

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

☐ Interim      ☒ Final

Date of Report    November 18, 2019

## Auditor Information

Name: Darlene Baugh	Email: piltsbaugh@gmail.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cyprus, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: October 9-11-2019

## Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Texas Department of Criminal Justice		State of Texas	
Physical Address: 861-B I-45 North		City, State, Zip: Huntsville, TX 77320	
Mailing Address: P.O. Box 99		City, State, Zip: Huntsville, TX 77342	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://tdcj.texas.gov/tbcj/prea.html">https://tdcj.texas.gov/tbcj/prea.html</a>			

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

Name: Lorie Davis	
Email: Lorie.Davis@tdcj.texas.gov	Telephone: 936-437-2170
PREA Coordinator Reports to:  Bryan Collier	Number of Compliance Managers who report to the PREA Coordinator 92 - Statewide

## Facility Information

**Name of Facility:** Pam Lychner State Jail

**Physical Address:** 2350 Atascocita Rd.

**City, State, Zip:** Humble, TX 77396

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**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://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: Click or tap here to enter text.

☐ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

A Division Level Operational Review was conducted at the Lychner Unit in February 2019. These reviews are conducted by each functional area proponent at least every three years.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Rodger Bowers

**Email:** Rodger.Bowers@tdcj.texas.gov

**Telephone:** 281-454-5036 Ext.6100

### Facility PREA Compliance Manager

**Name:** Jhosselen Baltazar-Arzu

**Email:** Jhosselen.Baltazar-Arzu@tdcj.texas.gov

**Telephone:** 281-454-5036 Ext. 6361

### Facility Health Service Administrator ☐ N/A

**Name:** Jesse Rodriguez

**Email:** Jesserodr@utmb.edu

**Telephone:** 281-454-5036 Ext.6256

Facility Characteristics		
Designated Facility Capacity:	2276	
Current Population of Facility:	1771	
Average daily population for the past 12 months:	2081	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-72	
Average length of stay or time under supervision:	ID – 7 months; SJ – 3 months	
Facility security levels/inmate custody levels:	J1-J5, G1, G2, SR, Transient	
Number of inmates admitted to facility during the past 12 months:	4281	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4139	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	3683	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	369	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	124
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	414
<b>Physical Plant</b>	
<b>Number of buildings:</b>  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.	12
<b>Number of inmate housing units:</b>  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.	38
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	36
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	29
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)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )	
<b>Investigations</b>		
<b>Criminal Investigations</b>		
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:	134	
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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Office of Inspector General)) <input type="checkbox"/> N/A	
<b>Administrative Investigations</b>		
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?	44	
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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> 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)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Prior to the start of the audit at the Pam Lychner State Jail, the auditor was notified that an ACA Audit would be occurring at this facility at the same time as the PREA Audit. Due to extenuating circumstances, neither schedule could be adjusted.

The PREA Auditor arrived at the Lychner State Jail at 9:00 a.m. on Wednesday, October 9, 2019. This auditor usually starts the audit with an introduction meeting with supervisory staff, however, due to the unusual circumstances of a dual audit occurring, the auditor was introduced to Warden Bowers, Assistant Warden Wilson, Safe Prisons PREA Manager Baltazar-Arzu and Monica Kukua, PREA Compliance Manager for Region 1. (Note this clarification: Ms. Kukua works for the PREA Ombudsman Office. This facility is located within Region 3, whose position is vacant at the present time). As a division of audit duties, Warden Bowers focused on the ACA Audit and Assistant Warden Wilson on the PREA Audit.

The first day at the facility focused on interviews with facility staff, a site review and a joint introduction (with ACA Auditors) to Department Heads and Supervisory Staff. Day two of the audit included additional staff and inmate interviews with inmate and staff file reviews. Day three consisted of visiting intake during processing, a medical visit, additional staff and inmate interviews and the exit meeting.

Count at the start of the audit: 1826.

## Pre-Audit Activities

### **Notice of PREA Audit:**

The PREA Audit Notice, with the name of the PREA Auditor was provided to the Pam Lychner Unit on Monday, August 26, 2019 by an Administrative Assistant IV, ARRM Division. The Notice was provided in both English and Spanish. During the site review, this notice was visible in numerous locations throughout the facility. The purpose of the Notice is to allow any individual, including a third party, with a PREA concern or issue; to include an allegation of sexual abuse or sexual harassment, to correspond confidentially with the PREA Auditor. The Auditor did not receive correspondence as a result of that posting.

Additionally, as the auditor visited with inmates during the site review, the majority were aware that the audit was taking place, acknowledging seeing the posting.

### **Pre-Audit Questionnaire / Flash Drive Review:**

The auditor was notified that a Flash Drive would be provided to her with PREA audit information via a telephone call on Tuesday, August 27, 2019. That file arrived on Thursday, August 29, 2019. The auditor reviewed the materials provided before contacting the Warden to schedule a telephone 'meeting'.

During this telephone call, the auditor had the opportunity to ask questions regarding policies, housing, inmate status, etc. Any additional relative materials were e-mailed to the auditor on a timely basis.

### **Outreach to Outside Advocates:**

The nine member Texas Board of Criminal Justice (TBCJ) is appointed by the governor to oversee the Texas Department of Criminal Justice (TDCJ), which provides confinement, supervision, rehabilitation, and reintegration of the state's convicted felons. The board members, who are appointed for staggered, six-year terms, are responsible for hiring the executive director of the department and setting rules and policies which guide the agency. TBCJ members also serve as the Board of Trustees for the Windham School District within the TDCJ. In this capacity, they are responsible for providing general oversight and the hiring of the school system's superintendent.

The Office of the Inspector General, Internal Audit, PREA Ombudsman, and the office of State Counsel for Offenders are governed by and report directly to the TBCJ.

The PREA Ombudsman is appointed by the Texas Board of Criminal Justice (appointed by the Governor). (Note: This is a single position for the state of Texas, although several individuals report to this position.) Ms. Lynn Sharp reports to the Chairman of this Board. Additionally, the PREA Ombudsman's office has six (6) individuals who are assigned to the field who attends to the facilities to ensuring that all PREA steps are being completed.

A telephone interview occurred with Ms. Sharp on Monday, October 7, 2019. During this interview, she shared that her office/position is independent from TDCJ. They not only receive information (PREA) relative to facilities but are also able to receive confidential information from offenders and family contacts. The focus of their office is to ensure that the needs and rights of the offenders are met. They also respond to inquiries and education.

Ms. Sharp provided information that in addition to her role as the PREA Ombudsman, her duties will be enhanced to also include the function of TDCJ PREA Coordinator. Ms. Sharp added that there have been conversations with the PREA Resource Center (PRC) to ensure that this position is appropriate within the umbrella of PREA.

Sexual Abuse reports (information) are inputted into a database with the Emergency Action Center (EAC) daily (a daily report occurs). Ms. Sharp reviews the preliminary reports. She also reviews the Safe Prison / PREA Management Office data base for more information and final reports. If she wants to review the entire investigation information, she will get it from the EAC.

Ms. Sharp states that she sees her job as 'monitoring and oversight' and well as having the ability to ensure that 'things are done right'. She does not see herself as an advocate, per se; but as an individual who protects offender rights.

An attempt was made to speak with a SANE certified provider. Telephone calls were not returned.

### **On-Site Audit Activities:**

#### **Site Review:**

The Auditor completed an extensive site review on Wednesday, October 9, 2019 with the Assistant Warden, PREA Compliance Manager, the facilities Safe Prison PREA Manager and Captain Murray.

#### **Selection of Staff and Inmates:**

Prior to arrival at the facility, the auditor requested that a list of employees, contract staff and volunteers (who will be on site while the auditor is present) and inmates be provided upon her arrival. To ensure that random and specialized staff and inmates be selected for interviews, the request included that staff positions and hours be identified. The auditor wanted to ensure that staff interviews would be representative of all shifts.

### **Non-Formal Inmate Discussion: (62)**

While completing the site review, the auditor engaged inmates throughout the facility; to discuss the reason for the audit, feelings regarding their safety, why inmates would be interviewed and how inmates were randomly chosen for the interviews. Responses were affirmative and inmates shared that they would voluntarily respond to the interviews.

### **Inmate Interviews: (41)**

African American:	6	Transgender, African American:	1
Asian:	3	Caucasian, Physical:	3
Hispanic:	8	African American, Physical:	1
Caucasian:	12	Hispanic, Cognitive:	1
		Hispanic, LEP:	2
		African American, Gay, Reported Sexual Abuse during Screening:	2
Segregated Housing/ High Risk of Victimization: 0		Caucasian, Gay, Reported Sexual Abuse during Screening:	1
Reported Sexual Abuse: 0 (None available)		Hispanic, Gay, Reported Sexual Abuse during Screening:	1

### **Staff Interviews: (21)**

Correctional Officers:	Supervisors:	Departments:
Nights: 2	Assistant Warden	Commissary Manager
Days: 3	Lieutenant – Administration	Safe Prisons/ PREA Manager
Evening: 2	Lieutenant – 2 <sup>nd</sup> Shift	PREA Compliance Manager (Ombudsman's Office)
	Major	Principal Windham Schools
	Captain/Investigator	Qualified Mental Health Professional
	Practice Manager (supervises Medical, Mental Health, Dental, Nursing)	Human Resources Clerk 2
		Human Resources Specialist 4 (suprv)
		Chaplin

### **Documents and Files Reviewed:**

Staff: Training files were complete and timely.



Inmates: Inmate files were reviewed for documentation relative to PREA; to include sign-off, initial and subsequent assessments/reassessments. The Safe Prisons PREA Manager for Lychner completes all PREA assessments, reassessments and an inmate PREA class. All files reviewed had complete and timely documentation. Sign-in forms for the education class is organized within the Safe Prisons PREA Manager's office.

### **Background Checks**

Personnel files for staff who were interviewed were reviewed. A small amount of information is held in the facility files. All criminal history checks, pre-employment information is held at the Huntsville Office. Due to the lack of information, the auditor requested that the Lychner Human Resources Office request from the Huntsville Office, the dates of the last two audits for an identified number of those staff. That office reported that all criminal history checks of staff and contract employees are completed on the birth month of the employee and each six months thereafter.

Information from the Human Resources verified the format for the Criminal History Check. It reads as follows: All agency employees are subject to a warrant check during the employee's birth month and six months after, to ensure there are no outstanding warrants of arrest". This is accomplished in the following manner:

The Department of Public Safety sends an electronic report to TDCJ HRHQ criminal history staff on a monthly basis.

1. DPS provides a report each month for employees with active warrants that is received during the month of that employee's birthday. Note: The report is not all inclusive, as it only contains employees with active warrants. However, if an employee is arrested the agency will receive an automatic notification via CJIS. The agency receives these notifications daily.
2. DPS provides a follow up report of active warrants approximately 6 months later.

### **Facility Staff Plan Annual Review:**

The facility staffing plan was reviewed. Included in the review were copies of daily rosters, showing the format for following the plan.

### **Documentation of Unannounced PREA Rounds:**

Within each housing area is an area called a "Pickett". (Known elsewhere as a 'bubble', 'enclosed officer station', etc.) Supervisors will access a log within the 'Pickett' to document their unannounced rounds. The other location utilized for documentation is the daily Shift Roster.

### **MOU with Rape Crisis Center:**

Documentation validated that the facility has attempted to enter into an MOU with local Rape Crisis Centers. There has been an on-going attempt to complete this process, without success. There is a document held in the offender library and within the Safe Prisons PREA Managers office that gives the names of all Rape Crisis Centers within the state (TAASA). Access to this directory is open for all offenders.

### **Victimization / Aggressor Assessments: (31)**

Thirty-one inmate files (of those who were interviewed) were reviewed to validate completion of the Offender Assessment Screening Form (SPPOM 03.01 - Attachment E). All files showed that the initial assessment was completed by the Safe Prisons PREA Manager on the date the offender arrived at the Lychner Unit.

### **Victimization / Aggressor Reassessments: (31)**

The files of those individuals noted above were also reviewed for their reassessments. The process entails the Safe Prisons PREA Manager meeting with the offender to review the assessment, noting if there are any changes, then noting any changes on the Offender Assessment Screening Form (SPPOM 03.01 - Attachment E)

Note: Each Monday, there is a 'ComStat' meeting. Those in attendance are the Warden, Deputy Warden, and Department Heads. Each Department Head discusses their pertinent issues. The Safe Prisons PREA Manager discusses those offenders who are potential predators / victims. Each Department head then notates their discussion on an IOC (Inner Office Communication Form). These forms are then given to the Warden.

### **Investigations:**

The standard section provides more information into the process utilized for investigations. The OIG (Office of Inspector General) completes criminal investigations, with the facility investigators completing administrative investigations.

### **Recommendations:**

The Safe Prisons/PREA Operations Manual includes directive specific to Evidence Handling; specifically, not allowing alleged victims and predators to eat, drink, brush teeth, bathe, etc. Policy AD: 16.03 (rev. 5), Evidence Handling, does not include this language. It is recommended that this language be added to Policy AD: 16.03 (rev. 5).

### **Cameras and/or mirrors:**

Each housing area has a location that is titled 'Respite Room'. These rooms are used for offenders who become overheated. The room is visible from the Pickett due to a large window. However, there is a blind area under the window that needs to be addressed.

As staff enter each housing area, there is a hallway with offices. As there is no camera in these areas, it is suggested that cameras be addressed.

There are many large locations within the facility; examples: Laundry, Supply, Warehouse, Commissary, etc. where a large number of inmates are working. None of these areas have cameras. Although a substantial amount of correctional staff also works within the area, it is suggested that administration look at how each of these locations are impacted by decreased ratio of inmates and staff throughout the day. Would cameras be advantageous in these areas.

Two additional areas to consider for cameras are the Chaplains Office and the Sallyports. There are no cameras in each of these areas.

The facility needs to ensure that the Sexual Abuse Incident Review Team notes include clearer documentation.

### **Comments:**

The auditor would like to thank the Warden, Assistant Warden and PREA staff who made the auditors visit a positive experience. All staff were friendly and responsive to the needs of the auditor. The Safe Prisons PREA Manager and the PREA Compliance Manager responded immediately to any requests or questions that the auditor posed.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

**Note:** The Pam Lychner / Joe Kegans State Jail Complex are two separate compounds, independent of one another, with separate Wardens, but shares a variety of support staff. The last PREA audit covered both facilities. However, for the purpose of this document, the Pam Lychner State Jail was the **only** facility audited.

The Lychner State Jail opened in 1995 as the Atascocita State Jail, located in Humble, an unincorporated area in northeast Harris County Texas. The jail is east of Humble, Texas and twenty (20) miles northeast of downtown Houston, TX. Its physical address is 2350 Atascocita Road, Humble, Texas. Later, the facility changed its name to the Pam Lychner State Jail after Pam Lychner, a victim right's activist who passed away with her two daughters in the TWA flight 800 crash.

Today, the facility is a mixed custody institution. State Jail Security levels range from J1 (minimum jail) to J5 (maximum jail) security levels. (Descriptions of the levels follow this paragraph). State Jail offenders are serving no parole/day-for-day sentences of less than two (2) years for fourth degree felony offense including non-violent property crimes, and a variety of offenses related to the manufacture, delivery and possession of small amounts of controlled substances. Lychner State Jail has the capacity to house 2,276 male inmates. In addition to State Jail offenders, this facility houses prison sentenced offenders, referred to as "ID" inmates, in transfer status for up to two (2) years before they are permanently assigned to "ID" units. The average length of stay for a prison sentenced offender is seven (7) months, while the state jail inmate's average length of stay is three (3) months.

The following is a description of the custody levels at the facility:

1. Administrative segregation, SR custody for state jail offenders, refers to offenders who shall be separated from the general population because they are dangerous, either to other offenders or staff, or they are in danger from other offenders. Offenders who, according to the Security Threat Group Management Office (STGMO), are members of security threat groups designated by TDCJ, may be given this custody level. These offenders leave their cells, for the most part, only for showers and limited recreation. Offenders assigned to administrative segregation in expansion cellblocks shower in their cells.
2. General population Level 5 (G5) or (J5) custody refers to offenders who have assaultive or aggressive disciplinary records. G5 or J5 custody offenders shall live in cells. They may not work outside the security fence without direct, armed supervision. Offenders downgraded to G5 custody will be recommended for unit transfer at Lychner to appropriate facilities.
3. General population Level 4 (G4) or (J4) custody means the offender shall live in a cell, with few exceptions, and may work outside the security fence under direct armed supervision. J4 state jail offenders may be housed in designated dorms. Offenders downgraded to G4 custody will be recommended for unit transfer at Lychner to appropriate facilities.

4. General population Level 3 (G3) refers to prison offenders who may live in dorms or cells inside the main building of the unit. G3 offenders are ineligible to live in dorms outside the main building of a unit, inside the security fence. G3 offenders shall be generally assigned to field force and secure jobs inside the perimeter as designated by the warden. They may work outside the security fence under direct armed supervision. (state jail offenders are not assigned to level 3 custody as this custody is reserved for offenders serving sentences of 50 years or greater.)
5. General population Level 2 (G2) or (J2) custody refers to offenders who may live in dorms or cells inside the security fence. They may work outside the security fence under direct armed supervision.
6. General population Level 1 (G1) or (J1) custody allows offenders to live in dorms outside the security fence. Offenders living in trusty camps shall be classified OT custody. They may work outside the security fence with periodic unarmed supervision. G3 offenders are not housed on the Lychner Unit.

**Note:**

- G1-G5 Represent Institutional Offender Custody Levels and J1-SR Represent State Jail Offender Custody Levels
- General Population Offenders (ID) are individuals who are convicted of a felony and sentenced to over two (2) years.
- State Jail Offenders (SJ) are individuals sentenced to less than 2 (two) years.

**Physical Description:**

The Pam Lychner State Jail is made up of the following buildings:

H Building	Administration and Unit Entrance
A, B, F, C, E, D	Housing Units
J Building	Maintenance
T Building	Food Service, Laundry, Unit Supply
G Building	Education and Line Administration
K Building	Housing, Medical and Intake

**The following is the housing schematics for the facility:**

Dorms A:	
A1 to A6 and A8	State Jail, Level 2
A 7	State Jail, Level 1 and 2
Dorm B:	
B1 to B8	General Population, Level 2
Dorm C:	
C1	State Jail, Level 1 and 2
C2 and C4	State Jail, Level 2
C3	Transient Inmate Housing
C5 to C8	General Population, Level 2

Dorm D: D1 to D4	General Population, Level 2
Dorm E: E1 to E4	General Population, Level 2
Dorm F: F1 F2 to F4 K Building:	General Population, Level 1 and 2 General Population, Level 2
K1	Transient Inmate Housing and Special Management
K2 D - F	Transient Inmate Housing
K3 D - F	Transient Inmate Housing
K3 A – C	Transient Inmate Housing
K4 D – F	State Jail, Level 4
K4 A - C	Transient Inmate Housing
K5 D	Transient Inmate Housing
K5 E – F	State Jail, Level 5
K5 A – C	State Jail, Level 4
K4 A – C	State Jail, Level 4

#### **Medical and Mental Health:**

The medical department is contracted through the University of Texas Medical Branch (UTMB). Services are provided from 3:00 a.m. to 6:00 p.m., seven days per week. If there is a medical need outside of those hours, the facility utilizes a Digital Medical System (DMS), that provides face time with another facility. Mental Health practitioners are available Monday through Friday from 8:00 a.m. to 5:00 p.m.

#### **Shift Hours:**

Each shift is provided a forty-five minute briefing before their start of work. The following provides a description of the schedule:

Briefing: 5:15 a.m.	Shift: 6:00 a.m. – 2:00 p.m.
1:15 p.m.	2:00 p.m. – 10:00 p.m.
9:15 p.m.	10:00 p.m. – 6:00 a.m.

**Cameras:** 134

#### **Investigations:**

OIG is a separate division, an independent entity from the Correction Institutional Division within the Texas Department of Criminal Justice. The OIG reports to the Board. The OIG and facility investigators continue their investigations simultaneously. However, if the investigation does not arrive at the level of criminal, the OIG returns their investigation to the facility. OIG files criminal cases with the Prosecutor, not with law enforcement.

Although, OIG initiates the investigation process, the trained facility investigators are completing their own investigation. If OIG returns the investigation to the facility, the facility is already ahead with their own investigation.

All OIG investigators must hold an active TCOLE Peace Officer License.

PREA Ombudsman ensure that investigations are completed, and the offender's rights are maintained. (Reports to TDCJ Board). The Warden can note the decisions made in the criminal level findings by accessing the information updated at EAC.

The Warden was moved to this facility in December of 2018.

### **Sexual Abuse Grievances:**

There is no time limit to file sexual abuse grievances (Page 21 #6 of the Safe Prison/PREA Plan "A time limit shall not be imposed when an offender may submit a grievance regarding an allegation of sexual abuse"). All sexual abuse grievances are filed as emergency grievances. (Page 22 #9 of the Safe Prison/PREA Plan "An emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual.")

### **Programs and Services:**

The following is a list of programs and services provided by and at the Lychner Unit:  
State Jail Substance Abuse Treatment Program (DAAP – Drug and Alcohol Assistance Program).

Literacy (Adult Basic Education/GED), Reading, Title I, CHANGES/Pre-Release, Cognitive Intervention, Career and Technology Programs: Business Computer Information Systems I; Introduction to Computer-Aided Drafting.

Faith Based Dormitory, Prisoner Reentry Initiative (PRI), Adult Education Program (upon availability), Reentry Planning, Chaplaincy Services, Crime Stoppers, GO KIDS Initiative.

Substance Abuse Education, Life Skills, Support Groups, Victims Awareness, Religious/Faith Based Studies and Activities, Serving for Success

Services are provided to city and county agencies, the area food bank, and local organizations

### **Safe Prisons/PREA Plan:**

Prior to January 2005, several separate agency policies and procedures addressed protection of offenders. In January 2005, the Safe Prisons Plan was approved. The plan encompasses previous policies and procedures, as well as new processes that have evolved since the inception of the SPPPMO, creating one cohesive strategy for providing staff and offender safety. The plan is periodically updated and reflects the agency's commitment to reduce incidents of extortion, protect offenders who are at increased risk of harm by others, take a proactive approach to prevent sexual abuse of offenders, address the needs of offenders who have been sexually abused, and make violators subject to criminal charges, civil liability and disciplinary action. Additionally, the TDCJ developed and implemented a Safe Prisons Operations Manual containing instructional guidelines and processes to enhance the overall effectiveness of the Safe Prisons Program.

The plan and operations manual sets forth the guidelines and procedures for investigating requests from offenders alleging increased risk of harm (e.g., sexual abuse, extortion and physical assault) from other offenders. It also encompasses procedures to follow when a staff member is notified by other means (other than from the offender them self) that an offender's safety has been threatened. The policy provides different options for staff to take in order to protect an offender from harm and discusses when it is appropriate to use each option.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.17,115.33,115.41

### Standards Met

**Number of Standards Met:** 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.18, 115.21, 115.22, 115.31, 115.32, 115.34, 115.35, 115.42, 115.43 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

### 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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*



*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Materials Reviewed:**

Safe Prisons/PREA Operations Manual  
Statewide Table of Organization  
Post Order / Subject: Unit Safe Prisons/PREA Manager; Number PO-07.150 (rev.4)  
Executive Directive / Subject: Safe Prisons/PREA Program; Number: ED-03.03 (rev.3)  
Number 06.01; Procedure 115.11(a)  
Unit Organizational Chart  
Organization Chart  
Interview with Agency's PREA Coordinator  
Interview with Agency's PREA Compliance Manager

**115.11 (a) (b) (c)**

Those policies reviewed about were clear in its directive of having zero tolerance toward sexual abuse and sexual harassment by addressing training and staff development (Pre-Service, In-Service and Specialized Leadership Training Development), staff responsibilities, safe environment, safe environments, and proper protocol.

The Director of the Correctional Institutions Division was appointed as the PREA coordinator and was directed to establish the TDCJ Safe Prisons/PREA Plan, review data and prepare the annual report.

**Comments:**

The term zero-tolerance and its definition are written into nearly every policy.

The Texas Department of Criminal Justice Organizational Structure (Correctional Institutions Division) shows a direct flow from the Correctional Institutions Divisions Director to the Management Operations Deputy Director to the Safe Prisons /PREA Management Office.

Each Unit of TDCJ has an employee, Safe Prisons PREA Manager who oversees the daily operations of PREA. Texas also has six regions that has an assigned PREA Compliance Manager who reports to the PREA Ombudsman's Office. Both individuals report that they have time to complete their duties.

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

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

**115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

## 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Contracts for Confinement: 696-PF-15-17-CO34, 696-PF-18-19-CO34, 696-PF-18-19-CO35, 696-PF-18-19-CO36, 696-PF-16-17-CO41, 696-PF-16-17-CO42, 696-PF-16-17-CO43, 696-PF-16-17-CO44, 696-PF-16-17-CO45, 696-PF-18-19-CO67 and 696-PF-18-19-CO68

Contracts with Halfway Houses: 696-PD-4-5-C0083, 696-PD-4-5-C0084, 696-PD-4-5-C0085, 696-PD-4-5-C0087, 696-PD-4-5-C0088, 696-PD-7-8-C0204, 696-PD-9-9-C0033 and 696-PD-16-17-C132.

Administrative Directive: Subject: Employees of Private Businesses and Government Entities Contracting with the TDCJ; Number: AD-02.46 (rev. 4)

Information dated Wednesday, August 22, 2018; From CTPM, CTCM Assistant Director,  
CSGC Branch TDCJ - Contracts and Procurement

On or after August 20, 2012 or since the last PREA audit, whichever is later:

The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies:

Secure: 11

Halfway Houses: 08

Transitional Treatment Centers: 19

The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0

115.12 (a) (b)

By Administrative Directive, TDCJ requires contractors to comply with their policies, regulations and rules, also with all local, state, and federal laws, rules and regulations.

Comments:

The contracts were reviewed by the auditor. Language for each of the contracts reads:

- A. The Contractor shall comply with the PREA Standards for Adult Prisons and Jails and report any Offender sexual assault or sexual harassment to the TDCJ-PFCMOD and in accordance with Department Policy.
- B. The Department designated Contract Monitor will monitor the Facility to ensure the Contractor is compliant with the PREA Standards for Adult Prisons and Jails.

The facility noted that statewide the number of contracts that have been entered into since the last PREA Audit include:

- 11 Secure Facilities
- 08 Halfway Houses
- 19 Transitional Treatment Centers

The agency contracts for confinement with the following entities: East Texas Treatment Facility, Bradshaw State Jail, Lindsey State Jail, Willacy State Jail, B.M. Moore Correctional Center, Cleveland Correctional Center, Diboll Correctional Center, Estes Correctional Center, Lockhart Correctional Center and Work Program, Bridgeport Correctional Center and the Kyle Correctional Center.

The agency also contracts with the following half-way houses: Southeast Texas Transitional Center, Fort Worth Transitional Center, Beaumont Center, El Paso North Transitional Center MUF, Dallas Transitional Center, El Paso South Transitional Center, Austin Transitional and Edinburg Transitional Center.

Along with the E-mail dated Wednesday, August 22, 2018 there was additional language that stated: "This caveat includes the "federal laws" which PREA falls under. From what I am being told, all the TTC's have been PREA Certified and are following PREA Rules and Regulations. I am not aware of any request to add the PREA language to the existing contracts at this time. If further assistance is needed, please contact me. Thank you." Although the auditor received this e-mail, PREA language was included.

## **Standard 115.13: Supervision and monitoring**

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

#### **115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes
- 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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Policy: Security Surveillance Systems / Subject: Deletion, New Installation or Relocation of Video Surveillance Equipment / Number: 07.02 (rev. 4)

Policy: Security Operations Procedures Manual / Subject: Turn Out Roster / Number: 08.01 (rev 3) Safe Prisons/PREA Plan dated February 2019

Policy: Security Operations Procedures Manual / Subject: Security Operations Annual Review of Turnout Rosters Procedures / Number: 08.06 (rev 1)

Administrative Directive; Subject: Security Staffing / Number: AD-11.52 (rev. 6) Idled Position or Position Deviation Form

Administrative Directive; Subject: General Rules of Conduct and Disciplinary Action Guidelines for Employees / Number: PD-22 (rev. 15)

Post Order; Subject: Sergeant of Correctional Officers / Number: PO-07.005 (rev. 9)

Post Order; Subject: Lieutenant of Correctional Officers / Number: PO-07.004 (rev. 10)

Post Order; Subject: Major of Correctional Officers / Number: PO-07.002 (rev. 10)  
Post Order; Subject: Captain of Correctional Officers / Number: PO-07.003 (rev. 10)  
Annual Staffing Plan and Statement of Participation for 2017, 2018, 2019  
'Building Turn Out Rosters' (Post Assignments)  
Staffing Plan  
Staff Shortage Information  
Supervisor's Report of Unannounced Rounds Interview with Assistant Warden  
Interview with PREA Compliance Manager Interview with PREA Coordinator  
Interview with Intermediate or High-Level Facility Staff  
Site Review

Since August 20, 2012, or last PREA audit, whichever is later:

The average daily number of inmates: 2081

The average daily number of inmates on which the staffing plan was predicated: 2276

115.13 (a) (b) (c) (d)

TDCJ's policy directly quotes (a) (b) (c) (d) of the standards.

There is one allowance for deviation from prohibiting staff members from announcing unannounced rounds; for reasons related to legitimate operational functions.

Policy also addresses the review of video monitoring systems at least one per year by the Unit Warden, allowing for an email request through the Regional Director to the Warden of Security Operation for an evaluation of the request.

Annually a review of the staff rosters is completed to assess, determine and document any needed changes to the turn out roster. This is conducted in coordination with relevant information for the Safe Prison/PREA Compliance Manager.

#### Comments:

The policy regarding Turn Out Roster includes a series of definitions related to rosters and scheduling.

The Department has policies that dictate positions that must be filled daily and those that are secondary. If a priority position is unable to be filled, the duty warden contacts the regional director to allow for staff overtime and other operational needs.

The facility reports that their top three reasons for deviating from the staffing plan was:

1. Hospital Transports
2. Unit Transports
3. Constant Direct Observation

Rosters are reviewed daily by supervisory staff. If it is necessary to collapse a position (temporarily), a request must be forwarded to the Regional Director for approval.

The staffing plan was reviewed and is appropriate. The plan follows Standard 115.13.

Supervisory staff complete unannounced rounds during all shifts and document within the Pickett and on the daily Roster.

## Standard 115.14: Youthful inmates

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

### 115.14 (a)

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

### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Materials Reviewed:**

Post Order; Subject: Youthful Offender Housing Area Officer; Number: PO-07.141 (rev. 1)  
Post Order; Subject: Youthful Offender Program Captain of Correctional Officers; Number: PO-07.142 (rev. 1)  
Unit Classification Procedure: Subject: Youthful Offenders; Number: 4.19 Safe Prisons/PREA Plan dated February 2019  
Memo; Subject: Separation of Youth; Number: CPOM 01.02 (rev. 2); Administrative Segregation Plan  
Unit Classification Procedure: Subject: State Jail Youthful Offenders; Number: 16.15  
English Exercise Pamphlet "Unlock Your Potential with Exercise" Spanish Exercise Pamphlet "Desbloquea tu Potencial con Jercicio"  
Post Order; Challenge, Opportunity, Understanding, Respect, Acceptance, Growth, and Education (COURAGE) Youthful Offender Program Officer; Number: PO-07.140 (rev. 5)  
Statement of Fact

**In the past 12 months:**

The number of housing units to which youthful offenders are assigned that provide sight and sound separation between youthful and adult offenders in day rooms, common areas, showers, and sleeping quarters: n/a

The number of youthful inmates placed in the SAME HOUSING UNIT as adults in this facility: n/a

In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: n/a

A Statement of Fact was provided by the Warden that the unit does not house youthful offenders.

**Comments:**

This facility does not house youthful offenders.

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

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

#### **115.15 (a)**

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

#### **115.15 (b)**



- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility have policies that 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 have procedures 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*)

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Post Orders and Security Memorandums  
 Post Order; Subject: Administrative Segregation Officer; Number: PO-07.006 (rev. 6) Post Order; Subject: Cellblock Officer; Number: PO-07.023 (rev. 13)  
 Post Order; Subject: Dorm Officer; Number: PO-07.027 (rev. 10)  
 Administrative Directive; Subject: Offender Searches; Number: AD-03.22 (rev. 12) Safe Prisons/PREA Plan; Dated February 2019  
 Executive Directive; Policies and Procedure System; Number: ED-01.21  
 Security Memorandum; Subject: Correctional Institutions Division (CID) Security Policies and Procedures System; Number: SM-01.01 (rev. 7)  
 Correctional Training and Staff Development; Program Title: Non-Supervisor In-Service Training; Subject Title: Safe Prisons/PREA Program; Curriculum  
 Correctional Training and Staff Development; Program Title: Pre-Service Training Block 1; Subject Title: Constitutional Protections Module: Contraband and Searches; Curriculum  
 Correctional Training and Staff Development; Program Title: Non-Supervisor In-Service Training; Title: Security Issues; Curriculum  
 Security Memorandum; Subject: On the Job Training Program; Number: SM-02.25 (rev. 5) On-the-Job Training (OJT) Program Procedures Guide dated December 2018  
 Safe Prisons/PREA Operations Manual; Subject: Cross-Gender Searches and Log; Number: 02.05 Statement of Fact  
 Training Curriculum Staff Training Logs  
 Interviews of Staff Interviews of Male Inmates  
 Interviews of Transgender/Intersex Inmates Site Review

#### In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0  
 The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

In the past 12 months:

The number of pat-down searches of female inmates conducted by male staff: n/a

The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances: n/a

Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs: 100%

115.15 (a) (b) (c) (d) (e) (f)

A Statement of Fact signed by the Warden states that Cross-Gender searches are not conducted at this facility.

Curriculums are clear that cross-gender pat downs and strip searches are “not to be conducted at any time”. Those searches that are conducted are to be completed in a professional and respectful manner and in the least intrusive format. Also, that there will be no searches of a transgender or intersex offender for the sole purpose of determining the offender’s genital status. During intake screening it shall be determined during conversation with the offender, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner.

In numerous locations throughout the policies, announcement of opposite gender individuals (not just security staff) in the housing units were notated.

Policy covered the opportunity for offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing the offender's body.

Comments:

The search policies are very detailed. All interviewed inmates felt that searches were appropriate. (Including Transgender and Gay inmates who were interviewed.) Staff were able to tell the auditor the precise way in which pat-downs occurred.

Offenders when asked if they had privacy for showers, toilets, changing clothes – all responded ‘yes’.

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

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

#### **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*)

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Policy: Intake Procedures; Subject: Initial Orientation; Number: 1.10  
 Administrative Directive; Subject: Qualified Interpreter Services – American Sign Language, Number: AD-06.25 (rev. 4)  
 Correctional Managed Health Care Policy Manual; Referral of Offenders to the Developmental Disabilities Program (DDP); Number: A-08.3  
 Correctional Managed Health Care Policy Manual; Offenders with Special Needs; Number: G.51.1  
 Safe Prisons/PREA Operations Manual; Subject: Safe Prisons/PREA Program Postings and Brochures; Number: 02.03; Attachments and Brochures (English and Spanish)  
 Correctional Managed Health Care Policy Manual; Interpreter Services – Monolingual Spanish-Speaking Offenders; Number: E-37.5  
 Safe Prisons/PREA Plan dated February 2019  
 Correctional Managed Health Care Policy Manual; Certified American Sign Language (ASL) Interpreter Services; Number: G-51.5  
 Administrative Directive; Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking; Number: AD-04.25 (rev. 5)  
 Intake Procedures; Subject: Intake Processing of Offenders in Need of an Interpreter; Number: 6.05  
 Security Memorandum; Subject: Qualified Spanish Interpreter Guidelines; Number: SM-05.50 (rev. 4)  
 Safe Prisons/PREA Operations Manual; Subject: Offender Assessment Screening; Number: 03.01  
 Language Assessment Scales and Test for Spanish Interpreters  
 Health Services Liaison Facility Types List  
 List of Employees who Speak Languages Other than English or Spanish

Language Line Solutions (for hearing impaired); TTUHSC Correctional Managed Health Care; Contact Information; Instructions for Use  
Language Line Solutions (Interpreter); UTMB Correctional Managed Care; Contact Information; Instructions for Use  
Inter-Office Communications; List of Certified Spanish Interpreters and Spanish Speaking Inmates  
Language Services Contract  
Interviews with Inmates who have disabilities or are limited English Proficient Interviews with staff  
Site Review Inmate  
Handbook (English and Spanish)

In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0

#### 115.16 (a) (b) (c)

Policy states that Spanish speaking, limited English and deaf offenders (Assistive Disability Services (ADS)) will be provided interpreter services. The handbook is provided in both English and Spanish. Those individuals in Administrative Segregation, hospital beds or if unable to attend orientation, are provided copies of the Orientation video. Other methods of communication include American Sign Language or finger spelling and other inmates. Staff are instructed not to rely upon offender interpreters, readers or assistants except under limited circumstances.

All offenders who enter this system are screened for developmental disabilities within 14 days of arrival.

#### Comments:

All posters and brochures viewed during the site review written in both Spanish and English. They were found to be inclusive.

The Health Services Liaison Facility Types List describes a variety of health care needs and where those individuals can be housed.

The facility has a contract with Language Line Solutions.

TDCJ maintains a list of employees who speak additional languages. This group of individuals must meet a specified criterion to stay on this list. During the audit, the facility did not have offenders who were blind or deaf. An interview with an offender who could not read or write shared that an inmate trustee read the handbook and PREA information to him. Two interviews took place with offenders who were non-English speaking. The Safe Prisons PREA Manager interpreted for the auditor (Spanish). Due to the number of inmates and staff at this facility who are bilingual, non-English speaking inmates are easily able communicate with staff.

Staff confirmed that offenders are not used as interpreters for PREA issues.

Note: When an offender who communicates in sign language only arrives at a transfer facility, there is a request to move the offender to another Unit.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Employment Application Supplement for Agency Applicants  
Executive Directive; Subject: Applicants with Pending Criminal Charges or Prior Criminal Convictions; Number: PD-75 (rev. 8)  
Safe Prisons/PREA Plan dated February 2019  
Executive Directive; Subject: Selection Criteria for Correctional Officer Applicants; Number: PD-73 (rev. 12)  
Employment Application Supplemental  
Texas Department of Public Safety, Fact Clearinghouse, Criminal History Checks Staff Development Lesson Plan; Lesson Title: Fingerprinting  
Executive Directive; Subject: Selection System Procedures; Number: PD-71 (rev.13) Email showing Background Clearance of Applicant  
Executive Directive; Subject: Employment Status Pending Resolution of Criminal Charges or Protective Order; Number: PD-27 (rev. 6)  
TDCJ Written Response to Criminal History Checks TDCJ Applicant Criminal Background Checks Document  
Format for Requesting PREA Information on Staff; Email on Response; Employment Verification Form Reprimand Form; Employee Performance Evaluation  
Executive Directive; Subject: Request for and Release of Employment Information or Documents; Number: PD-56 (rev. 7)  
Standard or Supplemental Safe Prisons/PREA Training Signed Employee Acknowledgment Forms  
Personnel Files of Staff who were hired or promoted in last twelve months for criminal background checks and past conduct  
Personnel Files of background checks of contractors – in Huntsville Personnel Files of Staff  
Interview with Human Resources Staff

In the past 12 months:

The number of persons hired who may have contact with inmates who have had criminal background record checks: 124

In the past 12 months:

The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 3

115.17 (a) (b) (c) (d) (e) (f) (g) (h)

The Employment Application Supplement for employment includes the questions posed in (a):

13a. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

13b. Have you 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?

13c. Have you been civilly or administratively adjudicated to have engaged 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?

13d. Have you been involved in any substantiated incidents of sexual harassment? If yes, please explain:

Also, on the application, it notes that current employees would be ineligible for promotion if they have committed any of the behaviors in #13, as well as a Duty to Disclose.

Policy also notes that potential contract employees, to include construction contractors and program specific vendors, would be held to the same standards as potential TDCJ employees.

TDCJ also requires criminal background checks for new employees and contractors before hire. Also, they must attempt to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation that occurs during a pending investigation of an allegation of sexual abuse.

Criminal background checks will be conducted minimally every five years for current employees and contractors who have contact with offenders, or there will be a system shall be in place to gain the information. Policy also states that employees are required to report arrests, outstanding warrants, or when criminal charges are filed against them within forty eight (48) hours of the event and before reporting for duty.

TDCJ can provide information on substantiated PREA allegations on a former employee after they have received a request from another institutional employer.

#### Comments:

During the Pre-Audit the auditor viewed ten (10) Standard or Supplemental Safe Prisons/PREA Training Employee Acknowledgment Forms, each of which were signed during the previous year. Included within the form was the following:

I hereby acknowledge that on this date I have attended the Standard or Supplemental Safe Prisons/PREA Training provided by the TDCJ, which included viewing the Safe Prisons/PREA in Texas training video. I further acknowledge that I have a continuing affirmative duty to disclose if I:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
2. Have been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse.

Carefully read the following and check the appropriate box.

\_\_\_\_\_ I have NOT engaged in the actions described in items 1 or 2 of this form.

\_\_\_\_\_ I have engaged in the actions described in items 1 or 2 of this form.

My signature on this form certifies that I understand the training and information I have received.

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

1. Does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions? (Do you do this for) any contractor who may have contact with inmates as well? [115.17] TDCJ performs criminal record background checks on all newly hired employees and contractors during the clearance process. This

is done regardless of whether they may have contact with offenders. The employee's information is entered into the Criminal Justice Information System (CJIS) and a response is sent back by the Texas Department of Public Safety (DPS). The DPS also immediately provides an automatic notification to the agency through e-mail if any criminal charges are brought against any employee or contractor during their employment. Additionally, the agency performs warrant searches during the employee's birth month and six months after their birth month. The disciplinary record of all employees considered for promotion is reviewed at the time of consideration.

2. Does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? [115.17] TDCJ, as part of the clearance process for employees and contractors, contacts all previous employers where the applicant may have had contact with inmates. Any reference of prior incidents of sexual harassment or abuse is taken into consideration and may make the applicant ineligible for employment.
3. What system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates? Are these background checks conducted at least once every five years? [115.17] During the initial criminal history check, each employee's or contractor's information is entered into CJIS. The DPS will immediately provide an automatic notification to TDCJ by e-mail of any new criminal activity on the part of that employee. Additionally, TDCJ conducts warrant checks of each employee and contractor every six months.
4. Does the facility ask all applicants and employees who may have contact with inmates about previous misconduct described in section (a)\* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews or current employees? [115.17] As part of the selection process, TDCJ asks all applicants to list all previous employers. For all positions listed, applicants are asked their reason for leaving and whether they have ever been fired or asked to resign. This information can be found on the latest version of the application supplement.
5. Does the facility impose upon employees a continuing affirmation duty to disclose any such previous misconduct? [115.17] Yes, PD-29, Sexual Misconduct with Offenders describes the responsibilities of all employees to report all incidents of sexual misconduct, to include their ongoing duty to disclose such incidents.
6. When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law? Probe for information about laws that would prohibit such information transfer.) [115.17] Yes. Any questions regarding substantiated sexual abuse or sexual harassment claims by employees against offenders are referred to and answered by the TDCJ Office of the Inspector General.

The Lychner Human Resources Department stated that there is little promotion at this facility.

"In January of 2017, the Texas Department of Public Safety's Fingerprint-based Applicant Clearing house of Texas (FACT) began implementing the FBI Rap Back Service as part of the Bureau's Next Generation Identification system. The Rap Back Service can automatically send immediate, nationwide results regarding current employee's arrests and criminal history information to TDCJ." (Criminal Justice Connections, November/December 2017)

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

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

### **115.18 (a)**

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

#### 115.18 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Interview with Assistant Warden

#### Comments:

No additional upgrades have occurred at this facility.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

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

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Administrative Directive; Subject: Evidence Handling; Number: AD-16.03 (rev. 5)

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01

2018 Operational Procedures Manual; Subject: Offender Sexual Assault Investigations; Number: OIG-04.05  
Correctional Managed Health Care Policy Manual; Subject: Sexual Assault/Sexual Abuse; Number: G-57.1  
Correctional Institution Division; Prison Rape Elimination Act/PREA; Statement of Fact, dated; July 7, 2017  
Letters of Solicitation to Rape Crisis Organizations; dated April 3, 2018  
Letters of Solicitation to Rape Crisis Organizations; dated April 3, 2016  
Letters from the PREA Management Office to Facilities; notification of contact with area agencies regarding rape crisis intervention; dated 2018  
E-mails with area Rape Crisis Center's regarding upcoming MOU's dated 2018  
Example: Families in Crisis Memorandum of Understanding/ Modification dated: November 1 of 2016; modifying name of point of Contact; Renewal of Contract September 1, 2017 through August 31, 2019  
TAASA Service Directory  
Correctional Training and Staff Development; Program and Subject Title: Offender Victim Representative (OVR) Training; Target Population: Psychologists, Sociologists, Chaplains, Social Workers and Case Workers (curriculum)  
Safe Prisons/PREA Plan dated February 2019  
Safe Prisons/PREA Operations Manual; Subject: Offender Victim Representative; Number: 02.02  
Medical and Mental Health Documentation for Alleged Victim and Perpetrator  
Inter-Office Communications; list of Offender Victim Representatives Attachment G  
Interviews with Staff  
Interview with PREA Compliance Manager  
Reviewed Investigation Files

In the past 12 months:

The number of forensic medical exams conducted: 1 The number of exams performed by SANES/SAFEs: 1  
The number of exams performed by a qualified medical practitioner: 0

115.21 (a) (b) (c) (d) (e) (f) (h)

Policy is detailed regarding procedures that ensure protection of crime scenes. As an example: this would include stabilizing the situation, isolating individuals involved, obtaining and providing medical assistance as needed, initial notifications, protection of evidence, videoing, logging, notification of OIG/EAC and documentation.

Medical staff are notified to initiate a medical assessment. The OIG investigator decides if a forensic examination is required, the offender is offered a victim advocate or an OVR to accompany during the exam and to provide emotion support. The offender victim is provided a list of contact information of National, State & Local Rape Advocacy Centers, upon request.

This policy complies with the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," second edition.

The Department's Offender Victim Representative (OVR) is available for crisis intervention for a sexual assault victim during a forensic medical examination and investigatory interview. They are also available to provide counseling, support services, and information regarding the rights of crime victims.

Policy ensures that all victims of sexual abuse are offered access to forensic medical examinations, either on-site or at an outside medical facility. These exams are without cost to the victim. If a SANE or SAFE trained examiner is not available, a qualified medical practitioner will be utilized.

Comments:

2018 Operational Procedures Manual; Subject: Offender Sexual Assault Investigations; Number: OIG-04.05 includes an extensive list of definitions relating to the Texas Penal Code.

The auditor reviewed letters of solicitation to the following Rape Crisis Organizations: Women's Center of Brazoria Co., Inc. (Alvin), Deaf Smith County Crisis Center, Fort Bend County Women's Center, Bay Area Turning Point, Inc. (Webster), Matagorda County Women's Crisis Center (Bay City), Women's Center of Brazoria Co., Inc. (Angleton), Women's Center of Brazoria Co., Inc. (West Columbia), Southwest Family Life Centers, Inc. (Pearsall), Wise County Domestic Violence Task Force ( Wise Hope Shelter & Crisis Center), Woman's Center of East Texas, First Step of Wichita Falls, Inc, Family Support Services, Regional Victim Crisis Center, Houston Area Women's Center, Family Ties, Family Resource Services Time Crisis and Counseling Center (Dayton), Focusing Families, Family Crisis Center, Inc. (Raymondville), Women Together/Mujeres Unidas, Mujeres Unidas/Women Together Justice Center, Asian Family Support Services of Austin, The SAFE Alliance, Hays-Caldwell Women's Center, Tralee Crisis Center for Women, Inc., Shelter Agencies For Families in East Texas (SAFE-T)- Sulphur Springs, East Texas Crisis Center (Winnsboro), Bastrop County Women's Shelter, Dallas Area Rape Crisis Center, The Family Place, Parkland Hospital: Victim Intervention Program/Rape Crisis Center, Resource & Crisis Center of Galveston Co. (Texas City), The Bridge Over Troubles Waters, Inc, The Bridge Over Troubles Waters, Inc. (Baytown), and The Montrose Center. All letters were dated April 3, 2018. Difficulty remains with acquiring MOU's with Rape Crisis organizations within the state of Texas.

Correctional Institution Division; Prison Rape Elimination Act/PREA; Statement of Fact, dated; July 7, 2017 regarding standard 115.21 states: "The agency has made multiple attempts to obtain an agreement for a community victim advocate from a rape crisis center. However, at this time an agreement has not been established. The agency continues to solicit community rape crisis organizations across the state which may be willing to establish a partnership with the agency. The effort to obtain an agreement is documented in the letters its agency sends to rape crisis centers. Discussion with the facility showed that MOU's had not come to fruition, however, the agency continues to try to complete the process." As noted, this continues to be a problem.

The facility provides an Inter-Office Communications; list of Offender Victim Representatives. For this facility there are two: The Chaplain and Chief of Security. Supervisors shared that if an offender wanted an advocate from a rape crisis center, they would attempt to provide that person.

The auditor reviewed forms provided by medical and mental health providers for an alleged victim and a perpetrator. Notes showed that both were referred by PREA. The victim was provided a rape kit at a local hospital. Both had continued medical and mental health interaction.

During the staff interviews, it was apparent that all staff knew the protocol for protecting useable evidence.

Forensic exams are not completed on site. All interviews with staff indicated that a rape examination would occur when medically determined.

The TAASA Service Directory is a thirty (35) page directory of crisis service delivery centers throughout the state.



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

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

### 115.22 (a)

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

### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Materials Reviewed:**

Administrative Directive; Subject: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; Number: AD 02.15 rev. 12  
Safe Prisons/PREA Operations Manual; Subject: Completing the Offender Protection Investigation; Number: 05.05  
Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01  
Administrative Directive; Subject: Reporting Incidents/Crimes to the Office of the Inspector General; Number: AD-16.20 (rev. 3)  
2018 Operational Procedures Manual; Title: Offender Sexual Assault Investigations; Number: OIG-04.05  
Texas Department of Criminal Justice; Board Policy; Subject: Inspector General Policy Statement; Number: BP-01.07 (rev. 6)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD 29 (rev. 5) Sexual Abuse Investigation Packet  
Interview with Investigative Staff  
Review of Investigation Files  
Website

**In the past 12 months:**

The number of allegations of sexual abuse and sexual harassment that were received: 2  
The number of allegations resulting in an administrative investigation: 2  
The number of allegations referred for criminal investigation: 2

**115.22 (a) (b) (c)**

The Office of Inspector General is designated at the principal law enforcement agency for TDCJ. The investigators are trained and certified as peace officers. Therefore, this group investigates criminal offenses for the Department, including allegations of sexual misconduct. Trained TDCJ staff (supervisors and managers) are responsible for conducting administrative investigations.

Policy states that an on-duty OIG investigator must receive a report of an alleged sexual abuse as soon as possible of no later than one hour after an incident.

The policy complies with the Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents," second edition.

**Comments:**

The facility provided a copy of an offender-on-offender investigation. The information showed that the facility following their policies which included; the initial referral to the Emergency Action Center.

Interview with Investigative Staff (Captain) showed that all investigations start with a referral to OIG (Office of Inspector General). Although OIG handles criminal investigations, the facility starts their own investigation as well. If the investigation is determined as criminal, OIG moves the completed investigation to the prosecutor.

(OIG investigators are considered law-enforcement and are trained accordingly. Law enforcement interaction is not a part of this process.) Because of this short time frame, as mentioned above the facility cannot wait for OIG to determine if the behavior deserves an administrative investigation. If an administrative investigation is determined, OIG contacts the investigator at the facility for him to complete the investigation. The administrative investigation continues from the start of the allegation through the findings, whether there was a criminal investigation. The Ombudsman's office gets monthly case status reports. TDCJ has access to these reports as well.

The assigned OIG investigator for the Lychner Unit was unavailable for an interview.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

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

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Material Reviewed:

Correctional Training and Staff Development; FY 2019 Curriculum; Pre-Service Training; Subject: Safe Prisons Module: Sexual Abuse/Assault  
Correctional Training and Staff Development; FY 2019 Curriculum; Program Title: Pre-Service Training Block 1; Subject Title: Safe Prisons Module: Offender Protection Investigations  
Correctional Training and Staff Development; FY 2019 Curriculum; Program Title: Supervisor In- Service Training; Subject Title: Safe Prisons/PREA Program  
Video Script; Safe Prisons/PREA in Texas; Dated August 5, 2013  
Correctional Training and Staff Development; FY 2019 Curriculum; Program Title: Non-Supervisor In-Service Training; Subject Title: Safe Prisons/PREA Program  
Security Memorandum; Subject: On-The-Job Training Program; Number: SM-02.25 (rev. 5)  
On-the-Job Training (OJT) Program Procedures Guide dated December -2018  
Safe Prisons/PREA Plan dated February 2019  
On-the-Job Training (OJT) Program Procedures Manual dated September 2017  
Correctional Training and Staff Development FY 2019; Program Title: Pre-Service Training Block 3; Subject: OJT Program / Peer Acceptance  
Administrative Directive; Subject: Implementation and Operation of TDCJ In-Service and Staff Survivor Training; Number: AD-12.20 rev. 7  
Executive Directive; Subject: Training Records and Database; Number: ED-12.10 (rev. 2)  
Executive Directive; Subject: Training and Staff Development; Number: PD-97 (rev. 7)  
Attachment E; Employee Acknowledgment Form; Number: PD-97 (rev. 7)  
Attachment F; Contract Employee or Intern Acknowledgment Form; Number: PD-97 (rev. 7)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 Rev. 5  
Safe Prisons/PREA Operations Manual; Subject: Unit Safe Prisons/PREA Program Awareness Training; Number: 06.01  
Interviews with Staff  
Review of Training Records  
Interview with Contractors who have Contact with Inmates  
Review of Volunteer / Contractors Training Records

In the past 12 months:

The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements: 369

115.31 (a) (b) (c) (d)

Several curriculums were reviewed by the auditor. 115.31 standards were included throughout the policies and curriculums.

The following topics are covered in one curriculum: Deliberate Indifference, What is Sexual Abuse?, "Offender-on- Offender Alleged Sexual Abuse", "Staff-on-Offender Alleged Sexual Abuse", Violation of the Civil Rights, Characteristics Of Offender-On-Offender Sexual Abuse, Common Characteristics of a Victim, Common Characteristics of a Perpetrator, 'Red Flag' Behaviors, Preventing Offender-On-Offender Sexual Abuse, Response to Reports of Sexual Abuse, Witnessing the Attack, Evidence Protocol (AD-16.03, Evidence Handling and Crime Scene Protection), Emotional Support Services for Offenders, Offenders with Disabilities/Limited English Proficiency and LGBTI Offenders.

A second curriculum covers: Reporting, Deliberate Indifference, The Safe Prisons/PREA Plan, TDCJ Zero Tolerance Policy, Reporting Allegations, Methods for Requesting Offender Protection (Offender Request), Staff Responsibilities When Offenders Request Protection and Investigation and Process.

The next curriculum contains the following topics: Zero Tolerance, PREA, Offender-On-Offender Sexual Abuse, Staff- On-Offender Sexual Abuse, "Sexual Misconduct with Offenders", Monitoring At-Risk Indicators, Cross-Gender Viewing, "Exigent Circumstances", "Knock and Announce" policy, Cross-Gender Searches (Visual and Pat Searches) (log), Strip Searches, Prevention of Sexual Abuse, Supervisor Duties, Reporting Allegations of Sexual Abuse and/or Sexual Harassment, Reporting Sexual Harassment to EAC, Utilizing Outside Emotional Support Services for Offenders, Youthful Offenders, Other Considerations, Offenders with Disabilities/Limited English Proficiency, LGBTI Offenders, Search Procedures, Showers for Transgender and Intersex Offenders, Transgender Staff, Staff Responsibilities When Abuse is Reported, Monitoring for Retaliation Following Allegations of Sexual Abuse/ Harassment, Investigations, PREA Audit Preparedness

An education DVD is used for staff, volunteers and contractors. This DVD contains the following: Introduction, Prison Rape Elimination Act, Offender-on-Offender Sexual Harassment and Sexual Abuse, Alleged Sexual Harassment (offender-on-offender), Alleged Sexual Abuse (offender-on-offender), Common Characteristics of a Victim, Common Characteristics of a Perpetrator, Red Flag Behaviors, Staff-on-Offender Sexual Harassment and Sexual Abuse, Alleged Sexual Harassment (staff-on- offender), Alleged Sexual Abuse (staff-on-offender), Red Flags of Staff-on-Offender Sexual Misconduct, Avoiding Inappropriate Relationships with Offenders, PD-29 – Sexual Misconduct with Offenders, Texas Penal Code 39.04, Preventing Sexual Abuse, Mandatory Reporting – Sexual Harassment and Sexual Abuse, Responding to Allegations of Sexual Harassment and Sexual Abuse, LGBTI and Staff Responsibilities When Offenders Request Protection.

Another curriculum contains the following: Zero Tolerance, PREA, Offender-On-Offender Sexual Abuse, Staff-On- Offender Sexual Abuse, felony crime, "Sexual Misconduct with Offenders", Cross-Gender Viewing, Cross-Gender Searches, Strip Searches, Prevention of Sexual Abuse, Importance of Security Checks in Preventing Acts of Sexual Abuse, Reporting Allegations of Sexual Abuse and/or Sexual Harassment, Reporting Sexual Harassment And Abuse, Methods for Requesting Offender Protection, Methods for Reporting Allegations of Sexual Abuse, Reporting Sexual Harassment to EAC, Utilizing Outside Emotional Support Services for Offenders, Youthful Offenders, Offenders with Disabilities/Limited English Proficiency, LGBTI Offenders, Search Procedures, Showers for Transgender and Intersex Offenders, Transgender Staff, Staff Responsibilities When Abuse is Reported, Staff Responsibilities When Offenders Request Protection/Responding To Allegations Of Sexual Harassment And Abuse, Common Errors in Line Staff Reporting Offender Requests for Protection, Monitoring for Retaliation Following Allegations of Sexual Abuse/Harassment, PREA Audit Preparedness and Professionalism is Key!

#### Comments:

The following is on the employee, contract employee or intern Acknowledgment Form. It states: \_\_\_\_\_ hereby acknowledge that on this date I have attended the Standard or Supplemental Safe Prisons/PREA Training provided by the TDCJ, which included viewing the Safe Prisons/PREA in Texas training video. I further acknowledge that I have a continuing affirmative duty to disclose if I:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
2. Have been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse.

Carefully read the following and check the appropriate box.

- ☐ I have NOT engaged in the actions described in items 1 or 2 of this form.
- ☐ I have engaged in the actions described in items 1 or 2 of this form.

My signature on this form certifies that I understand the training and information I have received.

During the Pre-Audit the auditor viewed ten (10) Standard or Supplemental Safe Prisons/PREA Training Employee Acknowledgment Forms, each of which were signed during the previous year.

Interviews with staff and contractors indicated that they were comfortable and remember the elements provided in training, and the standards listed in 115.31.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Administrative Directive; Subject: Employees of Private Businesses and Governmental Entities Contracting with the TDCJ; Number: AD-02.46 (rev. 4)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD 29 Rev. 5  
Handbook for Volunteers dated January 2018; This handbook is provided to all volunteers and

is available to the public on the TDCJ website.

Letter of Orientation for Special Volunteers

Executive Directive; Subject: Training and Staff Development; Number: PD-97 (rev, 7)

Attachment F; Contract Employee or Intern Acknowledgment Form (PREA)

Safe Prisons/PREA Plan dated February 2019

Volunteer Training Facilitators Guide; Course Title: Volunteer Service Training Program; Lesson Title: Volunteer Training

Appendix E; Volunteer Training Sign-In Roster

Appendix A; Volunteer Application Form (in English and Spanish)

Acknowledgment of Volunteer Training/Orientation (Sign-off Form)

Volunteer Services Plan dated 2013

Administrative Directory; Subject: Administration of Volunteer Services; Number: AD-07.35 Rev. 7

Appendix F dated January 2015; Acknowledgment of Volunteer Training/Orientation

Correctional Managed Health Care Policy Manual; Subject: Continuing Education/Staff Development; Number: C-19.1

Correctional Managed Health Care Policy Manual; Subject: Orientation Training for Health Services Staff; Number: C-25.1

Office of the Inspector General; UNTB New Employee Orientation

Safe Prisons/PREA in Texas Video Script dated August 5, 2013

FY2018/2019 New Employee Orientation Schedule

Correctional Managed Care; Lesson Title: Safe Prison/Sexual Assault for New UTMB-CMC Employees; Rev. 01/15

2019 Volunteer Training / Orientation Schedule

Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Form (signed by Medical)

Windham School District Training Roster with Signatures 12-14-19 and 6-6-19

Training Records

Interviews with Contractors

The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response:

Volunteers: 414

Contractors:

Medical: 36

MTC: 16

Windham Contract Staff: 18

#### 115.32 (a) (b) (c)

Policy indicates that contract employees will attend an orientation session which includes training on sexual misconduct with offenders. Vendors are provided a copy of the directive by the division director or it's designee. The vendor is instructed to notify each of their employees of the directive. Volunteers and interns are notified of the directive by the TDCJ employee serving as their supervisor and during their training.

The Handbook for Volunteers is inclusive of the Department's zero tolerance for sexual misconduct. It also covers personal relationships, removal from position, inappropriate communication, potential for criminal prosecution and ways to report.

A Volunteer Services Plan dated 2013 states that Volunteers are not considered approved until a training and orientation session is completed.



An Educational DVD is utilized for staff, volunteers, and contractors. This video was created and shown to all TDCJ staff who have contact with offenders. It is also shown at staff in-service and the pre-service academy. "All aspects of the standard are addressed".

This DVD contains the following: Introduction, Prison Rape Elimination Act, Offender-on-Offender Sexual Harassment and Sexual Abuse, Alleged Sexual Harassment (offender-on-offender), Alleged Sexual Abuse (offender-on-offender), Common Characteristics of a Victim, Common Characteristics of a Perpetrator, Red Flag Behaviors, Staff-on-Offender Sexual Harassment and Sexual Abuse, Alleged Sexual Harassment (staff-on-offender), Alleged Sexual Abuse (staff-on-offender), Red Flags of Staff-on-Offender Sexual Misconduct, Avoiding Inappropriate Relationships with Offenders, PD-29 – Sexual Misconduct with Offenders, Texas Penal Code 39.04, Preventing Sexual Abuse, Mandatory Reporting – Sexual Harassment and Sexual Abuse, Responding to Allegations of Sexual Harassment and Sexual Abuse, LGBTI and Staff Responsibilities When Offenders Request Protection.

#### Comments:

The acknowledgment form to be signed by Contract, Volunteer and Interns state: "I hereby acknowledge that on this date I have attended the Standard or Supplemental Safe Prisons/PREA Training provided by the TDCJ, which included viewing the Safe Prisons/PREA in Texas training video. I further acknowledge that I have a continuing affirmative duty to disclose if I:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or
2. Have been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion or implied threats of force, or coercion, or if the victim did not consent or was unable to refuse.

Carefully read the following and check the appropriate box.

- ☐ I have NOT engaged in the actions described in items 1 or 2 of this form.
- ☐ I have engaged in the actions described in items 1 or 2 of this form.

My signature on this form certifies that I understand the training and information I have received."

Handbook for Volunteers dated January 2018 was reviewed. This handbook, which provides PREA requirements is provided to all volunteers and is available to the public on the TDCJ website.

2019 Volunteer Training / Orientation Schedule lists all training dates and locations throughout the state.

Thirty – six (36) Standard or Supplemental Safe Prisons/PREA Training Contract Employee or Intern Acknowledgment Forms were reviewed. All were signed within the last year.

Interviews with contractors showed that all were aware of policy and could state their responsibility with PREA.

## **Standard 115.33: Inmate education**

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

### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Materials Reviewed:

Unit Classification Procedure; Subject: Unit Orientation Process; Number: 5.00  
 Safe Prisons/PREA Operations Manual; Subject: Offender Sexual Abuse Awareness Training; Number: 06.02  
 Sign-In Roster Form for Offender Sexual Abuse Awareness Education / Cold and Heat Weather Training  
 Offender Suicide Prevention Training  
 Offender Orientation Handbook rev. February 2017 (in English and Spanish)  
 Memorandum to Unit Wardens dated May 15, 2014; Subject: Offender Safe Prisons/PREA Educational  
 Video from Deputy Director, Management Operations  
 Intake Procedures; Subject: Initial Orientation; Number: 1.10  
 Administrative Directive; Subject: Language Assistance Services to Offenders Identified as Monolingual Spanish-Speaking  
 Administrative Directive; Subject: Qualified Interpreter Services – American Sign Language; Number: AD-06.25 (rev. 4)  
 Correctional Managed Health Care Policy Manual E-37.5; Regarding: Interpreter Services –Monolingual Spanish-Speaking Offenders; Instructions for Contact  
 Correctional Managed Health Care Policy Manual; Regarding: Offenders with Special Needs; Number: G.51.1  
 Correctional Managed Health Care Policy Manual; Regarding: Certified American Sign Language (ASL) Interpreter Services; Number: G-51.5  
 Security Memorandum; Subject: Qualified Spanish Interpreter Guidelines; Number: SM-05.50 (rev. 3)  
 List of Staff Who Speak a Foreign Language  
 September 5, 2015 Video Script; Offender Orientation; Subject: Safe Prisons (PREA)  
 Safe Prisons/PREA Operations Manual; Subject: Safe Prisons/PREA Program Postings and Brochures;

Number: 02.03

List of Offenders Scheduled for PREA Video Viewing; 6/4/19

Interviews with Staff

Interviews with Inmates

Interviews with Intake Staff

Files of Inmates

Review of Posters

Site Review

Offender Education Materials

Inmate Handbook

Of inmates admitted during the past 12 months:

The number who were given this information at intake: 4281

Of inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more:

The number who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 4139

115.33 (a) (b) (c) (d) (e) (f)

Policy reports that offenders will receive their orientation within one week of arrival at their assigned facility. Orientation will include an Offender Sexual Abuse/PREA Awareness video (English, Spanish, and in whatever format assists in educating the offender) within thirty (30) days of arrival. All offenders will sign an attendance roster.

There is also a Sexual Assault Awareness Peer Education course which is three (3) hours in length provided by a trained peer educator.

Offenders are also provided a Handbook and brochure which addresses the components of PREA and how to report.

Policy addresses those locations within the facility where posters are to be addressed.

#### Comments:

The interviews with inmates confirmed that in the vicinity of 99% (the remainder stated with 72 hours) stated that they received PREA information within the first day of arrival, this included the screening, receiving brochure and handbook and viewing the video. Interviews with intake staff and the Safe Prisons PREA Manager confirmed this process. The Safe Prisons PREA Manager also provided documentation for those same inmates showing that they had completed her education class on the same day of arrival (signature sheets).

Materials that inmates receive upon intake was reviewed by the auditor. Posters, brochures and other PREA in English and Spanish, are posted within each housing area.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials reviewed:

Board Policy; Subject: Inspector General Policy Statement; Number: BP-01.07 (rev. 6)  
CID-Management Operations; Correctional Training and Staff Development; FY 2015; Program Title: Safe Prisons/PREA Investigation Training; Subject: Conducting a Thorough Investigation; (Curriculum)  
2013 Operational Procedures Manual; Subject: Training Procedures; Number: OIG-02.15  
OIG Training Section Lesson Plan; Subject: Sexual Assault Investigative Topics; Course Title: 3201  
Executive Directive; Subject: Training and Staff Development; Number: PD-97 rev. 7  
Administrative Directive; Subject: Evidence Handling; Number: AD-16.03 (rev. 5)  
Correctional Managed Health Care Policy Manual; Subject: Orientation Training for Health Care Services Staff  
OIG Training Section Lesson Plan; Subject: Interview and Interrogation; Course Title: 2029  
Executive Directive; Subject: Training Records and Database; Number: ED-12.10 (rev.2)  
OIG NIC PREA Training Test Results; Updated: March 20, 2019  
Verification of Training of Investigators  
Interview with Investigative Staff  
Training Curriculum

The number of investigators the agency currently employs:

OIG: 134 Statewide

This Unit: 44

#### 115.34 (a) (b) (c)

According to Texas Code, the OIG is the primary investigative and law enforcement entity of TDCJ. The investigators employed by the OIG are certified peace officers who complete criminal investigations. Designated unit staff conduct the administrative investigations and are not law enforcement officers.

Unit staff who complete PREA administrative investigations complete a Safe Prisons/PREA training that includes such items as basic steps in investigations, systemic approach, sexual abuse investigations in confinement settings, effects of report writing, medical and mental health protocols, timelines and methods to obtain evidence, background information of victims, implications of delayed reporting, interviewing techniques, managing person biases and appropriate interviewing techniques for special populations.

The Office of Inspector General has established a comprehensive specialized training program for their investigators. Their lesson plan includes: History, sexual assault inclusions, occurrences of sexual assault, Facts about Sexual Assault, Elements of Sexual Offenses, Sexual Assault PC-22.011, Aggravated Sexual Assault PC-22.021, Violations of the Civil Rights of Person in Custody; Improper Sexual Activity with Person in Custody - Defined PC-39.04, Male Rape, reasons for the low reporting, Sexual Assault of Gays and Lesbians, Sexual Assault of Older or Disabled Adults, Gang Rape, Why do Rapist Rape, The Poor Reporting Ratio, Techniques for Interviewing Victims of Sexual Assault, Evidence Documentation and Collection, types

of evidence, Photo Documentation and Crime Scene Diagram, Specific Equipment for Sexual Assault Investigations, DNA Evidence, Forensic Sexual Assault Exam, General Appropriations Act, Prison Rape Elimination Act and the Purpose of the Prison Rape Elimination Act.

Also included is: Characteristics of a Successful Interviewer; Profile of a Successful Interrogator, Definition of Interrogation Using the Reid Technique, Room Setting, Behavior Symptom Analysis, External Factors Influencing the Accuracy of Behavior Symptoms, Manner of Observing and Evaluating Behavior Symptoms, Behavior Attitudes Indicative of Truth of Deception, Typical Truthful Behavioral Attitudes, Typical Deceptive Behavioral Attitudes, Assessment of Posture, Body Posture, Evaluating Specific Gestures and Movements, Facial Expressions, Eye Contact, Principles of Verbal Behavior Symptoms, Guidelines for Distinguishing between Truthful and Deceptive Verbal Responses, Paralinguistic Behavior Symptoms Indicative of Truthfulness of Deception, Baiting Technique, Appropriate Time to use the Baiting Technique, Basis for the Bait Question, Formulating the Bait Question, Subjects Response to the Bait Question, Guidelines, Caution, Illustrations of the Baiting Technique, Use of the Baiting Technique to Break an Alibi, Additional Baiting Suggestions, Preparations for the Interview, Factual Analysis, Gathering and Analyzing the Facts, Decisions Prior to Conducting the Interview, Reid Behavior Analysis Interview, Purpose, Structure of the Interview, General Guideline for Behavior Provoking Questions, Stakeholders, Evaluation Process, Asking the Subject to Take a Polygraph Examination, (not PREA Cases), Reid Interview Tabulation Sheet, Optional Questions, Evaluation Subjects Denial and Witnessing the Oral Confession.

Comments:

The “Conducting a Thorough Investigation” (Curriculum) and the “Sexual Assault Investigative Topics” (Curriculum) are very detailed, following the course objectives and PREA standards. Well written.

The interview with a facility investigator showed that he is familiar with interviewing techniques, Miranda and Garrity, evidence collection and that the decisions of the investigation is based on fact. (Miranda is handled by OIG). He additionally stated that he had been through specialized training a year previously, ten (10) days at the regional office.

There is one OIG assigned to this unit as well as other units. He is new to this unit and was not present to interview.

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

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

#### **115.35 (a)**

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

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative



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

**Materials Reviewed:**

Texas Tech University Health Sciences Center; Prison Rape Elimination Act (PREA) Training Policy Administrative Directive; Subject: Evidence Handling; Number: AD-16.03 (rev. 5)  
Correctional Managed Health Care Policy Manual; Subject: Continuing Education/Staff Development; Number: C-19.1  
Correctional Managed Health Care Policy Manual; Subject: Orientation Training for Health Services Staff; Number: C-25.1  
TTUHSC Managed Care PREA Annual Training Packet/ Annual PREA Training Acknowledgement and Signature Page  
Executive Directive; Subject: Training and Staff Development; Number: PD-97 rev. 7  
TTUHSC Third Quarter March – May; PREA Local Unit Annual Training  
Correctional Institution Division; Prison Rape Elimination Act/PREA, Statement of Fact; dated: July 3, 2017  
TTUHSC Second Quarter December – February PREA Policy Packet  
Office of the Inspector General; UTMB New Employee Orientation  
TTUHSC Fourth Quarter March – May; PREA Compliance Instrument & SAFE Prisons PREA Plan FY2018/2019 NEO SCHEDULE  
UTMB Correctional Managed Care; Lesson Title: Safe Prison Sexual Assault  
Interviews with Medical and Mental Health Staff  
Training logs of Medical and Mental Health Staff

The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 36

The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

**115.35 (a) (b) (c) (d)**

Medical staff at this facility are contract employees. Their employer's policy shares that all staff shall receive training that emphasizes the zero tolerance policy. The employer has developed a training schedule that covers the same requires as staff education (115.31). They also provided specialized training for those employees who report to incidents of sexual assault, that includes evidence handling, crime scene protection and providing mental health / medical services.

The policy also includes the PREA /Medical Checklist (training checklist, not a checklist for Incident) (for audit), PREA/Clinic Preparation Checklist and PREA Test.

Statements include that the victim of a sexual assault will be taken to the nearest hospital emergency department for completion of a forensic exam.

**Comments:**

The Practice Manager supervises Medical, Mental Health, Dental, and Nursing. This individual has no medical background but started in this office five years previously as a technician. He has thirty-seven direct reports.

He reported that they have had three (3) inmates that have made sexual assault allegations. Two refused a forensic exam, one agreed to the exam but refused at the hospital.

The Practice Manager reported that training has been provided as noted above. He was able to discuss warning signs, the process for reporting and documentation, the use of a SANE or SAFE (either at North East Memorial or Ben Taub County Hospital), continuing medical and mental health care and the cost free care of the offender.

The Physician in this department stated that within their data base there is no location to document PREA cases, only in the case notes.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☐ Yes ☒ No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Materials Reviewed

Safe Prisons/PREA Plan dated February 2019

Safe Prisons/PREA Operations Manual; Subject: Offender Assessment Screening; Number: 03.01  
Attachment E and E-1, Offender Assessment Screening form

Correctional Managed Health Care Policy Manual; Subject: Mental Health Appraisal for Incoming  
Offenders; Number: E-35.1

Correctional Managed Health Care Policy Manual; Subject: Privacy of Care; Number: A-09.1

TDCJ Offender Intake Processing Psychological Screening Interview Form

Correctional Institutions Division; Policy: Security Referrals During Intake Processing; Number: 5.06

List of Inmates that Disclosed Sexual Abuse

PREA Screening Instrument – Initial and Reassessment

Interviews with Inmates

Interview with Staff Responsible for Risk Screening

Interview with PREA Coordinator

Interview with Compliance Manager

Offender File Review

Site Review

In the past 12 months:

The number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 4139

In the past 12 months:

The number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received through intake: 4139

115.41 (a) (b) (c) (d) (e) (f) (g) (h) (i)

Policy states that all offenders will be assessed during to determine if there is risk of being sexually abused or be sexually abusive toward other offenders. The screening will take place with twenty four (24) hours of arriving at the Unit. Staff are instructed that offenders cannot be disciplined for refusing to answer or for not disclosing complete information.

The PREA assessment contains all elements listed in 115.41 (d, e). Note: the facility does not hold offenders for civil immigration purposes only. In no longer than thirty (30) days, the offender shall be reassessed for any information received since the initial assessment. That reassessment will additionally be completed when a referral, request, incident of sexual abuse, or receipt of additional information that may affect the offender's risk of sexual victimization or abusiveness.

Staff are addressed in policy to ensure that information regarding sexual misconduct is not exploited.

#### Comments:

The Safe Prisons/PREA Program – Offender Assessment Screening form contains all the elements required in the standard.

Interviews with inmates confirmed that in the vicinity of 99% (the remainder stated with 72 hours) that they received PREA information within the first day of arrival, this included the screening, receiving brochure and handbook and viewing the video. Interviews with intake staff and the Safe Prisons PREA Manager confirmed this process. She also provided documentation for those same inmates that they had completed her education class on the same day of arrival (signature sheets).

The Safe Prisons PREA Manager stated that she completes the reassessment process within the 15 – 30 day window. The process entails meeting with the offender to review the assessment, noting if there are any changes, then noting any changes on the Offender Assessment Screening Form (SPPOM 03.01 - Attachment E)

Then each Monday, there is a 'ComStat' meeting. Those in attendance are the Warden, Deputy Warden, and Department Heads. Each Department Head discusses their issues. The Safe Prisons PREA Manager discusses those offenders who are potential predators / victims. Each Department head then notates their discussion on an IOC (Inner Office Communication Form). These forms are then given to the Warden. This group is separate from an Incident Review Team.

File reviews showed the time frames noted above were accurate.

Additionally, only a small number of staff have access to the results of the assessments, via the facilities database.

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

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

#### **115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Attachment E: "Offender Assessment Screening" form  
TDCJ Classification Plan dated April 2018  
Safe Prisons/PREA Plan dated February 2019  
Administrative Directive; Subject: Offender Jobs: Assignments, Job Description, Selection Criteria, Work Programs and Supervision; Number: AD-04.18 (rev. 6)  
Administrative Directive; Subject: Offender Housing Assignment Criteria and Procedures; Number AD-04.17 (rev. 4)  
Safe Prisons/PREA Operations Manual; Subject: Offender Assessment Screening; Number: 03.01  
Safe Prisons/PREA Operations Manual; Subject: Special Population Review; Number: 03.02  
Correctional Managed Health Care Policy Manual; Subject: Treatment of Offenders with Intersex Conditions, or Gender Dysphoria, Formerly Known as Gender Identity Disorder; Number: G-51.11  
Unit Classification Procedure; Subject: Offender Housing Assignments; Number: 4.00  
Correctional Managed Health Care Policy Manual; Subject: Mental Health Appraisal for Incoming Offenders; Number: E-35.1  
Interview with PREA Compliance Manager  
Interview with Staff Responsible for Risk Screening  
Documentation of Risk-Based Housing Decisions  
Interviews with Transgender/Gay Inmates  
Site Review



#### 115.42 (a) (b) (c) (d) (e) (f) (g)

All offenders complete a classification process that allows the facility to utilize personal interviews, medical and mental health evaluations, educational and risk assessments, life history reviews, and examinations of information. Through this process identification of medical, mental health, security, safety, and other needs require special consideration are identified and provided appropriate programs and services, work, education, vocational training, and treatment. All classifications are individualized and focused on the needs and safety of the offender and the security of the facility.

When a transgender or intersex offender is assigned to a unit, decisions are completed on a case-by-case basis, considering the health and safety of the offender plus any potential management or security problems. Housing decisions are not made based on LGBTI status. Each offender can express their individual views on their feelings of safety, which are given consideration. These placements and program assignments are reviewed twice yearly. Note: transgender and intersex offenders can shower and toilet in privacy.

#### Comments:

Policy: Correctional Managed Health Care Policy Manual; Subject: Treatment of Offenders with Intersex Conditions, or Gender Dysphoria, Formerly Known as Gender Identity Disorder; Number: G-51.11 is more detailed than what is written above.

The facility houses most of its offenders in dorm settings. There is one housing area that allows for single housing and smaller housing groups. Offenders who identify as being gay, bisexual, transgender or intersex are housed in general population unless there is a need for protection. At the beginning of the audit, the facility housed one transgender inmate but added another during the time the audit was taking place.

The interview of the transgender inmate and gay inmates showed that all felt safe in the dorm settings. All shared that the Safe Prisons PREA Manager and the Assistant Warden are continuously asking "if I'm alright". All felt that they could talk to either of these individuals or staff if they were having problems. (Continuous assessments of status). Additionally, all stated that they could shower whenever they wished. The facility has single showers. (They felt safe with this arrangement.)

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Protective Safekeeping Plan dated July 2015  
 Protective Safekeeping Initial Placement & Notification Form  
 Protective Safekeeping Initial Hearing Record Form  
 Protective Safekeeping 7/30-Day Review Record (Protective Safekeeping Offenders ONLY) Form  
 State Classification Committee (SCC) Protective Safekeeping Review Hearing Record Form  
 Administrative Segregation Initial Placement & Notification Form; Administrative Segregation Level Review Form  
 Offender Protection Investigation Form  
 Placement on Restriction  
 Safe Prison/PREA Plan dated February 2019  
 Administrative Segregation Plan  
 Guidelines for Administrative Segregation Committee Members  
 Administrative Directive; Subject: Transient Status Offenders; Number: AD-04.63 (rev. 5)  
 Interview of Staff who Supervise Inmates in Segregated Housing  
 Interview of Assistant Warden  
 Documentation of Housing Assignments of Inmates at High Risk for Victimization

The number of inmates at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0

In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0

115.43 (a) (b) (c) (d) (e)

All elements of standard 115.43 is noted in policy.

The agency utilizes the terms Protective Safekeeping P7 for those offenders that need the highest level of protection; i.e.: those who receive threats of harm or have a high likelihood of victimization. Protective Safekeeping P6 is a level for offenders who need a more controlled environment than general population but not as much protection as P7.

The Unit Classification Committee review each offender on these statuses according to the Classification Plan.

Comments:

The Offender Protection Investigation Form addresses Sexual Abuse, Sexual Harassment and Retaliation as well as other types of allegations. (This form is used for all investigations, not just PREA.) Also included on the form is Offender Information, Current Protection Request Information, Other Offender Involvement, Offender Statement, Allegations of Sexual Abuse, Offender Certification of Allegations, Previous Protection Request Facts, Resources/Information Used to Investigate Allegations, Additional Information and Investigation Summary. This form is to be signed and dated by the Investigator. Additional pieces to this form include the Investigation Review, Extension Authorization, UCC Review and Recommendation (where Substantiated, Unsubstantiated and Unfounded is documented), the committee recommendation and finally the Offender Acknowledgement section. The Offender Acknowledgement section allows the offender to sign showing that he or she was present and made aware of the investigation outcome.

Involuntary Segregation is considered a last resort for offenders at high risk for victimization. If it must occur, the facility does not hold the offender in this status for more than 30 day. Administrative staff also look to determine if it is in the best interest of the offender to be moved to another unit. All decisions and reviews are documented.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Board Policy; Subject: Uniform Offender Correspondence Rules; Number: BP-03.91 (rev.3)  
 Safe Prisons/PREA Plan dated February 2019  
 TDCJ Zero Tolerance Posting (Spanish and English)

Administrative Directive; Subject: Postage and Correspondence Supplies; Number: AD-14.09  
Executive Directive; Subject: Prison Rape Elimination Act Complaints and Inquiries; Number: ED-02.10 (rev. 1)  
Texas Board of Criminal Justice; PREA Ombudsman Office (PREA Statement) (Spanish and English); Number: ED-02.10 (rev. 1)  
PREA Ombudsman Inquiry Response Form; Number: ED-02.10 (rev. 1)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
E-mail on Sealed and Uninspected Mail to PREA Ombudsman; Dated: August 29, 2018  
General Information Guide for Families of Offenders  
Offender Orientation Handbook (Spanish and English)  
PREA Ombudsman Office; PREA Brochure  
Correctional Institution Division; Prison Rape Elimination Act/PREA; Statement of Fact / 115.51  
Interview of Staff  
Interview of Inmates  
Interview of PREA Manager  
Site Review  
PREA Posters  
Policy on those held for immigration  
Inmate Handbook

#### 115.51 (a) (b) (c) (d)

Policy states there is a format called "Special Correspondence" that allows inmates to send mail or receive mail from any member of the Texas Board of Criminal Justice; the executive director; the deputy executive director; any division directors, deputy directors, Prison Rape Elimination Act (PREA) ombudsman, or wardens of the TDCJ .... any foreign consulate, which includes the consul general, vice consul, deputy consul, or honorary consul of any country of which the offender is a citizen; or the Texas State Law Library or any county law library in the state of Texas.

Offenders are provided several methods to report sexual misconduct and retaliation, which includes reporting to directly to the Major, the Office of Inspector General (OIG), or the PREA ombudsman. Any reports made to the PREA Ombudsman may be made confidentially or chose to remain anonymous. Facilities will take steps to ensure that those individuals with disabilities can report as well, providing interpretation services.

Other methods of reporting include staff and third-party reporting as well as family member reporting.

Staff are provided a way to privately report sexual abuse and/or sexual harassment.

The PREA Ombudsman is the appointed official to respond to PREA complaints or PREA inquiries. Offenders can send sealed and uninspected mail to this office.

Staff are required to accept any and all reports collected either verbally, in writing, anonymously or by third parties, immediately upon receipt.

#### Comments:

Interviews with staff and inmates showed that they were able to reiterate the numerous ways that a report can be made; I-60 (inmate communication), talk to staff or 'rank', talk to the Safe Prisons PREA Manager or Assistant Warden as they are always walking throughout the unit, call family, write the PREA Ombudsman. There are also locations within the inmate housing and staff areas where documentation/notes can be left.

PREA information, as well as contact information is provided in each housing area (including posters). Each housing unit also has PREA posting painted on the wall.

The offenders are unable to directly call a rape crisis center. An explanation of this issue is explained previously in this audit report. However, offenders can write (either anonymously or by providing their name) to the PREA Ombudsman who is not a part of TDCJ. Envelopes addressed to the PREA Ombudsman's office is handled as if it is legal mail.

The PREA ombudsman reports directly to the chairman of the TBCJ and is an office external to the reporting process of TDCJ.

Inmates are not detained solely for civil immigration purposes.

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

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

#### **115.52 (a)**

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

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes   ☐ No   ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed

Board Policy; Subject: Offender Grievances; Number: BP-03.77 (rev. 9)  
 Safe Prisons/PREA Plan dated February 2019  
 Administrative Directive; Subject: Management of Offender Grievances; Number: AD-03.82 (rev. 8)  
 Offender Grievance Operations Manual Appendix B; Revised July 2016; Instructions on How to Write and Submit Grievances  
 Third Party Preliminary Investigation Form  
 OGOM 9.00 Third Party Grievances  
 OGOM 4.00 Grievance Time Limits  
 OGOM 1.04 PREA Allegations  
 Sexual Abuse Grievance Codes  
 Inmate Handbook

Interview with Supervisors  
Logs of Grievances and findings

The past 12 months:

The number of grievances filed that alleged sexual abuse: 2

The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 2

The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

The number of those grievances that had an initial response within 48 hours: 0

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0

The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0

115.52 (a) (b) (c) (d) (e) (f) (g)

All elements of this standard are included in policy including all references to time periods.

The definition of an "Emergency Grievance" is written into policy. It is considered a written complaint that requires immediate action. If not acted upon it can cause an offender to be at substantial risk of personal injury or cause other serious or irreparable harm.

All offenders shall be entitled to use the offender grievance process.

Third party grievances filed on behalf of an alleged victim will be processed as an emergency grievance. Notices received from third parties (outside of the facility) are immediately forwarded to the PREA Ombudsman and the OIG.

Note: there is a form that is utilized to inform an offender that an allegation has been filed for him. The offender can state whether he wants to pursue the investigation. He is then provided forms that will instruct him to file a grievance.

Comments:

Policies cover the details of 115.52 (c), with only two grievances filed within the past year. Both were completed well within the allotted time restriction.

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

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Materials Reviewed:

- Offender Orientation Handbook (Spanish and English)
- Statement of Fact 115.53
- TAASA (Texas Association Against Sexual Assault) Directory
- Safe Prisons/PREA Plan dated February 2019
- Board Policy; Subject: Uniform Offender Correspondence Rules: Number: BP-03.91 (rev. 3)
- Executive Directive; Subject: Prison Rape Elimination Act Complaints and Inquiries; Number: ED-02.10 (rev. 1)
- End the Silence brochure (Spanish and English)
- Rape Crisis Solicitation Letters (Statewide) 2014 – 2019
- Handbooks
- Brochure - PREA
- Posters
- Notices
- Interviews with Inmates
- Interviews with Booking Officers
- MOU with Advocacy Agencies
- Site Review

115.53 (a) (b) (c)

Offenders are instructed that they may be provided with a community rape crisis advocate or a trained in-house offender victim representative who could be a chaplain, psychologist, sociologist, or case manager to provide emotional support during an examination and/or investigation interview. They are also told that they will be referred for mental health services.

Note: TDCJ does not hold individuals solely for civil immigration purposes but does make available foreign consulate addresses for all foreign nationals.

A TAASA Directory (Texas Association Against Sexual Assault) Directory, a contact list of Rape Advocacy Centers throughout the state is available for inmates in two locations within the Unit.

Offenders, by policy are informed as to the extent communications are monitored and reports of abuse are forwarded to authorities.

Comments:

The TAASA (Texas Association Against Sexual Assault) Directory contains a contact list of Rape Advocacy Centers throughout the state. This Directory is available to offenders through the Safe Prisons/PREA Manager and the library.

Posters and Notices are available throughout the facility, giving offenders contact locations outside of the facility. In addition to the PREA Ombudsman's Office, each facility within TDCJ has trained OVR (Offender Victim Representatives) that are available to offenders upon request. Inmates are aware of these options.

The offenders are unable to directly call a rape crisis center. An explanation of this issue is explained previously in this audit report. However, offenders can write (either anonymously or by providing their name) to the PREA Ombudsman who is not a part of TDCJ. Envelopes addressed to the PREA Ombudsman's office are handled as if it is legal mail. (Non-English speaking offenders are provided information in Spanish

on how to contact the PREA Ombudsman's office.)

The facility does not hold persons detained solely for civil immigration purposes.

Note: Previously in the audit, documentation shows the problems of creating MOU's with outside advocacy agencies.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Executive Directive; Subject; Ombudsman Program; Number: ED-02.03 (rev. 6)  
Executive Directive; Subject: Prison Rape Elimination Act Complaints and Inquiries; Number: ED-02.10 (rev. 1)  
General Information Guide for Families of Offenders  
Offender Orientation Handbook  
Safe Prisons/PREA Plan dated February 2019  
Safe Prisons/PREA Operations Manual; Subject: Receiving Allegations of Sexual Abuse from an Outside Agency; Number: 04.02  
Website

#### 115.54 (a)

The agency's website includes information on how to make a third-party report. Policy dictates the time frame for responding to public complaints and inquiries (ten (10) days with potential for an extension). If it is an allegation of sexual assault, the notice is to be forwarded immediately (the same day as received) to the PREA Ombudsman, Unit Administration and OIG.

#### Comments:

Information on the PREA Ombudsman Program "is available publicly on the internet."

Additionally, inmates receive a handout titled 'General Information Guide for Families of Offenders'. The brochure shares how PREA reports can be made.

"For expediency, it is best to attempt to resolve issues and obtain information at the unit or parole office level. However, if this is not possible, contact one of the following: TDCJ Ombudsman's Office....

General issues concerning the agency's operation and policy and procedures, issues from the public relating to secure units (prison units, state jails and substance abuse felony punishment facilities), and any specific concerns regarding offenders confined in these types of facilities.

P.O. Box 99, Huntsville, TX 77342-0099

936-437-4927 phone 936-437-4930 fax ombudsman@tdcj.texas.gov

**\*\*Bilingual Staff Available – Se habla Español\*\***

General offender status information may be obtained at: [www.tdcj.texas.gov](http://www.tdcj.texas.gov) Agency Toll-Free Telephone Number: 1-800-535-0283"

The agency website includes:

How to Contact the PREA Ombudsman (Please submit inquiries in writing)

Anyone knowledgeable of an offender-on-offender or staff-on-offender sexual abuse or sexual harassment that occurs within a TDCJ correctional facility is encouraged to immediately report the allegation. PREA Ombudsman Office, P.O. Box 99, Huntsville, TX 77342-0099, 936-437-2133 phone; 936-437-6981 fax; [prea.ombudsman@tdcj.texas.gov](mailto:prea.ombudsman@tdcj.texas.gov)

Interviews with offenders showed that approximately 99% were comfortable reporting an assault or harassment to a family member or friend. Discussions were held on how that third-party could report.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Materials Reviewed:**

Safe Prisons/PREA Plan dated February 2019  
Correctional Managed Health Care Manual; Subject: Mental Health Evaluation; Number: E-35.2  
Correctional Managed Health Care Manual; Subject: Sexual Assault/Sexual Abuse; Number: G-57.1  
Courage YOP Operations Manual; Subject: Requirement to Contact Family Services Protective Services; Number: CPOM 02.05 (rev. 1)  
Administrative Directive; Subject: Reporting Incidents/Crimes to the Office of the Inspector General; Number: AD-16.20 (rev. 3)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01  
Inter-Office Communications re: 115.61(d)  
Interview with Assistant Warden  
Interview with PREA Coordinator  
Interview with Safe Prison PREA Manager  
Interview with Staff  
Interview with Project Manager (Medical)

**115.61 (a) (b) (c) (d) (e)**

Policy clearly states that staff shall not reveal any information related to a sexual abuse to anyone other than the extent necessary. Staff are required to immediately report any knowledge, suspicion or information regarding sexual abuse or sexual harassment; to include retaliation. And unless precluded by any level of law, medical and mental health practitioners are required to report sexual abuse, inform offenders of their duty to report and any limitation of confidentiality. All investigations are conducted by investigators who have received specialized training.

**Comments:**

An Inter-Office Communications re: 115.61(d) dated 7-26-19 states: Be advised, we have not received an offender to Pam Lychner State Jail that falls under this statute.

All interviews with staff showed consistency regarding reporting of allegations, suspicions or knowledge of sexual abuse or sexual harassment and that one of the first steps was to notify OIG who will immediately start the investigation. They acknowledged they have a responsibility to not share information except during the investigative process.

The interview with the Project Manager (medical supervisor) showed that inmates are informed of the duty to report and the limits of confidentiality.

The facility does not house anyone under the age of eighteen (18).

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



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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019  
Administrative Directive; Subject: Operations of the Emergency Operations Center and Reporting Procedures for Serious or Unusual Incidents; Number: Ad-02.15 (rev. 12)  
Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01  
Safe Prisons/PREA Operations Manual; Subject: Time Frames Associated with Offender Protection Investigations; Number: 05.03  
Sexual Abuse Investigation Packet Interview with Assistant Warden Interviews with Staff

In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0

If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before acting: 0

The longest amount of time elapsed before taking action, if not immediate (please explain): 0

#### 115.62 (a)

Policy states that an emergency grievance stating risk of imminent sexual abuse shall be filed and managed as stated in the TDCJ Grievance Operations Manual. The grievance shall be forwarded to a level of review for immediate corrective action.

#### Comments:

All interviews with staff showed that in the case of imminent danger, they would immediately remove the

offender from his current location and contact a supervisor. The supervisors noted that they would gather the information regarding the information received or the report of the offender to determine the best method for protecting the inmate.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed

Board Policy; Subject: Inspector General Policy Statement; Number: BP-01.07 (rev. 6)

Safe Prisons/PREA Operations Manual; Subject: Reporting Allegations of Sexual Abuse to Other Confinement Agencies; Number: 04.01

Safe Prisons/PREA Plan dated February 2019

Administrative Directive: Subject: Reporting Incidents/Crimes to the Office of the Inspector General;  
Number: AD-16.20 (rev. 3)

Numerous Samples of Reports (Offender Notifications) Received by TDCJ of Sexual Assaults at Other Locations

Safe Prisons/PREA Operations Manual; Subject: Receiving Allegations of Sexual Abuse from an Outside Agency; Number: 04.02

Safe Prisons/PREA Operations Manual; Subject: Completing the Offender Protection Investigation; Number: 05.05

Samples of Notifications and Response by ASA

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01

Inter-Office Communication; Notice from Jester IV Facility re: Sexual Abuse Allegation at Lychner Interview with Assistant Warden

Documentations of Notifications

In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 1

115.63 (a) (b) (c) (d)

Policy dictates that upon receiving information that an offender was sexually abused at another facility; the head of the facility will be notified (or appropriate office of the location where the incident occurred) as soon as possible but no later than 72 hours after receipt of the allegation. Procedures are inclusive of the steps that the facility are to take, including documentation of allegation, submitting a priority email, completing phone calls, maintaining record of email and correspondence and notifying the PREA Ombudsman.

Policy also includes that when a facility receives written notification from another location, that there has been an allegation of sexual abuse of an offender stating that the abuse happened at TDCJ, the Warden or Department Head shall take the following steps: notifying the PREA Ombudsman and OIG, provide all documentation (notification letter, referrals, emails, etc.).

#### Comments:

Safe Prisons/PREA Operations Manual; Subject: Reporting Allegations of Sexual Abuse to Other Confinement Agencies; Number: 04.01 contained a sample letter to the outside agency.

An Inter-Office Communication; Notice from Jester IV Facility stated that an Inmate reported to them that he had been sexually abuse while at the Lychner Facility. Documentation noted in other locations within this audit showed that this case was found to be unsubstantiated.

Interview with the Assistant Warden showed that the facility was aware of all the steps to be taken in this instance.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019

Administrative Directive; Subject: Evidence Handling; Number: AD-16.03 (rev. 5)

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01

Interview with Security Staff

Interview with Non-Security Staff First Responders

Interview with Staff

Investigation Files

In the past 12 months, the number of allegations that an inmate was sexually abused: 2

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 1

Of these allegations the number of times the first security staff member to respond to the report:  
1

Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Requested 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.

Ensured 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.

Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0

Of those allegations responded to first by a non-security staff member, the number of times that staff member: 0

Requested that the alleged victim not take any actions that could destroy physical evidence.  
Notify security staff.

115.64 (a) (b)

Several policies exist that cover in detail the elements of standard 115.64.

Comments:

Interviews with staff and contract employees showed that all knew the required format for acting as a first responder. All responded with the steps that they would take if they received information pertaining to a sexual abuse allegation.

Recommendation: The Safe Prisons/PREA Operations Manual includes directive specific to Evidence Handling; specifically, not allowing alleged victims and predators to eat, drink, brush teeth, bathe, etc. Policy AD: 16.03 (rev. 5), Evidence Handling, does not include this language. It is recommended that this language be added to Policy AD: 16.03 (rev. 5).

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Safe Prison/PREA Plan dated February 2019

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation: Number: 05.01

Pam Lychner Unit Sexual Abuse Coordinated Response Plan

Interview of Assistant Warden

Interviews with Supervisory Staff

Attachment G

### 115.65 (a)

The facility has a Response Plan that addresses the following areas: the report of Sexual Abuse, Sexual Harassment, Sexual Misconduct and/or Retaliation, Response and Investigation, First Responders

Duties, Medical/ Mental Health Services, Process Following Allegations of Offender Sexual Abuse, Notification and Investigation Processes, Investigation Documentation, Attachment G Sexual Abuse Investigation Checklist, Other Responsibilities and Facility Leadership

Comments:

The facility's Coordinated Response Plan is detailed.

Supervisors and staff noted that Attachment G – Sexual Abuse and Investigation Checklist would be utilized when an allegation of sexual abuse had been presented. A review of this document showed that it met the necessary steps of an investigation. (It was also viewed during the auditor's review of investigations.)

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

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

#### **115.66 (a)**

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

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Materials Reviewed:**

Executive Directive; Subject: General Rules of Conduct and Disciplinary Action Guidelines for Employees; Number: PD- 22 (rev. 15)  
Attachment A: Listing of Employee General Rules of Conduct and Disciplinary Violations  
Attachment B: Guidelines for Disciplinary Actions Level One Violations  
Interview with Assistant Warden  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Executive Directive; Subject: Independent Dismissal Mediation and Dispute Resolution; Number: PD-35 (rev. 3)  
Safe Prisons/PREA Plan February 2019  
Interview with Assistant Warden

Comment:

TDCJ does not have Collective Bargaining.

## **Standard 115.67: Agency protection against retaliation**

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

#### **115.67 (a)**

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

#### **115.67 (b)**

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

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct



and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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*)

### Instructions for Overall Compliance Determination Narrative

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#### Materials Reviewed:

Executive Directive; Subject: General Rules of Conduct and Disciplinary Action Guidelines for Employees; Number: PD- 22 (rev. 15)  
Attachment A: Listing of Employee General Rules of Conduct and Disciplinary Violations  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Safe Prisons/PREA Operations Manual; Subject: Intervention Practices: Number: 02.04  
Safe Prisons/PREA Operations Manual; Subject: 90-Day Monitoring for Retaliation; Number: 05.08  
Attachment: N.O; Offender 90-Day Monitoring Form  
Safe Prisons/PREA Plan dated February 2019  
Interview with Assistant Warden  
Documentation of Protective Measures / Monitoring Methods

The length of time that the agency/facility monitors the conduct or treatment: 90 days

#### 115.67 (a) (b) (c) (d) (e)

Policy includes a detailed definition of Retaliation and that it is also a zero tolerance behavior which could result in employment dismissal. Retaliation by staff or offenders will be monitored for a period of ninety (90) days by the Warden and USPPM. Status checks will be completed no less than one time per month.

Several strategies can be utilized to resolve conflicts between offenders, to include verbal intervention, changes in housing assignments, work assignments, or work-shift hours, placement of aggressive or assaultive offenders in Administration Segregation, custody changes, unit transfers, assignment to Safekeeping status or assignment to Protective Custody.

Also available is removal of staff from contact with victims and emotional support services for staff and/or offenders.

#### Comments:

As previously written, the facility uses a Monday meeting referred to 'ComStat' to discuss issues related to potential predators and victims. This also serves as a location to discuss retaliation issues. Inmates did not talk about retaliation during the interviews. Staff discussed housing changes and removal from the facility for inmates. Supervisory staff discussed reassigning staff to another position, placement on leave or termination. Also, that monitoring for retaliation lasts at least a minimum of ninety (90) days.

Transgender and gay inmates stated that the Safe Prisons PREA Manager and the Assistant Warden are continuously (informally) asking if things are 'ok' with them.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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#### Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019  
Administrative Directive; Subject: Administrative Segregation; Number: AD-03.50 (rev. 13)  
Administrative Directive; Subject: Transient Offenders; Number: AD-04.63 (rev. 5)  
Administrative Segregation Plan  
Attachment 12.00B; Administration Segregation Committee Review Decisions Form  
Guidelines for Administrative Segregation Committee Members  
Protective Safekeeping Plan dated July 2015  
Attachment A: Characteristics and Boundaries of Protective Safekeeping Level P6 and P7 Attachment  
B: Protective Safekeeping Initial Placement & Notification Form  
Attachment C: Protective Safekeeping Initial Hearing Record Form  
Attachment D: Protective Safekeeping 7/30-Day Review Record (Protective Safekeeping Offenders ONLY) Form  
Attachment E: State Classification Committee (SCC) Protective Safekeeping Review Hearing Record Form  
Interview with Assistant Warden  
Interview with Supervisory Staff  
Inmate File Reviews

## Site Visit

The number of Inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completions of assessment: 0

In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0

From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH: 0

- (a) A statement of the basis for facility's concern for the inmate's safety
- (b) The reason or reasons why alternative means of separation could not be arranged.

### 115.68 (a)

The agency policy for 115.68 is written as noted in 115.43. Referral to 115.43 for review.

#### Comments:

The facility has not placed an inmate who has suffered sexual abuse in involuntary segregation within the past year. The facility would only use an involuntary segregation status as a last resort. The situation would be given consideration for a unit move.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

### Instructions for Overall Compliance Determination Narrative

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#### Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019  
Safe Prisons/PREA Operations Manual; Subject: Completing the Offender Protection Investigation; Number: 05.05  
Administrative Directive; Subject: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; Number AD-02.15 (rev. 12)  
OIG 2015 Operations Manual; Subject: Offender Sexual Assault Investigations; Number: OIG 04.05  
Administrative Directive; Subject: Evidence Handling; Number: AD-16.03 (rev. 5)  
Executive Directive; Subject: Use of Polygraph Examinations in Administrative Investigations; Number: ED-16.41 (rev. 4)  
OIG 2013 Operational Procedures Manual; Subject: Record Retention – PREA; Number: OIG-03.72  
Administrative Directive; Subject: Reporting Incidents/Crimes to the Office of the Inspector General;

Number: AD-16.20 (rev. 3)  
Board Policy; Subject: Inspector General Policy Statement; Number: BP-01.07 (rev. 6)  
Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Records Retention Schedule dated May 2014  
Sexual Abuse Investigation Packet Curriculum  
Interview with Assistant Warden  
Interview with Regional PREA Compliance Manager  
Interview with Safe Prison PREA Manager  
Interview with Investigative Staff  
Review of Administrative Investigation reports

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

115.71 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (l)

As mentioned previously in this report, the Office of Inspector General completes the investigations that are noted as criminal in nature. Investigators in this office are trained as peace officers. Facility Investigators are trained to complete administrative investigations. Training curriculums are extensive for both investigators.

The standards in 115.71 are noted throughout several policies.

Comments:

The OIG 2015 Operations Manual; Subject; Offender Sexual Assault Investigations is a specific, detailed policy. Not only does it express the steps taken, but always explains the reason why.

Suggestion:

To the Administrative Directive; Subject: Evidence Handling, I would suggest adding:

- Staff remaining with both alleged victim and perpetrator (separately) to ensure evidence is maintained.
- Ensure alleged victim and perpetrator do not eat, shower, urinate, defecate, brush their teeth, etc.
- Add information regarding escorting victim to Medical to ensure personal evidence is secure.
- And the part medical takes in securing evidence.

Note: This information is written in the Safe Prisons/PREA Operations Manual under Sexual Abuse Response and Investigation.

The facility provided a copy of two (2) offender-on-offender investigation. The information showed that the facility followed their policies which included; the initial referral to the Emergency Action Center. the Emergency Action Center Incident Log, Emergency Action Center Update Incident Request, the Offender Notification Brochure (notice of investigation), Offender Notification Brochure (notice of "unsubstantiated" finding), Administrative Incident Review, Sexual Abuse Investigation Checklist, Offender Protection Investigation Form, Offender Protection Witness Statement/Report of Interview, Pictures, Supervisor's Investigation of Employee/Offender Injury, Injury Treatment Report, Pre-Restrictive Housing Nursing Note, Safe Prisons/PREA Program - Offender 90-Day Monitoring Form, and Referral to Medical / Mental Health Services. Both investigations were found to be 'unsubstantiated'.

As previously mentioned in this audit, both OIG and facility investigators are trained in responding to sexual abuse investigations. The format for investigations has also been noted.

When interviewing the facility investigator, he discussed physical evidence, camera review, interviews, inmate

history, staff action, looking for facts and the completion of investigations (even if offender has left the facility).

The auditor received the following communication:

An Inter-Office Communications; Subject: Unit Investigation Team Memo stated: "The following staff has been identified by the Pam Lychner State Jail Senior Warden, Rodger Bowers as the Lychner Unit Investigation Team Members": Assistant Warden, Chief of Security, Chief of Classification, Captain, Safe Prison Program Coordinator, Unit Risk Manager, Unit Commissary Manager, Unit Mailroom Supervisor, Unit Disciplinary Clerk, Ad Seg Sergeant, Grievance and Security Threat Group Officer. The document also lists the staff names associated with these positions.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019

CID Correctional Training and Staff Development Curriculum; Title: Safe Prison/PREA Investigation Training; Subject Title: Conducting a Thorough Investigation

Safe Prisons/PREA Operations Manual; Subject: Completing the Offender Protection Investigation; Number: 05.05

Interview with Investigative Staff

Investigation Review



115.72 (a)

The Safe Prisons/PREA Plan states “No standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.”

Comments:

Note the description of preponderance of evidence, also described by unit investigators.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Safe Prisons/PREA Plan dated February 2019  
Samples of Offender Notification; Incident# I-00587-01-18; Incident# I-14615-08-17  
UCC Notification of OPI Outcome Form; Number: SPPOM 05.05 Attachment M (Spanish and English)  
Staff-on-Offender Sexual Abuse Investigative Worksheet; Number: SPPOM 05.11 Attachment F  
Offender Notification Brochure; Number: SPPOM 05.11 Attachment F  
Safe Prisons/PREA Operations Manual; Subject: Reporting Sexual Abuse Criminal Case Status to Offenders; Number: 05.10  
Offender Protection Investigation Form  
Sexual Abuse Investigation Packet  
Windham School District Board Policy; Subject: Sexual Misconduct with an Offender; Number: WBP-07.15 (rev. 1)

Windham School District Board Policy; Subject: Professional Standards of Conduct and Disciplinary Guidelines; Number: WBP-07.44 (rev. 1)  
Safe Prisons/PREA Program; Offender Notification Brochure  
Inmate Notices of Determination of PREA Allegation  
Interview with Assistant Warden  
Interview with Investigative Staff  
Review of Sexual Abuse Investigations

In the past 12 months:

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 2

Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified verbally or in writing of the results of the investigation: 2

In the past 12 months:

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency: 1

Of the outside agency investigations of alleged sexual abuse, the number of inmates alleging sexual abuse in the facility who were notified verbally or in the writing of the results of the investigation: 1

In the past 12 months:

The number of notifications to inmates that were provided pursuant to this standard: 2

The number of those notifications that were documented: 2

115.73 (a) (b) (c) (d) (e)

Policy does define the standards noted in 115.73 to include: notification to the offender of results of the investigation, requesting pertinent information from the investigative agency, notification to an offender of staff status (if an allegation is against staff), notification to an offender of another offender (if the allegation is against another inmate), and all notifications are documented.

Comments:

The facility provided a copy of two (2) offender-on-offender investigations. The information showed that the facility followed their policies which included... Offender Notification Brochure (notice of "unsubstantiated" finding to the offenders).

The provided Safe Prisons/PREA Program, Offender Notification Brochure was in two documents. The first notified the offender that his allegation resulted in the opening of a criminal case by the Office of the Inspector General (OIG). The second Offender Notification Brochure informed the offender that the finding of the investigation was unsubstantiated.

The facility has not had allegation against a staff member, but they are aware of their requirements of notification to the offender.

There has not been a substantiated investigation within this past year.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Materials Reviewed:**

Safe Prisons/PREA Plan dated February 2019

Windham School District Board Policy; Subject: Professional Standards of Conduct and Disciplinary Guidelines; Number: WBP-07.44 (rev. 1)

Administrative Directive; Subject: Reporting Incidents/Crimes to the Office of the Inspector General Number: AD-16.20 (rev. 3)

Executive Directive; Subject: General Rules of Conduct and Disciplinary Action Guideline for Employees; Number: PD-22 (rev. 15)

PD-22 (rev. 15) Attachment A; Listing of Employee General Rules of Conduct and Disciplinary Violations

PD-22 (rev. 15) Attachment B; Guidelines for Disciplinary Actions Level One Violations

PD-22 (rev. 15) Attachment C; Guidelines for Disciplinary Actions Level Two Violations

PD-22 (rev. 15) Attachment C; Guidelines for Disciplinary Actions Level Two Violations

PD-22 (rev. 15) Attachment D; Guidelines for Disciplinary Actions Level Three Violations

PD-22 (rev. 15) Attachment E; Guidelines for Disciplinary Actions Level Four Violations

Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)

In the past 12 months:

The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0

The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

**115.76 (a) (b) (c) (d)**

Again, all elements of standard 115.76 are included in policy. In numerous locations throughout the policies, it was noted that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. In addition, policy states that all terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.

**Comments:**

As the facility has not had a situation of an allegation against a staff member, there was not an investigation or file work to review. Those policies listed above direct the action of a staff investigation.

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

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

### 115.77 (a)

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

### 115.77 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Materials Reviewed:

Executive Directive; Subject: Sexual Misconduct with Offenders; Number: PD-29 (rev. 5)  
Emails regarding PREA Violations by Contract Staff  
Emails regarding PREA Violations by Contract Staff (Chaplaincy)  
Emails regarding PREA Violations by Contract Staff (Windham School District)  
Safe Prisons/PREA Plan dated February 2019  
Volunteer Services Plan  
Volunteer Training Facilitators Guide; Course Title: Volunteer Services Training Program  
Acknowledgement of Volunteer Training/Orientation Form  
Chaplaincy Manual; Subject: Ecclesiastical Endorsement; Number 13.03 (rev. 2)  
Interview of Assistant Warden

In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: 0

#### 115.77 (a) (b)

Policy states that the OIG will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution and that other individuals who commit an act of sexual misconduct with an offender will not be allowed to continue to perform services for the TDCJ and will be denied access to TDCJ premises.

#### Comments:

As the facility has not had a situation of an allegation against a contract staff or volunteer member, there was not an investigation or file work to review. Those policies listed above direct the action of a staff investigation.

Verification was provided that contract staff would be reported to the appropriate licensing agency (i.e.: TX Board of Nursing, Department of Aging and Disability Services, TX Medical Board, Ecclesiastical Endorsing Agent, etc.)

It was noted during interviews that the Chaplain walks freely through the facility, volunteers and outside contractors are with security.

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

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

#### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

#### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

#### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

### 115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Safe Prisons/PREA Plan dated 2019  
Disciplinary Rules and Procedures for Offenders Handbook (Spanish and English)  
Correction Managed Health Care Policy Manual; Subject: Decision Making – Mental Health  
Patients; Number: A-08.1  
Sex Offender Rehabilitation Programs; Subject: Referral from Other Sources; Number: SOTP 01.04  
Interview with Assistant Warden  
Interview with Project Manager

#### In the past 12 months:

The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0



115.78 (a) (b) (c) (d) (e) (f) (g)

Policies included the standards in 115.78. In addition, TDCJ documents disciplinary offences as Sexual Abuse, Sexual Misconduct, Discourteous Conduct of a Sexual Nature, Sexual abuse – fondling and Knowingly making False Statements for the Purpose of Harming Another Person or During an Official Investigation. These rule violations also include engaging, attempting to engage in, or conspiring to engage in a specified behavior.

When there is a need for mental health input into the disciplinary process, an offender will be assessed by a Qualified Mental Health Professional (QMHP). If that provider determines that the mental health services department has relevant input to provide, the mental health services department must be consulted for specific input before proceeding with the disciplinary process.

Comments:

As noted above, there have been no administrative or criminal findings (substantiated) of inmate-on-inmate sexual abuse during the past year. As noted in the policies above, TDCJ follows the standards of 115.78 and policy.

Consensual sex between offenders is not allowed.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Correctional Managed Health Care Policy Manual; Subject: Mental Health Appraisal for Incoming Offenders; Number: E-35.1  
 Safe Prisons/PREA Operations Manual; Subject: Offender Assessment Screening; Number: 03.01  
 Safe Prisons/PREA Plan dated February 2019  
 Attachment E; Offender Assessment Screening for Intake Facility and Assignment to Unit  
 Attachment E-1; Offender Assessment Screening; Transfer to Unit; To be completed when an offender transfers from one unit to another and is not being processed through intake or for assignment)  
 Correctional Managed Health Care Policy Manual; Subject: Mental Health Evaluation; Number: E-35.2  
 Correctional Managed Health Care Policy Manual; Subject: Sexual Assault/Sexual Abuse; Number: G-57.1  
 Correctional Managed Health Care Policy Manual; Subject: Confidentiality and Release of Protected Health Information; Number: H-61.1  
 Requirement to Contact Department of Family Protective Services (DFPS); Number: CPOM 02.05

(rev. 1)

Medical and Mental Health Review for Alleged Sexual Abuse Victim and Predator  
Medical and MH Informed Consent form  
Interview with Safe Prisons PREA Manager  
Interview with Inmates  
Interview with Practice Manager  
Site Review

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: .0039%

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow up meeting with a mental health practitioner: .00024%

#### 115.81 (a) (b) (c) (d) (e)

Policy ensures that all offenders admitted to TDCJ plus those offenders that have been separated from TDCJ for more than ninety (90) days will undergo a mental health appraisal within fourteen (14) days of admission.

During the intake screening offenders will be reviewed for risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Unit Classification Committee shall review to facilitate offender housing, job placement, education, and program assignments with the goal of keeping offenders with a high risk of sexual victimization separated from those with a high risk of being sexually abusive.

Additionally, during the screening, if an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a mental health practitioner within fourteen (14) days.

Policy states that medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

#### Comments:

The auditor reviewed forms provided by medical and mental health providers for a prior alleged victim and a perpetrator. Notes showed that both were referred by PREA. The victim was provided a rape kit. Both had continued medical and mental health interaction.

Interviews with offenders who stated they had been sexually violated prior to entering TDCJ facilities, told the auditor that they were immediately referred to the mental health clinician (usually seen the same day as arrival). Information regarding these offenders are placed into the database, but access is limited to a few staff. The information is utilized for medical housing, work and program assignments.

The use of an Informed Consent form is utilized by Medical Staff.

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

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Materials Reviewed:

Correctional Managed Health Care Policy Manual; Subject: Access to Care; Number: A-01.1

Safe Prisons/PREA Plan dated February 2019

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number:

05.01

Correctional Managed Health Care Policy Manual; Subject: Sexual Assault/Sexual Abuse; Number: G-57.1

Referral to Medical / Mental Health Services Form; (Note: For emergencies, contact a security supervisor and the Medical or Mental Health Department immediately by telephone or in person.)

Attachment G

Interview with Practice Manager

Interview with Staff

Site visit

115.82 (a) (b) (c) (d)

Policy repeats the language in standard 115.82. Also included in policy is the format for initiating a medical assessment, contacting a victim advocate or Offender Victim Representative and arranging an escort to a forensic evaluation.

Comments:

Interviews with staff and the Practice Manager showed that access to medical care is a priority. If a sexual assault was to happen when medical staff are not present at the facility, the offender would be taken to the nearest hospital. The hospital will provide the facility with follow-up care recommendations. Treatment and follow-up care are provided at no cost to the victim.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Materials Reviewed:

Safe Prisons/PREA Operations Manual; Subject: Sexual Abuse Response and Investigation; Number: 05.01

Correctional Managed Health Care Policy Manual; Subject: Sexual Assault/Sexual Abuse; Number: G-57.1

Safe Prisons/PREA Plan dated February 2019

Correctional Managed Health Care Policy Manual; Subject: Continuity of Care; Number: E-44.1

Interview with Practice Manager

Interview with Safe Prison PREA Manager

Site Visit

115.83 (a) (b) (c) (d) (e) (f) (g) (h)

All elements of standard 115.83 is included in policy. The Health Care Policy Manual goes into greater depth in relation to prophylactic treatment of venereal diseases (syphilis, gonorrhea) and HIV or Hepatitis B exposure. Medical treatment is provided without cost and whether the victim names the abuser or cooperates with any investigation arising from the incident.

Comments:

Conducted interviews found that physical and mental care (follow-up, treatment plans, counseling) are provided to any victimized offender. If another inmate (one who has not been victimized) requests testing for sexually transmitted diseases, the testing is provided. The TDCJ database allows for shared information for continued treatment throughout the system. The Project Manager states that services provided are often times better than the services available within the community.

Sexual perpetrators are also evaluated by mental health and offered counseling (during his stay and upon arrival).

The costs associated with treatment for a sexual abuse victim is not assessed to the offender.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

##### 115.86 (a)

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

##### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
☒ Yes ☐ No

### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

### 115.86 (d)

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

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*



*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Materials Reviewed:**

Safe Prisons/PREA Plan dated February 2019  
Administrative Directive; Subject: Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents: AD-02.15 (rev.12)  
Instructions for Submitting Report Alleging Sexual Abuse and Sexual Harassment  
Administrative Incident Review Form  
Safe Prisons/PREA Operations Manual; Subject: Role of the Unit Investigation Team; Number 02.01  
Sexual Abuse Investigation Packet  
Inter-Office Communications; Subject: Unit Investigation Team  
Interview with Assistant Warden

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 2

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 2

**115.86 (a) (b) (c) (d) (e)**

Policy dictates that PREA Incident Review Team conducts a review within thirty (30) days of the conclusion of an investigation, unless the determination is 'unfounded'. Input shall be obtained from security supervisors, investigators, medical and/or mental health practitioners. Once completed the regional director, deputy director operations, or department head will review the Administrative Incident Review and document any comments in the final portion of the Administrative Review section. The completed Review shall be forwarded to the EAC.

An Administrative Incident Reviews that contain recommendations or corrective action require a written 90-day follow-up report. After the deputy director for Prison and Jail Operations, PFCMOD deputy division director, or the appropriate division director reviews the 90-day follow-up report, it is forwarded to EAC to be maintained with the corresponding Administrative Incident Review.

**Comments:**

The auditor was informed that a separate Incident Review Team is assigned by the Regional Director to complete the review within thirty (30) days. This team does not include Lychner staff. If the Regional Director has concerns or more questions, he will assign a new Incident Review Team to finalize the process.

Elements noted in 115.86 are reportedly reviewed by each team.

**Suggestion:**

The facility needs to ensure that the Incident Review Team notes include clearer documentation.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
☒ Yes ☐ No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
☒ Yes ☐ No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Materials Reviewed:

Safe Prisons/PREA Operations Manual; Subject: Monthly Safe Prisons/PREA Report; Number: 08.01  
Monthly Safe Prisons/PREA Report; Unit Investigation Team Meeting Flow Sheet; Number: SPPOM  
08.01; Attachment S

Safe Prisons/PREA Plan dated February 2019

Safe Prisons/PREA Operations Manual; Subject: Safe Prisons/PREA Operations Manual; Number:  
01.01

Board Policy; Subject: Prison Rape Elimination Act Ombudsman Policy Statement; Number: BP-02.09  
(rev. 1)

Office of the Inspector General; Subject: Offender Sexual Assault Investigations; Number: OIG-04.05  
Administrative Directive; Subject: Operations of the Emergency Action Center and Reporting  
Procedures for Serious or Unusual Incidents; Number: AD-02.15 (rev. 12)

DOJ/Bureau of Justice Statistics Survey of Sexual Victimization; 2014, 2015, 2016 and 2017  
Yearly Report

Interview with PREA Ombudsman

Website

115.87 (a) (b) (c) (d) (e) (f)

Besides including the elements of 115.87 in policy, the following is also in policy:

- At the end of each month, a Monthly Safe Prisons/PREA Report is completed. It includes documentation of Safe Prisons/PREA activity related to offender sexual abuse training; frequency of Offender Protection Investigations (OPI); and disciplinary violations involving offender aggression. This allows for analysis of patterns and trends associated with incident locations and times, as well as groups involved in incidents.
- A monthly Unit Summary Document provides a summary of Safe Prisons/PREA activity, relating to increased or decreased levels of activity, patterns, times, and locations of incidents. In addition, action plans are documented in relation to reducing levels of aggression and increase overall safety and security of the unit.

Administrative Duties in relation to data includes the SPPMO shall:

1. Enter data related to reported offender-on-offender sexual abuse allegations provided by the Emergency Action Center in the Safe Prisons Sexual Assault Database.
2. Ensure receipt of the Safe Prisons/PREA Monthly Report E-form from each unit by the 5th business day of each month for the previous month's Safe Prisons activity and notify the unit warden when a report is delinquent.
3. Compile and provide a monthly report to the Correctional Institutions Division (CID) directors utilizing the information obtained from the Monthly Safe Prisons/PREA Report, the Emergency Action Center, and the Office of the Inspector General to analyze and evaluate trends in sexual abuse, sexual harassment, and extortion.
4. Identify trends related to time frames in which sexual abuse allegations are reported to have occurred, location of alleged incidents, demographics related to sexual abuse victim and assailants, and custody classes with higher rates of alleged sexual abuse reports.
5. Prepare technical reports concerning identified trends to assist agency administration in making decisions related to unit operations.
6. Enter Safe Prisons/PREA Adjustment Codes for electronic notification and tracking of sexual

predators, potential sexual predators, sexual victims, extortionists, and extortion victims on the offenders UCR-07 Adjustment Screen.

7. Provide technical assistance and information to agency staff regarding offender Safe Prisons/PREA training.
8. Distribute sexual abuse awareness and prevention educational material to offenders.
9. Collect and compile data from each unit regarding the frequency of offender Safe Prisons/PREA Program training.
10. Plan, schedule, and provide staff training in conjunction with the Correctional Training and Staff Development (CTSD) on topics to include prevention, detection, reporting, and investigating alleged sexual abuse, extortion, and other acts of offender aggression.
11. Provide technical support and guidance as the Safe Prisons/PREA Program subject matter expert to CTSD in the development of program curriculum.
12. Schedule and conduct division level operational review audits of the Safe Prisons/PREA Program in accordance with the TDCJ Operational Review Manual.
13. Process correspondence received by the SPPMO.
14. Assist the CID director with developing, implementing and monitoring the TDCJ's efforts to comply with the PREA standards in all its facilities.
15. Identify and attempt to develop partnerships with community based victim advocacy centers to provide services for offender victims of sexual abuse.

Responsibilities of the PREA Ombudsman include:

- Collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards
- Statistical information regarding the total number of allegations of sexual abuse investigated by the TDCJ, the outcome of the administrative investigations, and any disciplinary action resulting from the investigations.
- Each calendar year, the PREA ombudsman, in coordination with the TDCJ and the OIG, shall submit a written report regarding the activities of the PREA ombudsman during the preceding year to the: Governor...
  - The report shall, at a minimum, include public information regarding Each investigation and monitoring activity relating to sexual abuse completed during the fiscal year by the PREA ombudsman and the OIG; and Statistics collected by the PREA ombudsman and the OIG regarding allegations of sexual abuse.
  - Upon review of the findings of the annual report, the TBCJ shall make recommendations on, or implement policy that has the goal of, lowering the rate and incidence of sexual abuse against offenders at a correctional facility.

Comments:

Data is being accumulated and reviewed at a minimum of annually.

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

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

#### **115.88 (a)**

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Materials Reviewed:

Board Policy; Subject: Prison Rape Elimination Act Ombudsman Policy Statement; Number: BP-02.09 (rev. 1)  
Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2015 (Report)  
Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2016 (Report)  
Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2017 (Report)  
Safe Prison/PREA Plan dated February 2019  
Annual Report

115.88 (a) (b) (c) (d) (e)

All elements of standard 115.88 is included in policy. Note the information documented in the previous standard.

Comments:

As noted in the previous standard, each year the PREA Ombudsman, is required by policy, to submit an annual report describing his/her duties to: the Governor, Lieutenant Governor, Speaker of the House of Representatives, Presiding officer of each House and Senate committee having jurisdiction over the TDCJ, TBCJ, TDCJ Executive Director, State auditor and the Comptroller of public accounts.

Safe Prisons/Prison Rape Elimination Act (PREA) Program Report is a comprehensive document including information on Training, Training Statistics, Offender Education (Spanish and English), Education Statistics, Risk Screening, Security Related Issues (Corrective Action), Housing, Offender Jobs, Assault History, Administrative Segregation, Use of Cameras, Staff Training, Tracking and Reporting, Other Initiatives, Medical, Data Base, PREA History, Standards, Audits and Special Recognition. The document also shared the duties of the PREA Ombudsman, additional data.

Also included is comparison data. Special information regarding offenders and potential security related information is redacted from the reports.

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

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Materials Reviewed:

Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2015 (Report)  
Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2016 (Report)  
Safe Prisons/Prison Rape Elimination Act (PREA) Program/ Calendar Year 2017 (Report)  
Safe Prisons/PREA Plan dated February 2019  
Executive Directive; Subject: Records Management; Number: ED-02.29 (rev. 1)  
State of Texas Records Retention Schedule  
Interview with PREA Ombudsman  
Website

#### 115.89 (a) (b) (c) (d) (e)

Policy ensures that all collected data is securely maintained, with aggregated sexual abuse data available through annual reports posted on the agencies website.

TDCJ has established a records retention schedule that has been approved by the Texas State Library. Retention shall be for ten (10) years.

#### Comments:

Please see the previous standard in relation to the Safe Prisons/Prison Rape Elimination Act (PREA) Program Report.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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



### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The auditor had the ability to visit all areas of the facility. All interviews were private. Request for documentation was readily provided.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

All reports are available on the Departments website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darlene M. Baugh

November 18, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.