staff member resigned prior to the investigative outcome. The investigation has been referred for prosecution and is awaiting a response.

115.76 (c): The Safe Prisons/PREA Plan, page 39, describes the process for disciplinary sanctions against staff. Specifically, it illustrates that disciplinary sanctions for violations of the agency’s sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member’s disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. The PAQ indicated that there have been no staff member that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of the four investigative reports determined one was substantiated, however the staff member resigned prior to the investigative outcome.

115.76 (d): The Safe Prisons/PREA Plan, page 39, indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that there was one staff member who violated the sexual abuse and sexual harassment policies in the previous twelve months and was reported to law enforcement. A review of investigative reports indicated that the staff perpetrator was reported to law enforcement and is awaiting a reply related to prosecution.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, PD-22 and investigative reports, this standard appears to be compliant.

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

**Documents:**
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Executive Directive PD-29
4. Windham Board Policy WBP-07.44
5. Volunteer Services Plan
6. Investigative Reports
7. Termination and Reporting Email

**Interviews:**
1. Interview with the Warden

**Findings (By Provision):**

115.77 (a): The Safe Prisons/PREA Plan, pages 39-40, PD-29, page 6, WBP-07.44, page 1 and the Volunteer Services Plan, page 22, describe the process for corrective action for volunteers and contractors. Specifically, they indicate that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates, will be subject to disciplinary action and be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been zero contractors or volunteers who has
violated the sexual abuse and/or sexual harassment policies. A review of investigative reports confirmed that there were no contractors or volunteers who violated the sexual abuse or sexual harassment policies.

115.77 (b): PD-29, page 6 and the PAQ indicated that the agency takes remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of the sexual abuse or sexual harassment policies. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor no longer being allowed to enter the facility.

Based on a review of the PAQ, Safe Prisons/PREA Plan, PD-29, WBP-07.44, the Volunteer Services Plan, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

<table>
<thead>
<tr>
<th>Standard 115.78: Disciplinary sanctions for inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.78 (a)</strong></td>
</tr>
<tr>
<td>- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (b)</strong></td>
</tr>
<tr>
<td>- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (c)</strong></td>
</tr>
<tr>
<td>- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (d)</strong></td>
</tr>
<tr>
<td>- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (e)</strong></td>
</tr>
<tr>
<td>- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (f)</strong></td>
</tr>
<tr>
<td>- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No</td>
</tr>
<tr>
<td><strong>115.78 (g)</strong></td>
</tr>
</tbody>
</table>
• If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Disciplinary Rules and Procedures for Offenders
4. Correctional Managed Health Care Policy Manual CMHCPM A-08.01
5. Investigative Reports

Interviews:
1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The Safe Prisons/PREA Plan, page 31 and the Disciplinary Rules and Procedures for Offenders, describe the disciplinary process for inmates. Specifically, they state that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate sexual abuse within the previous twelve months.

115.78 (b): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate sexual abuse within the previous twelve months, therefore there has not been any discipline. A review of investigative reports indicated that one was inmate on inmate sexual abuse and it was unsubstantiated. The interview with the Warden indicated that the inmate perpetrator may be placed in segregation during the investigation. If substantiated, the inmate would be disciplined, which could include loss of time, loss of class, loss of privileges and other restrictions.

115.78 (c): The Safe Prisons/PREA Plan, page 31 and CMHCPM A-08.01, describe the disciplinary process for inmates. Specifically, they indicate that the disciplinary process will consider whether the inmate’s mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The PAQ indicated there have been no administrative findings of inmate on inmate sexual abuse nor have there been any criminal findings of guilt for inmate on inmate abuse within the previous twelve months, therefore there has not been any discipline. The interview with the Warden indicated that the inmate’s mental health status would be taken into consideration during the disciplinary process and it would be considered in the sanctions imposed.
115.78 (d): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency will offer therapy, counseling and other interventions to correct underlying reasons or motivations for the abuse and will consider whether to require the abuser to participate in these interventions as a condition of access to programming and other benefits. The PAQ indicated that the facility offers therapy, counseling, or other underlying interventions designed to address and correct the underlying reasons or motivations for abuse. It also indicated that the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits.

115.78 (e): The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent. The PAQ indicated that the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. A review of investigative reports and disciplinary records confirms that there have been no instances where inmates have been disciplined for sexual contact with staff.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith. The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment.

115.78 (g): The PAQ indicates that the agency does prohibit all sexual activity between inmates and that they only deem the activity sexual abuse if it is determined that the activity was coerced. The Safe Prisons/PREA Plan, page 31, describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. Consensual sexual activity does not constitute a PREA allegation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, CMHCPM A-08.01, investigative reports, and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

### MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
  ☒ Yes ☐ No ☐ NA

115.81 (b)
If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes  ☐ No  ☐ NA

115.81 (c)

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes  ☐ No

115.81 (d)

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes  ☐ No

115.81 (e)

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-35.2
5. Offender Assessment Screening (Attachment E & E-1)
6. I-214 Form
7. Medical/Mental Health Documents

Interviews:
1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff
3. Interview with Inmates who Disclose Sexual Victimization at Risk Screening

Site Review Observations:
1. Observations of Risk Screening Area

Findings (By Provision):
115.81 (a): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, describe medical and mental health screenings related to sexual abuse. Specifically, they state that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of inmates who reported prior victimization were offered a follow-up meeting with medical or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. A review of three inmate assessment screenings indicated that all three were seen by mental health within the fourteen days. The interview with the staff responsible for the risk screening, indicated that inmates who report prior victimization are referred to mental health. She indicated that mental health would see the inmate typically the same day or next day. Interviews with three inmates who disclosed prior victimization indicated that two of the three were seen by mental health. One indicated she was seen within a week and the other stated she was seen within two weeks and she was already a mental health caseload inmate. The one inmate who advised she was not seen by mental health indicated that she did not remember disclosing she was sexually victimized during the screening.

115.81 (b): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2 describe medical and mental health screenings related to sexual abuse. Specifically, they state that inmates who indicate during the risk screening that they have previously perpetrated sexual abuse will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of those inmates who reported to have previously perpetrated sexual abuse were offered a follow up with medical or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. The facility does not have a tracking mechanism for this provision and a review of a sample of risk screenings did not yield any inmates who reported prior perpetration. The interview with the staff responsible for the risk screening indicated that inmates who disclose prior sexual abusiveness would be referred to mental health and that they would typically be seen the same day or the next day.

115.81 (c): The Safe Prisons/PREA Plan, pages 17-18 and CMHCPM E-35.2, describe medical and mental health screenings related to sexual abuse. Specifically, they state that inmates who indicate during the risk screening that they have experience prior sexual victimization will be offered a follow up with medical or mental health within fourteen days of the screening. The PAQ indicated that 100% of inmates who reported prior victimization were offered a follow-up meeting with medical or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain documents related to compliance with these services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. A review of three inmate assessment screenings indicated that all three were seen by mental health within the fourteen days. The interview with the staff responsible for the risk screening, indicated that inmates who report prior victimization are referred to mental health. She indicated that mental health would see the inmate typically the same day or next day. Interviews with three inmates who disclosed prior victimization indicated that two of the three were seen by mental health. One indicated she was seen within a week and the other stated she was seen within two weeks and she was already a mental health caseload inmate. The one inmate who advised she was not seen by mental health indicated that she did not remember disclosing she was sexually victimized during the screening.

115.81 (d): The PAQ indicated that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health. However, the information is only shared with other staff to assist with security and management decisions. The Safe Prisons/PREA Plan, pages 19-20, describes medical and mental health screenings related to sexual abuse. Specifically, it states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not limited to
medical and mental health staff but rather other staff, as necessary, to make housing, program, safety and security decisions. During the tour the auditor confirmed that classification (risk screening) records are maintained electronically and that only certain individuals have access to this electronic information. Additionally, medical and mental health records are also stored electronically with limited access. The auditor observed that the risk screening is conducted in the CM’s office, which is a private and confidential setting.

15.81 (e): The PAQ indicated that medical and mental health obtain informed consent from inmates prior to reporting information about prior victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The Safe Prisons/PREA Plan, pages 19-20 and CMHCPM G-57.1, describe the medical and mental health screenings related to sexual abuse. Specifically, they state that medical and mental health staff are required to obtain informed consent from inmates prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate was under 18. The interview with mental health staff indicated that they obtain informed consent prior to reporting incidents that did not occur in an institutional setting. She also indicated that there are no inmates under the age of 18 at the facility but the state does have mandatory reporting laws.

Based on a review of the PAQ, Safe Prisons/PREA Plan, CMHCPM G-57.1, CMHCPM E35.2, offender risk screenings, medical and mental health documents, observations made during the tour related to classification and medical records and information from interviews with staff who perform the risk screening, medical and mental health care staff and the inmate who disclosed victimization during the risk screening, this standard appears to be compliant.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes  ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes  ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes  ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes  ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes  ☐ No
Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 05.01
4. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
5. I-214 Form
6. Medical and Mental Health Documentation

Interviews:
1. Interview with Medical and Mental Health Staff
2. Interview with Security Staff and Non-Security Staff First Responders

Site Review Observations:
1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The Safe Prisons/PREA Plan, page 13, describes inmates access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners. The PAQ indicated that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of services are determined based on staff members professional judgment and that medical and mental health maintain secondary materials documenting the timeliness of services. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. During the tour, the auditor noted that the medical area consisted of numerous examination rooms. The mental health area consisted of staff offices. All areas were private with solid doors that allowed for adequate confidentiality. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately, and services are based on their professional judgment. The unit is a medical facility and as such as 24-hour medical services available. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.82 (b): SPPOM 05.01, page 4 indicates that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse, that security staff first responders would take the preliminary steps to protect the victim and notify the appropriate medical and mental health services. Policy indicates that the inmate would be transported to the nearest Hospital Emergency Department that has medical staff qualified to conduct forensic medical examinations. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. A review of investigative reports and medical documentation indicated that three inmate victims of sexual abuse were seen by medical and/or mental health on the same day they reported the allegation. The interviews with first responders indicated the inmate would be immediately separated, the crime scene would be preserved, they would instruct the
inmates to not take steps to destroy evidence, they would contact their supervisor and the inmate would be taken to medical.

115.82 (c): The PAQ stated that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate and that medical and mental health staff maintain secondary documentation of these services. The Safe Prisons/PREA Plan, page 13 and CMHCP M G-57.1, describe inmate’s access to emergency medical and mental health care. Specifically, they indicate that inmate victims of sexual abuse receive timely access to emergency contraception and sexually transmitted infection prophylaxis. When the inmate is transferred to the local hospital, medical and mental health care at the facility determine if these services were already provided at the hospital and if they were not, they are provided at the facility upon the inmates return. Three sexual abuse allegations were reported during the audit period. Of those, two involved penetration. A review of medical and mental health documentation indicated that one inmate victim was female and involved oral sex and as such no emergency contraception was required. The other inmate victim was a male inmate and involved digital anal penetration which did not require sexually transmitted infection prophylaxis; however the inmate was transported for a forensic exam and medication was provided at the local hospital. Interviews with medical and mental health care staff confirm that inmates receive timely information about and access to emergency contraception and sexual transmitted infection prophylaxis. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.82 (d): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The Safe Prisons/PREA Plan, page 13, describes inmate’s access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, SPPOM 05.01, Correctional Managed Health Care Policy Manual G-57.1, medical and mental health documentation and information from interviews with medical and mental health care staff and inmates who reported sexual abuse, this standard appears to be compliant.

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

**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No
115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes  ☐ No  ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes  ☐ No  ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes  ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes  ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Correctional Managed Health Care Policy Manual CMHCPM G-57.1
4. Correctional Managed Health Care Policy Manual CMHCPM E-44.1
5. I-214 Form
6. Investigative Reports
7. Medical and Mental Health Documents
Interviews:
1. Interview with Medical and Mental Health Staff

Site Review Observations:
1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ indicated that the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1 describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. The I-214 form is utilized by staff to refer an inmate for medical and mental health services. The form contains two boxes for PREA, one for medical services and one for mental health services. During the tour, the auditor noted that the medical area consisted of numerous examination rooms. The mental health area consisted of staff offices. All areas were private with solid doors that allowed for adequate confidentiality. A review of investigative reports and medical documentation indicated that three inmate victims of sexual abuse were seen by medical and/or mental health on the same day they reported the allegation.

115.83 (b): The Safe Prisons/PREA Plan, page 14 and CMHCPM E-44.1 describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that evaluations and treatments of such victims will include; follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. CMHCPM E-44.1 describes services for those inmates being released from the agency’s custody. A review of investigative reports and medical documentation indicated that three inmate victims of sexual abuse were seen by medical and/or mental health on the same day they reported the allegation. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include immediate medical attention including a physical examination, labs, counseling, therapy and grief work.

115.83 (c): The Safe Prisons/PREA Plan, page 14, describes ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, it states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. A review of investigative reports and medical documentation indicated that three inmate victims of sexual abuse were seen by medical and/or mental health on the same day they reported the allegation. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The Safe Prisons/PREA Plan, page 14, indicates female offenders who have been sexually victimized while incarcerated are offered pregnancy tests. The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. A review of investigative reports indicated one female inmate victim was sexually abused, however it did not involve vaginal penetration and as such a pregnancy test was not required. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.83 (e): The Safe Prisons/PREA Plan, page 14, indicates female offenders who become pregnant due to sexual victimization while incarcerated will receive timely and comprehensive information and access to pregnancy related medical services. The PAQ indicated if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about and timely access to, all
lawful pregnancy related medical services. A review of investigative reports indicated one female inmate victim was sexually abused, however it did not involve vaginal penetration and as such a pregnancy information and medical services were not required. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The Safe Prisons/PREA Plan, page 14 and CMHCPM G-57.1, describe ongoing medical and mental health care for sexual abuse victims and abusers. Specifically, they state that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. CMHCPM G-57.1 indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and Hepatitis B. Three sexual abuse allegations were reported during the audit period. Of those, one involved oral penetration and one involved digital anal penetration. A review of medical and mental health documentation indicated that one inmate victim received appropriate tests at the outside hospital during the forensic examination. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.83 (g): The PAQ indicated that treatment and services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. The Safe Prisons/PREA Plan, page 13, describes inmate’s access to emergency medical and mental health treatment. Specifically, it states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. No inmates who reported abuse were at the facility at the time of the on-site portion of the audit and as such no interviews were able to be conducted.

115.83 (h): The PAQ stated that the facility attempts to conduct a mental health evaluation on all known inmate on inmate abusers within 60 days of learning of such abuse history. The Safe Prisons/PREA Plan, page 14, indicates that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. There was one inmate on inmate sexual abuse allegations within the audit period, however it was not sustained. Therefore no mental health follows ups were required under this provision. Interviews with medical and mental health staff confirm that known inmate on inmate abusers would be offered mental health services.

Based on a review of the PAQ, the Safe Prisons/PREA Plan, CMHCPM G-57, CMHCPM E-44.1, investigative reports, medical and mental health documentation and information from interviews with medical and mental health care staff, this standard appears to be compliant.

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<tr>
<th>DATA COLLECTION AND REVIEW</th>
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**Standard 115.86: Sexual abuse incident reviews**

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No
115.86 (c)  
- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes  ☐ No

115.86 (d)  
- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes  ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes  ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes  ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes  ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes  ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes  ☐ No

115.86 (e)  
- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Administrative Directive AD-02.15
4. Administrative Incident Review Form

Interviews:
1. Interview with the Warden
Findings (By Provision):

115.86 (a): The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct sexual abuse incident reviews of every sexual abuse investigation, except for those allegations that are deemed to be unfounded. The PAQ indicated that the facility conducts sexual abuse incident reviews and that three were completed within the previous twelve months. A review of the three sexual abuse allegations indicated that all were substantiated or unsubstantiated and required a review. All three were documented with a completed review via the Administrative Incident Review form. It should be noted that the one sexual harassment allegation that was unsubstantiated also had a sexual abuse incident review.

115.86 (b): AD-02.15, outlines information related to sexual abuse incident reviews. Specifically, it states that the facility will conduct an administrative incident review of all sexual abuse allegations. The review is required to be forwarded to the appropriate Regional Director within ten days after being reported. The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days and that five were completed within that time frame during the audit period. A review of the three sexual abuse allegations indicated that three were substantiated or unsubstantiated and required a review. All three had a review completed via the Administrative Incident Review form within the 30-day time frame.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators, and medical and mental health staff. The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the review team will consists of upper management officials, with input from line supervisors, investigators and medical and mental health. A review of the completed Administrative Incident Review forms confirmed that the reviews were completed by the appropriate staff. The interview with the Warden confirmed that these reviews are being completed and they include upper management officials, supervisors, investigators and medical and mental health care staff.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews and submits the report to the facility head and CM. The Administrative Incident Review form outlines information required to be completed for each sexual abuse incident review. Specifically, it includes: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the staffing levels; assess video monitoring technology and prepare a report of its findings to include any recommendations for improvement. The Warden or supervisor submits this report to the Regional Director within ten days and to the Agency Head within 20 days. A review of the completed forms confirmed that all include the requirements under this provision. Each question is part of the review and reviews include recommendations for corrective action. Interviews with the Warden, CM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the reviews are utilized to track offenders and identify any vulnerabilities. She stated that the information is utilized for training and to make any necessary changes. The CM stated that she would ensure any recommendation are completed once the review was complete.

115.86 (e): The PAQ stated that the facility implements the recommendations for improvement or documents its reasons for not doing so. The Safe Prisons/PREA Plan, page 32, outlines information related to sexual abuse incident reviews. Specifically, it states that the agency will implement the recommendations for improvement or document the reasons for not doing so. A review of the Administrative Incident Review form indicated that a section exists for recommendations and corrective action.
Based on a review of the PAQ, Safe Prisons/PREA Plan, AD-02.15, Administrative Incident Review form, and information from interviews with the Warden, the PC and a member of the sexual abuse incident review team, this standard appears to be compliant.

### Standard 115.87: Data collection

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<th>115.87 (a)</th>
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<tr>
<td>▪ Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No</td>
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<th>115.87 (b)</th>
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<tr>
<td>▪ Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No</td>
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<tr>
<td>▪ Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No</td>
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<th>115.87 (d)</th>
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<tr>
<td>▪ Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No</td>
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<td>▪ Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA</td>
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<td>▪ Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA</td>
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**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
- ☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. Safe Prisons/PREA Operations Manual SPPOM 08.01
4. Survey of Sexual Victimization (SSV)
5. PREA Program Annual Report

Findings (By Provision):

115.87 (a): The PAQ stated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control utilizing a standard instrument that includes at minimum the data necessary to complete the SSV. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (b): The PAQ indicated that the agency aggregates the incident based sexual abuse data annually. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. A review of the SSVs as well as the PREA Program Annual Report confirmed that the agency aggregates sexual abuse data at least annually.

115.87 (c): The PAQ stated that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control utilizing a standard instrument that includes at minimum the data necessary to complete the SSV. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the agency utilizes the definitions set forth in the PREA standards. Data is collected from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (d): The PAQ indicated that the agency maintain, reviews and collects data as needed from all available incident-based documents. The Safe Prisons/PREA Plan, page 36, outlines how PREA data is collected. Specifically, it states that the agency will maintain, review and collect data as needed from available incident based documents. At the facility level data is collected through reports. Agency wide it is collected through data from information from the Emergency Action Center, the Office of the Inspector General and monthly PREA reports.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate. This data is included in the annual report but is not reported in the Survey of Sexual Victimization as outlined by the Department of Justice. A review of data indicated that the data is reported to the agency and that it is included in the agency’s annual aggregated data.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar no later than June 30th. A review of the Survey of Sexual Victimization indicated that the last one was submitted in 2018 for 2017 data. This is the last published SSV form on the Bureau of Justice Statistics website.

Based on a review of the PAQ, Safe Prisons/PREA Plan, SPPOM 08.01, the PREA Program Annual Report, aggregated data and the Survey of Sexual Victimization this standard appears to be compliant.

**Standard 115.88: Data review for corrective action**
115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Documents:
1. Pre-Audit Questionnaire
2. Safe Prisons/PREA Plan
3. PREA Program Annual Report

Interviews:
1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager
Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of the current and historical PREA Program Annual Reports indicate that reports break down the collected data by types of cases, location of incidents, outcome of the investigations as well as compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head Designee, PC and CM confirmed that the report is done annually. The Agency Head Designee indicated that the data is used to determine if changes in policy are needed, as well as to determine any necessary changes to staffing and video monitoring technology. The interview with the PC confirmed that the Wardens and the Safe Prisons staff are responsible for generating statistics and that they are reviewed by the Executive Services Division. This Division then generates recommendations for policy, procedure and/or staffing changes. The interview with the CM confirmed that the data is collected and sent to Huntsville where it is utilized for any policy, procedure or practice modification.

115.88 (b): The PAQ indicated that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress. A review of the current and historical PREA Program Annual Reports indicates that reports break down the collected data by types of cases, location of incidents, outcome of the and compares the data from the current year with prior years. Additionally, it includes problem areas and corrective action.

115.88 (c): The PAQ indicated that the agency’s annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head Designee confirmed that after it is approved it is distributed as required by Texas statue and agency policy. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report as well as previous reports are available to the public online.

115.88 (d): The PAQ stated that the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. A review of the PREA Program Annual Report and the interview with the PC confirmed that the agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted.

Based on a review of the PAQ, the PREA Program Annual Report and the website, this standard appears to be compliant.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

• Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  ☒ Yes  ☐ No

115.89 (b)

• Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  ☒ Yes  ☐ No

115.89 (c)
• Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes □ No

115.89 (d)  

• Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Documents:
1. Pre-Audit Questionnaire
2. PREA Program Annual Report
3. Records Retention Schedule

Interviews:
1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction of information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained through the agency’s automated system. She indicated the data is reconciled on a quarterly basis.

115.89 (b): The PAQ stated that agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts with be made readily available to the public, at least annually, through its website. The Safe Prisons/PREA Plan, page 37, describes the data storage, publication and destruction information related to sexual abuse and sexual harassment allegations. Specifically, it states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website: https://www.tdcj.texas.gov/publications/index.html confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): The PAQ indicated that before making aggregated sexual abuse data publicly available the agency removes all personal identifiers. The agency does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available.

115.88 (d): The PAQ indicates that the agency maintains sexual abuse data that is collected for at least ten years after the date of initial collection. The records retention schedule confirmed the PREA Program Annual Report is retained ten years from the end of the calendar year it was submitted. A review of the agency’s website confirmed that data is available from 2009 to present.
Based on a review of the PAQ, the Safe Prisons/PREA Plan, the records retention schedule, the PREA Program Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

### AUDITING AND CORRECTIVE ACTION

#### Standard 115.401: Frequency and scope of audits

**115.401 (a)**

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? *(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* ☒ Yes ☐ No

**115.401 (b)**

- Is this the first year of the current audit cycle? *(Note: a “no” response does not impact overall compliance with this standard.)* ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)* ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? *(N/A if this is not the third year of the current audit cycle.)* ☐ Yes ☐ No ☒ NA

**115.401 (h)**

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

**115.401 (i)**

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

**115.401 (m)**

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

**115.401 (n)**

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No
Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.401 (a): The facility is part of the Texas Department of Criminal Justice. All TDCJ facilities were audited in the previous three-year audit cycle.

115.401 (b): The facility is part of the Texas Department of Criminal Justice. The TDCJ has a schedule for all their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the second year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that have never been a Final Audit Report issued.)  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

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

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

Findings (By Provision):

115.403 (a): The facility was previously audited on December 11-13, 2017. The final audit report is publicly available via their website: https://www.tdcj.texas.gov/divisions/arrm/rev_stan_prea.html
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.

Kendra Prisk ___________________________  December 27, 2020

Auditor Signature  Date
It should be noted that the agency has the PREA Ombudsman’s Office that is responsible for independent oversight over the PREA program. The Ombudsman advised that while she is independent of TDCJ, she is over the PREA program. She indicated that TDCJ received guidance from the PRC that allowed for the Ombudsman’s Office to serve as the PC even though it is an independent office that reports to the Texas Board of Criminal Justice. The agency also has staff in the Safe Prison’s Office that oversee the PREA program internally.

ii It should be noted that unit, facility and institution are used interchangeably within this document.

iii It should be noted that inmate and offender are used interchangeably throughout this document.