

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	James V. Allred Unit		
Physical address:	2101 FM North Iowa, Texas 76367		
Date report submitted:	May 12, 2015		
Auditor Information			
Address:	1145 Eastland Ave Akron, Ohio 44305		
Email:	Barbannkam@aol.com		
Telephone number:	(330) 733-3047		
Date of facility visit:	April 15-17, 2015		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(940) 855-7477		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Lisa James	Title: Unit Safe Prisons PREA Manager	
Email address:	Lisa.James@tdcj.texas.gov	Telephone number: (940) 855-7477 ext. 2188	
Agency Information			
Name of agency:	Texas Department of Criminal Justice		
Governing authority or parent agency: (if applicable)	State of Texas		
Physical address:	861-B I-45 North Huntsville, Texas 77320		
Mailing address: (if different from above)	P.O. Box 99 Hunstville, Texas 77342		
Telephone number:	(936) 295-6371		
Agency Chief Executive Officer			
Name:	Brad Livingston	Title:	Executive Director

Email address:	Brad.livingston@tdcj.texas.gov	Telephone number:	(936) 437-2101
Agency-Wide PREA Coordinator			
Name:	William Stephens	Title:	Director, Correctional Institutions Division
Email address:	William.stephens@tdcj.texas.gov	Telephone number:	(936) 437-2170

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the James V. Allred Unit was conducted on April 15-17, 2015 by auditors Barbara King, Maggie Capel, and Scott Bentley. Three weeks prior to the audit, the lead auditor Barbara King, received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The lead auditor communicated with the agency requesting further documentation for clarification and review. The lead auditor reviewed the interviews of the Director's Representative, PREA Coordinator, and the Texas Department of Criminal Justice website prior to the audit. A tentative schedule was set with the Warden for the audit timeframe.

The night before the audit, the auditors met with Warden Richard Wathen and executive staff of the facility. The facility provided the requested information to be used to identify offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, and a list of volunteers.

Key facility staff interaction during the audit included Warden Wathen; Jim Anders, Assistant Warden; Charles Horsley Assistant Warden; Sgt Lisa James, Unit Safe Prisons PREA Manager; Jon Eastep, Major; Major Harris, Major; Tina Vitolo, Chief of Classification; Captain Ernie Cooke, Training; Tommy Norwood, Facility Health Administrator; and Cassandra McGilbra, Safe Prisons/PREA Program Manager.

The audit began with an entrance meeting with the Warden and key staff. Auditors began the process with interviewing offenders while the facility staff was in the process of completing their ACA accreditation audit. A facility tour was completed in the afternoon with the Warden and staff. All required facility staff and offender interviews were conducted on-site during the three day audit. Random staff and offender interviews were completed with a minimum of one offender from each housing area. The random interviewees were selected by the auditors from the list of offenders and staff provided by the facility. Offenders who were identified as being in a designated group (e.g., disabled, limited English speaking ability, LGBTI, or who reported a sexual abuse) were interviewed. Additionally, specialized staff was interviewed including the Warden, PREA Manager, Investigators, first responders, health care staff, and mental health staff. A total of 56 offenders (one refused) and 62 staff (in addition to the Directors representative and PREA Coordinator previously interviewed by another PREA auditor) were interviewed.

There were fifty (50) allegations in the past twelve months: fifteen (15) were alleged staff on offender sexual abuse; six (6) were alleged staff on offender sexual harassment; twenty-eight (28) were alleged offender on offender sexual abuse; and one (1) was alleged offender on offender

sexual harassment. Fifteen investigations of the fifty allegations at the James V. Allred Unit were reviewed.

The audit team received two offender letters prior to the audit. During the audit process, one offender was interviewed regarding his concerns. The main concern in the letter was in regards to privacy in the housing area and during searches. After a visit to that specific housing unit to observe the layout, camera positions, and observing a search, it was determined there was no merit to the complaint. Other concerns raised by the inmate during the interview were also evaluated during the audit process. The concerns were shared with the Warden and facility staff during the audit and again at the close out. When interviewing the second offender, the offender indicated he did not write the letter. No further action was taken.

An exit meeting was conducted by auditors Ms. King and Ms. Capel at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditors did provide a preliminary status of their findings. The auditors thanked the Texas Department of Criminal Justice, Warden Wathen, the Allred Unit staff for their hard work and commitment to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Mission of the Texas Department of Criminal Justice (TDCJ) is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime."

The stated mission of the Allred Unit is to "first provide safe and appropriate confinement and supervision of adult felons, second to effectively manage or administer this facility based on constitutional and statutory standards, and third is to assign each offender a job in a manner so as to ensure, to the maximum extent possible; the safety, security, treatment, and rehabilitative needs of all offenders are being met, and the safety and security of staff and the institution are maintained."

The Allred Unit (JA) is a TDCJ prison that has the capacity to house 3722 adult, male offenders. The custody levels of the general population offenders housed includes G1, G2, G3, G4, and G5 as well as safekeeping P2, P3, and P4. The facility also houses Administrative Segregation offender's levels 1, 2, and 3.

The facility is located on a 320 acre site approximately 4 miles northwest of Wichita Falls, Texas. Two chain link fences with razor wire provide a secure perimeter for the 7 acre compound. There is a 24/7 roving patrol to service the perimeter. The Allred Unit has 23 buildings within the secure compound that provides spaces for administration, visiting, food service, education, offender housing, medical, commissary, maintenance, laundry, recreation, central control, and Chapel. There are three perimeter sally ports, one at the front entrance for pedestrians, one at the rear for vehicles, and one for the Expansion Cellblock.

The Unit has a rated capacity of 3,722 offenders. There are four identical, tri-level housing units (Buildings 3, 4, 7, & 8) that provide 216 double occupancy cells each. In addition, an administrative segregation unit containing 504 single occupancy cells, a high security expansion cellblock providing 448 single occupancy cells and 402 double occupancy cells is provided. There are two dormitory buildings that are divided into four pods with single cubicles that provide 300 beds each.

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

SUMMARY OF AUDIT FINDINGS:

On April 15-17, 2015, a site visit was completed at the James V. Allred Unit. The final report was provided on May 13, 2015. The results of the James V. Allred Unit PREA audit are listed below:

Number of standards exceeded: 2
Number of standards met: 39
Number of standards not met: 0
Non-applicable: 2

§115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Mr. Stephen Stephens is the Director of Correctional Institution Division (CID) and is the agency's PREA Coordinator. He has direct access to the Executive Director and has the authority to manage the Safe Prisons/PREA Program. His office supervises the regional PREA Managers and provides training and guidance as needed. Agency updates and changes are forwarded from this office to the units. Ms. Cassandra McGilbra was present during the audit. She was knowledgeable of the PREA standards and is a Certified PREA auditor.

Sergeant James is the Allred Unit PREA Compliance Manager. She also oversees the Safe Prisons office for the facility. She was very knowledgeable of the PREA standards and was actively involved in the PREA activities. The offenders who reported sexual abuse and the LGBTI offenders were very familiar with Sgt. James. They indicated they were able to report concerns to the Safe Prison Office and were secure that the office would follow-up on issues. Sgt James and her staff start the PREA education and indicate their availability to the offenders during the receiving process at the facility. They also make rounds in the housing areas to make the Safe Prison Office staff is available to the offender population. This demonstrates the active role and program the Safe Prisons staff has created at the Allred Unit. Sgt James also claimed during the interview process that she and her office had enough time to perform the PREA duties for the unit.

§115.12 - Contracting with other Entities for the Confinement of Inmates

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

Texas Department of Criminal Justice (TDCJ) has renewed one contract for the confinement of offenders on or after August 20, 2012. The contract has language requiring the contractor to comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ and in accordance with department policy. Additionally, 5 of 16 contracted secure facilities have undergone PREA audits and have exhibited full compliance of which 4 have received their final report. The reports can be viewed at the agency's website.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure compliance with the PREA standards. This will be accomplished through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided by Shannon Kersch, Manager II, Administrative Review and Risk Management Review and Standards.

§115.13 – Supervision and Monitoring

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

The Allred Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including "blind spots" or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. Based on the review of the staffing plan and interviews, the staffing plan was developed by the leadership of the Allred Unit with input from the PREA Manager and unit staff, regional staff, TDCJ Correctional Institution Division Security Systems Office and in coordination with the PREA Coordinator. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviation taken and the reason for the deviation are documented on the staff turnouts shift reports. Warden Wathen indicated during his interview that the deviation reports are reviewed daily by the shift supervisors, Warden's area, and human resources to ensure compliance with the staff priority plan. If this deviation is expected

to be long term, a Position Deviation Form must be submitted to the Security Systems Office for review and action. The most common reasons for deviation listed in the pre-questionnaire were staff shortages, semi-annual lockdowns, free world hospital, off unit transports and major projects. The staffing plan annual review was completed on June 17, 2014.

Intermediate and higher staff conduct announced rounds. Through review of housing area logs, staff interviews, and offender interviews, it was confirmed that unannounced rounds are done randomly throughout the facility. The agency's policy prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

§115.14 – Youthful Inmates

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

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

§115.15 – Limits to Cross-Gender Viewing and Searches

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

Through the review of the policy and procedures governing offender searches and cross gender searches, interviews with staff and offenders, and observation of actual searches conducted during the audit, the Allred unit does not conduct cross gender strip searches. The policy does allow cross gender strip search only in emergency situations. There were no cross gender searches conducted or logged for exigent situations at this time. All body cavity searches are only completed by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training. All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner.

The policy and practice allow all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. Offenders felt they received a sense of privacy for these functions. One letter received from an offender prior to the audit raised a concern regarding privacy in the housing area and during searches. After a visit to that specific housing unit to observe the layout, camera positions, and observing a search, it was determined there was no merit to the complaint.

Procedures require that staff of the opposite gender announce their presence when entering offender housing, this was observed during the audit. Female staff "knock and announce" female in pod. Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

The agency has established procedures to provide disabled offenders 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. The policies and directives address interpreter service, American Sign Language services and offenders with special needs. Allred employs qualified interpreters who are designated staff that have demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. The facility has 31 certified qualified interpreters on various shifts and positions within the facility. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. During the audit, three interviews were conducted with limited English proficient offenders. Those offenders, as well as, offenders with hearing disabilities and limited English proficiently interviewed during the facility tour all indicated they have received the PREA information and knew how to report if needed.

The agency policy prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized.

§115.17 – Hiring and Promotion Decisions

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

Through a review of the agency's policies and executive directives it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. Additionally, the agency policy requires warrant checks of each employee be conducted every six months.

Personnel files were reviewed with the Human Resource Manager. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks.

§115.18 – Upgrades to Facilities and Technology

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

The Allred Unit has not made any substantial expansions or modifications of the existing facility since August 20, 2012. The facility is currently installing a comprehensive video surveillance system which will include 946 cameras. This project is 70% completed and expected to be completed by late summer 2015. The staffing plan of June 17, 2014 was changed to add a new video surveillance sergeant. The Security Operations Procedures Manual directs coordination with agency's Safe Prison/PREA compliance Manager prior to the deleting installing, or relocating video surveillance equipment within the facility.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

The Allred Unit staff is responsible for the administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. Policy and procedures and the Safe Prisons/PREA Operations Manual outline evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations. Interviews were conducted with Allred Unit's Investigator Sgt James of the Safe Prisons Office and OIG Investigator Hoschlery. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff are provided at an outside facility, United Regional Health Care Systems, with no cost to the offender. There were four forensic medical exams performed by SANE/SAFE staff during the last twelve months.

The agency and facility has attempted to obtain an agreement for a Community Victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. Allred Unit has five (5) designated staff as offender victim representatives (OVR). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. They are available to respond when requested by the victim to provide services.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

The Safe Prison/PREA Plan directs that all allegations of sexual abuse and sexual harassment referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigation is maintained in the Safe Prisons Office. Documentation of the OIG investigations are maintained in their central office and outcomes are shared with the facility. Interviews were conducted with Allred Unit's Investigator Sgt James of the Safe Prisons Office and OIG Investigator Hoschlery. In these interviews, the investigators demonstrated the knowledge of their responsibilities and the responsibilities of each role was clearly defined and understood by both agencies.

There were forty-nine (50) allegations of sexual abuse and harassment in the past twelve months. Forty-six (47) resulted in administrative investigation and three (3) were reported to OIG and cases were opened. Of the fifty, sixteen (16) were referred for criminal investigation. An administrative or criminal investigation was completed on all allegations of sexual abuse and sexual harassment.

§115.31 – Employee Training

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

TDCJ has been training staff on sexual abuse and sexual harassment for a number of years. Training records, staff interviews, and curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a PREA video. This training occurs annually during in-service. Additional training occurs during roll calls. The training records indicated all staff at the Allred Unit has received the training. The agency's policy requires staff to complete the training annually as a refresher instead of the every two years as required by the standard. New employees receive the training as part of the pre-service training. Training is documented through the signature of the employee.

Interviews of random staff and general questions asked of staff during the tour clearly indicate each staff member is knowledgeable on how to perform their responsibilities in detention, reporting and responding to sexual abuse and sexual harassment.

§115.32– Volunteer and Contractor Training

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

All contractors and volunteers who have contact with offenders at the Allred Unit receive PREA training prior to assuming their responsibilities. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video to help educate volunteers. Interviews of volunteers and contractors demonstrated their knowledge of PREA, their responsibilities, and the agency's zero tolerance policy. Volunteers are provided a handbook which is also available on the public website that covers PREA. Training records were reviewed and the files demonstrated the volunteers received training and documented the understood the training through a signature.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

At intake into the agency, offenders are provided information through a PREA pamphlet and offender rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. When receiving offenders at the unit, the staff covers the PREA information with the offender during the risk assessment process. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender. The video is also played daily in all housing units at the same time each day.

The facility also offers offender training through Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four day, four hour training taught by offenders. The training provides open discussion and interactive activities. Offenders interviewed regarding the class indicated the class is well received and educational. They indicated the interaction and receiving information from their peers is a positive method of sharing and reinforcing PREA information.

Random offenders interviewed and during discussion on the facility tour acknowledged they have received PREA information upon arrival at the facility and reinforced daily through the video. They were able to explain how to report an incident and were aware of the zero tolerance policy. The receiving process was observed demonstrating the sharing of the PREA information with incoming offenders by unit staff.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's policy reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The training curriculum includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The facility's investigators attended the general PREA training and the required training for investigators. The specialty training was verified through the investigator interviews and review of the training records. OIG investigators are trained using the NIC PREA Investigation course.

§115.35 – Specialized training: Medical and mental health care

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

The medical and mental health staff are employees of Texas Tech Health Sciences Center and contractors of Allred Unit. The Correctional Managed Health Care policies direct specialized PREA training and continuing education for all medical and mental health staff. The training records for the medical and mental health staff demonstrated specialized and general PREA training was conducted. Interviews with the healthcare staff demonstrated they understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment. The facility's healthcare practitioners do not conduct forensic medical exams.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM). The agency's policy, SPPOM manual and Offender Assessment Screening Form were reviewed. The auditor had the Safe Prison staff explain the assessment process from the receiving of the offender to the facility to the completion of the screening process. During the site visit, an auditor observed the process starting at receiving through classification. The Safe Prisons staff begins the process the day prior by reviewing the incoming offenders' information in the agency's computer data system. The screening process conforms to the PREA standards. The forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are completed within 72 hours of arrival to the facility.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. In the past twelve months, thirteen (13) inmates were

reassessed. Through policy review and confirmed during staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders.

§115.42 – Use of Screening Information

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

The facility uses the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. During the site visit, an auditor observed the risk assessment process during receiving. An offender was identified as vulnerable and a potential victim. The staff informed classification and medical. A plan was created for the safe housing of the offender. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

There were ten (10) offenders listed as transgender. The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. The facility has a safekeeping housing area that houses vulnerable offenders which includes some of the transgender offenders. Other identified transgender offenders are housed in general population. By policy transgender and intersex offenders are reassessed twice a year and have the opportunity to shower separately. During interviews with transgender offenders, they indicated they had the opportunity to shower separately, were treated with respect, and were not housed in dedicated housing areas.

§115.43 – Protective Custody

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

The agency's policy prohibits the placement of offenders at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The Allred Unit has an administrative segregation unit containing 504 single occupancy cells, a high security expansion cellblock providing 448 single occupancy cells and 402 double occupancy cells. The facility has not placed an offender in protective custody involuntary. From the interviews with staff and offenders, the auditors felt that the staff

was addressing individual housing and program needs consistent with the security and safety of the offender.

§115.51 – Inmate Reporting

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

The agency's Safe Prisons/PREA Plan establishes procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. Offenders can report verbally and in writing to staff, report through the grievance system, or send an anonymous note. Offenders may also report allegations in writing to the Office of the Inspector General and PREA Ombudsman as an outside agency. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. The PREA Ombudsman Office and OIG immediately forward reports of sexual abuse and sexual harassment to the facility officials for investigation. These reporting systems were demonstrated through review of agency's policies and procedures, offender handbook, posters throughout the facility, and interviews with offenders and staff. During the offender interviews, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them to report.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. They were aware they could privately report an incident. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing.

§115.52 – Exhaustion of Administrative Remedies

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

The agency's administrative procedure addresses offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also covers this process. Step one of the grievances are completed at the unit level. Appeals (step 2) are made to Central Office, the facility has no access or notification until an outcome is determined.

In the past twelve months, twelve (12) grievances were filed that alleged sexual abuse: five (5) allegations of sexual assault by another offender; one (1) allegation of sexual contact by another offender; three (3) allegations of sexual assault by staff; and three (3) allegations of

sexual contact by staff. The agency's policy requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered. An auditor reviewed the grievances and determined they were handled in a timely and proper manner.

Of the offender files still available at the facility, seven (7) of the grievances were reviewed. Six (6) of those were referred to OIG. OIG found insufficient evidence in five of the cases and the other case was closed. The seventh grievance was unsubstantiated.

§115.53 – Inmate Access to Outside Confidential Support Services

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

The agency's Safe Prisons/PREA plan indicated that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available. The agency and facility has written numerous rape crisis centers in attempts to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse. The Allred Unit has not been successful in obtaining agreements with any agency to date. The law library has a list of outside confidential support services available to the offender population where they contact the agencies through written correspondence. Offenders can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency. The Allred Unit has five (5) designated staff as offender victim representatives (OVR). The offender victim representatives are trained as victim advocates who can provide victim support to staff or offenders who have been sexually abused. They are available to respond when requested by the victim to provide services.

§115.54 – Third-Party Reporting

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

The agency's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's ombudsman coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's policy requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training for all staff. The Safe Prison/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties and the process of reporting.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's policy requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse. Line and supervisory staff work simultaneous to take protective measures as information is reported.

In the past twelve months, there were 33 times when it was determined that an offender was subject to substantial risk of imminent sexual abuse. In all these cases, actions were taken immediately to protect the offender.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's policy requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred. This is also outlined in the Safe Prisons/PREA Operating Manual and Safe Prison/PREA Plan. The facility must also notify the Safe Prisons/PREA Manager. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident.

In the past twelve months, there were four (4) allegations received that an offender was abused while confined at another facility. Notifications were reviewed and the notifications were made within the acceptable time frame. The facility also received one (1) notification of an allegation of sexual abuse reported at another facility. Investigations were immediately started.

§115.64 – Staff First Responder Duties

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

The agency's policies and Safe Prisons/PREA Operating Manual clearly specifies the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the allegation is required to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines for staff to notify the immediate supervisor or shift commander immediately. The supervisor or shift commander will make further notifications to the Warden, Investigator, OIG and medical.

In the past twelve months, there were forty-three (43) allegations that an offender was sexually abused. In all these cases, a security staff member was the first responder. Only four (4) of those allegations were within a time frame that still allowed for the collection of physical evidence.

Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps to take as a first responder. Training during annual in-service and roll calls also prepare staff to respond.

§115.65 – Coordinated Response

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

The Allred Unit has a written institutional plan coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. A checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicate a commitment by the facility leadership for handling a coordinated response.

§115.66 – Preservation of Ability to Protect Inmates from Contact with Abusers

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

X Not Applicable

TDCJ reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is a “right to work state” and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

§115.67 – Agency Protection Against Retaliation

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

The agency’s Safe Prisons/PREA Plan outlines protection of all offenders and staff who report sexual abuse or sexual harassment cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or offenders. Policy designates the Warden or the Safe Prisons/PREA Compliance Manger as the staff member to monitor retaliation. The Warden Wathen designated the Safe Prison/PREA Compliance Manger Sgt. James to monitors offenders and staff for retaliation. Sgt James completes at a minimum thirty (30) day reviews for retaliation. Upon review of the files, it was noted that the reviews occurred more frequently in most cases. She maintains a notebook with a documentation form for each offender and staff member that is being monitored. She also conducts on-going reviews of offender files for changes that may reflect retaliation concerns. She is very knowledgeable of her responsibilities and the documentation was outstanding. Offenders being monitored for retaliation indicated during their interviews they were comfortable contacting Sgt James with issues and felt she would respond appropriately to their concerns. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted.

The agency's personnel policies covering sexual harassment, discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, and discrimination in the workplace also address the protection against retaliation.

§115.68 – Post-Allegation Protective Custody

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

The agency's Administrative Segregation Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Allred Unit utilizes their transient housing to separate offenders as needed during the investigation process. There were no offenders who suffered sexual abuse held in involuntary segregation housing in the past twelve months

§115.71 – Criminal and Administrative Agency Investigations

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

The agency's Safe Prisons/PREA Plan addresses investigations under general considerations. The Plan follows a uniform evidence protocol to investigate sexual abuse and sexual harassment; sexual investigations shall be conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. In the review of the training records, all investigators have received special training in sexual abuse investigations. OIG investigators are trained using the NIC PREA Investigator Course. Based on the review of the investigations, the agency's policies, and interviews with facility staff, OIG Investigator Hoschlery and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly, and objectively for all allegations. When an allegation is reported, the facility staff begins an administrative investigation and OIG begins a criminal investigation. There appears to be a good working relationship between the facility and OIG investigators with open communication about the progress of the investigation and outcome. If OIG determines a crime has been committed, the case is referred for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as offender or staff. Neither the agency or OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition

for proceeding with the investigation of such an allegation. Written reports are maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

There were fifty (50) allegations in the past twelve months. Investigation files were properly documented and organized. Fifteen (15) were alleged staff on offender sexual abuse: seven were unsubstantiated, five were unfounded, and three cases were opened by OIG with no charges. OIG did not open cases on the other twelve allegations. Six (6) were alleged staff on offender sexual harassment, all were unsubstantiated. Twenty-eight (28) were alleged offender on offender sexual abuse: twenty (20) were unsubstantiated, five (5) were unfounded, two (2) were still active, and one was substantiated through administrative investigation. Of these allegations, OIG still had five active, one (1) was accepted by prosecution, one (1) was refused by prosecution, eight (8) had no charges, and thirteen (13) had no case opened. One (1) was alleged offender on offender sexual harassment, it was still an active administrative investigation and OIG did not open a case.

§115.72 – Evidentiary Standard for Administrative Investigations

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

The agency's Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. The interviews with the investigators and staff confirm compliance with the policy and standard.

§115.73 – Reporting to Inmate

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

The agency's Safe Prisons/PREA Operations Manual requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. Through a review of the investigations completed, interviews with the facility staff and offenders, and the notification forms completed indicated that offenders are informed of the outcome of the investigations. If the allegation of sexual abuse was by a staff member, the policy requires the offender be informed of the status of the staff member in writing to include whether the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency's learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility

informs the offender whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. During interviews with facility staff, they indicated the initial process was to inform the offender verbally by the UCC Chairperson. The current process is the offender is notified verbally and in writing by the UCC Chairperson, and the offender signs off on the notification form. This process was confirmed during interviews and reviews of the notifications in the case files.

§115.76 – Disciplinary Sanctions for Staff

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

The agency's policies and the General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past twelve months, there have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment.

§115.77 – Corrective Action for Contractors and Volunteers

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

The agency's policies, the Volunteer Service Plan, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and required they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. They are also prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with contractors and volunteers confirmed they were aware of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of offenders. In the past twelve months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders.

§115.78 – Disciplinary Sanctions for Inmates

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

The agency's policies, Disciplinary Rules and Procedures for Offenders, and Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative findings that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse, sanctions are commensurate with the nature and circumstances of the abuse committed, the offenders disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and considers whether an offenders mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. The agency's policy prohibit all sexual activity between offenders to include consensual and will process discipline on offenders, but will not consider is sexual abuse. In the past twelve months, there were two administrative findings of offender-offender sexual abuse.

§115.81 – Medical and Mental Health Screenings; History of Sexual Abuse

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

The agency's policies, Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual requires medical and mental health follow-up within fourteen days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. Review of files demonstrated medical and mental health screening were conducted and documented within the fourteen days of intake screening. Interviews with medical and mental health staff outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. An interview with an offender indicating prior sexual victimization confirmed he received his follow-up meeting approximately within seven days of disclosure. Information related to sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners, and other staff as required. The medical and mental health staff obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting.

§115.82 – Access to Emergency Medical and Mental Health Services

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

The agency's policies for mental health and managed health care and the Safe Prisons/ PREA Operating Manual state that offenders who are victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services from medical and mental health staff. This process was verified through incident reviews and interviews with staff and offenders. The offenders also receive timely information about sexually transmitted infections prophylaxis. Treatment services are provided to every victim without any financial costs.

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

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

The agency's policies and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no costs to the offenders and are consistent with the community level of care. Per policy, offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interviews with medical and medical health staff, offenders, and file reviews verify and document the process.

The Safe Prisons/PREA Plan states a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. There was one confirmed offender abuser in the twelve month period. The offender was seen by mental health and within the appropriate time frame with documentation of the follow-up meeting. The mental health staff member interviewed indicated a mental health evaluation was not repeated since one was previously conducted and follow-up meetings were planned. The case file notes were not detailed to indicate whether treatment was deemed appropriate or offered. It is recommended that mental health staff complete detailed notes to indicate whether treatment is offered when deemed appropriate by mental health staff, treatment was not deemed appropriate, treatment participation if deemed appropriate, and any other follow-up plans.

§115.86 – Sexual Abuse Incident Reviews

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

The agency's policies and Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The review shall be conducted in accordance with the Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents policy. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The review shall include: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with Agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and the Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The unit shall implement recommendations that result from the review, or document the reasons for not doing so.

There is a monthly Safe Prisons/PREA report completed as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and implementing recommendations or improvements. The Sexual Abuse Incident Review Team meets monthly and is documented through meeting minutes. This team includes upper level management staff. A review of the monthly meeting minutes and files including the administrative incident review team reports indicate the standard is being met.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. It collects uniform data using a standardized instrument. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency aggregates this incident based sexual abuse data at least annually. This information is submitted annual to DOJ Survey of Sexual Violence and incorporated into the Inspector General’s Annual Report. Both documents were reviewed a part of the audit process.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The PREA Ombudsman’s responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the TBCJ chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. This office, along with TDCJ and the OIG, coordinates to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility use the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas, and taking corrective action on an ongoing basis. The report is published on the Texas Board of Criminal Justice PREA Ombudsman website. Through interviews with the Warden and PREA Compliance Manager and review of the facility’s monthly data reports, the facility’s data collection process and correction actions are documented.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency's Safe Prison/PREA Plan directs that the incident based information and aggregate data is collected, properly stored, and securely retained. Access to the data is controlled. The agency's aggregate data is available to the public through the agency's website and the PREA Ombudsman annual report. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All criminal investigations which include sexual abuse cases are permanently maintained.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Barbara A. King

Auditor Signature

5/12/2015

Date