

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b> Ellis Unit			
<b>Physical address:</b> 1697 FM 980 Huntsville, Texas 77343			
<b>Date report submitted:</b> 01/03/2016			
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<b>Date of facility visit:</b> December 9-11, 2015			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same as above			
<b>Telephone number:</b> (936)825-3728			
<b>The facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
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## **AUDIT FINDINGS**

### **NARRATIVE:**

On December 9-11, 2015, an audit was conducted at the Ellis Unit in Huntsville, Texas to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted December 9, 2015. The following areas of the operation were visited and observed for PREA compliance: inmate living areas, trustee camp, chapel, recreation area, intake area, gym, commissary, laundry, infirmary, segregation isolation, STG diversion program, food service, programming areas, property vault, supply room, human resources office, records office, mailroom, education area, farm offices, farm garage, pork operation area, poultry area, bus rehabilitation area, landscaping area, garment shop, visiting room, and yard.

The documents reviewed for this audit included department policy, institution policy, contracts, staff training records, personnel records, volunteer training records, sexual abuse and harassment complaints, and training curriculms. Formal interviews were conducted with the Warden, PREA Compliance Manager/Coordinator (facility/departmental), two medical staff, one mental health staff member, one human resources staff, corrections officers (8 1<sup>st</sup>/3 2<sup>nd</sup>), six correctional supervisors, four first responders, two investigative staff, one external investigative staff (OIG), three intake staff, one volunteer, two incident review team members, two retaliation monitors, two segregation supervisors, and two segregation staff. Interviews were conducted with fourteen randomly selected inmates and thirteen inmates deemed vulnerable at intake. Two LGBTI identified inmates were interviewed. Thirty-nine inmates were interviewed informally throughout the tour and visit at the facility. The agency head was not interviewed due to the finding of 100% of prior audits as it relates to the Agency head interview.

The auditor was provided access to the facility day and night during the audit and provided documentation as requested.

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Ellis Unit is located outside the city limits of Huntsville, Texas. The facility opened in 1963 and the physical address of the facility is 1697 FM 980, Huntsville, Texas 77343.

The Ellis Unit is an all male, adult facility. The facility consists of 113 buildings on the 11,362 acre complex. The facility has 15 housing areas with 152 single cells, 838 multiple occupant cells, and 9 dormitories.

The facility has a design capacity of 2,482 offenders and currently houses 2,437 offenders. Offenders range in age from 19 to 82. The average length of stay is fourteen years. Offenders arrive at the facility from reception centers and other facilities from within the Texas Prison System. Ellis Unit houses inmates of minimum, medium, and maximum security level.

The Ellis Unit employs 659 staff members to include security, non-security, contract medical, and contract treatment providers.

**SUMMARY OF AUDIT FINDINGS:**

During the visit, the auditor interviewed fourteen random inmates, seven inmates who identified past victimization during the screening process, four limited english proficient inmates, two inmates identified as gay, lesbian, or bisexual, and all specialized staff. All inmates and staff interviewed were aware of PREA. Inmates interviewed were aware of methods of reporting sexual abuse and sexual harassment and indicated they felt the PREA requirements were taken seriously at this facility. All inmates indicated that PREA information was received in writing and via video orientation. All staff were knowledgeable of PREA requirements and reporting responsibilities. Each staff member questioned was aware of evidence preservation and medical considerations required by PREA protocol. Informational posters were posted throughout the facility in English and Spanish.

Number of standards exceeded: **4**

Number of standards met: **37**

Number of standards not met: **0**

Number of Non-Applicable Standards **2**

**115.11** Zero tolerance of Sexual Abuse and Sexual Harassment; PREACoordinator

- 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 meets this standard. The standard is addressed in the noted policies and procedures: Executive Directive Safe Prisons/PREA Program, ED03.03, PREA Plan P, PD29, TDCJ Organizational Chart, PO 07.150, SPPOM 01.01, SPPOM 01.03. The agency employs an agency wide PREA Coordinator.

**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)
- Non-Applicable
- Does Not Meet Standard (requires corrective action)

The facility is a state of Texas managed facility. The standard is non-applicable.

**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 facility meets this standard. The standard is addressed in AD-11.52, PO-07.002, PO-07.003, PO-07.004, PO-07.005, SM01.14, AD11.52, SOPM 08.01, SOPM 08.04, SOPM 08.06, PD-22, and Safe Prisons PREA Plan. The staffing rosters were reviewed, along with the annual staffing plan. Unannounced rounds were verified via interviews with staff, inmates, and supervisors on all shifts. Written sign-in sheets of housing units and shift supervisor reports were reviewed and demonstrated unannounced rounds. Shift supervisors explained the process in detail and explained how they worked to visit areas unannounced. Staffing rosters were provided for August 28, 29, 30, and 31 prior to the audit. Shift rosters were also reviewed during the audit.

**115.14** Youthful Inmates

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

The facility doesn't house youthful offenders. A statement of fact was provided.

**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)

Policies AD-03.22, PO-07.026, PO-07.132, SPPOM 02.05, Knock and Announce Policy, PO 07.015, PO-07.20, PO-07.023, PO-07.024, PO-07.027, PO-07.133, CMHC G 51.11, and Safe Prisons PREA Plan addresses cross-gender viewing and searches. The CTSD training curriculum addresses staff training in cross gender searches. A transgender inmate was housed at the facility prior to the audit, but had been released prior to the audit. The review of the search log found no concerns. Most inmates questioned indicated that they were able to shower, change clothes, and use the toilet without female staff viewing them. A walk-through of the units and inmate work areas revealed a few concerns, which were corrected immediately. Training records and discussions with staff and inmates indicated proper training in this area. All females knocked and announced prior to entering the housing units and restroom/shower areas. The knock and announce process was observed on various occasions by the audit team.

**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)

Policies AD-04.25, CMNCG 51.5, AD-06.25, SM-05.50, AG-51.1, AG51.5, and SPPOM 02.03 addresses this standard in policy. 11 institution staff were fluent in Spanish and a list was available for staff. Posters and inmate education material was available in English and Spanish in units. 4 bilingual inmates were interviewed, with bilingual staff assistance and all indicated that there were no known incidents of inmate interpreters being used for PREA investigations. All bilingual inmates indicated that there were no issues understanding PREA reporting procedures and Safe Prisons. They were familiar with the staff interpreters and had ask their assistance on understanding information in the past. The STG officer at the facility was bi-lingual and assisted the PREA Coordinator as needed.

**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)

Policies PD-22, PD-27, PD-29, PD-56, PD-71, PD-73, PD-75, PERS 282 and PERS 283 addresses this standard in policy. A review of random personnel files were completed and supports that background checks are being conducted prior to offering a position. Employee checks were in place. A human resources staff member was interviewed and demonstrated the procedure for processing of new employee application, background check, and hiring. She was knowledgeable of the process and explained the employee processing to maintain compliance with the PREA standard. A list of new and promotional hires was provided with the corresponding PREA required 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)
- Non-Applicable
- Does Not Meet Standard (requires corrective action)

Policies SOPM 07.02 and SM01.14 addresses this standard in policy. The facility was constructed in a telephone pole design. Cameras were present common areas. The telephone pole construction style allowed for good sight lines and employees were assigned to each unit with overhead patrols and roving patrols.

**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)

Policies AD-16.03, SPPOM-05.01, CMHC G57.1, SPPOM-02.02, SB1191, and the Safe Prisons Plan address this standard in policy. The facility has contracts with local hospitals that provide access to SANE trained medical staff if the need arises. The agency provides training to victim advocates at the facility and 2 qualified victim advocates were available to all inmates. The institution and agency have sent several solicitation letters to victims advocate agencies in the community and have yet to find an agency equipped or willing to meet the needs of the facility in this capacity. The nursing administrator and nursing supervisor were interviewed and demonstrated appropriate PREA related investigation knowledge. Huntsville,

Texas did have a Rape Crisis Center (Saffe House) available, but no MOU was in place. Inmates were provided the address in the library.

**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)

Policies AD-02.15, AD-16.20, Safe Prisons PREA Plan, BP-01.07, PD29, OIG-04.05, SPPOM-05.05, and SPPOM-05.01 address this standard in policy. The facility had 14 incidents of alleged abuse and/or harassment at the facility. There was one substantiated case and it was investigated to the fullest extent. All incidents were reported to the OIG. All incidents were investigated to the fullest extent at the facility. The OIG investigator assigned to the facility was interviewed at the facility. Her training records were reviewed and supported training for PREA related investigations.

**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)

Policies PD29, SPPOM 06.01, AD12.20, ED12.10, PD97, and Safe Prisons Program address this in policy. A review of the training curriculum, training records and interviews with staff support that staff have been trained regarding the requirements of PREA. Forty-five staff were interviewed formally and were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues. Staff were versed in evidence collection and reporting expectations.

**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)

Policies AD 02.46, AD 07.35, and PD29 address this standard in policy. The reference material entitled "A Handbook for Volunteers" supports this in policy. The training records reviewed and interviews with volunteers supported that volunteer training was provided sufficient to meet this standard. One volunteer was interviewed formally and two informally. Training records for all three volunteers was provided upon request. The volunteer

interviewed formally was versed on the expectations of PREA reporting requirements. Contractor training records were reviewed and supported compliance.

**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)

Policies SPPOM-02.03, SPPOM-06.02, UCPM-05.00, AD-04.25, AD-06.25, CMHC G-51.1, and CMHC G-51.5 support this standard in policy. Most of the inmates interviewed indicated that they had been interviewed and provided educational videos on the subject. Most inmates indicated that the PREA coordinator or assist had provided education on the subject. The documentation reviewed supported this process was in place. Inmates interviewed informally were versed in the reporting requirements at the facility. Several older inmates indicated that the facility was much safer after the implementation of PREA. The PREA Education video script was reviewed and was sufficient.

**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)

Policies BP-01.07, OIG OPM-02.15, AD-16.03, CMHC G-57.1, OIG LP2029, OIG OPM3201, OIG OPM -04.05, and PD-97. Senate Bill 1191 also supports this standard. Training records were reviewed and two investigative staff were interviewed with both supporting compliance with this standard. TCDJ provided a list of OIG trained investigators statewide and several staff at the institution had received the training. The OIG investigator assigned to the institution acknowledged her training and it was supported with training records.

**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 following policies, procedures, and legislative bill supports compliance with this standard: AD-16.03, CMHC C-19.1, CMHC C-25.1, CMHC G-57.1, SB 1191, TDCJ-Letter of Orientation, and New Employee Orientation Checklist. Medical training records were provided and were in compliance. Interviews by medical and mental health staff also supported this process

was in place. Both medical and mental health staff were knowledgeable of their expectations.

**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 following policies and procedures support compliance with this standard: CMHC E 35.1, SPPOM-03.01, Safe Prisons PREA Plan, IPM-CL-69, IPM-5-06, CMHC A-09.01, and CMHC H-61.1. The PREA Coordinator, Assistant PREA Coordinator, and STG officer complete the initial review of inmates upon intake. All documentation provided supported compliance with this standard. The PREA and STG personnel were knowledgeable in reviewing files, statements, etc. Interviews of at risk inmates indicated that this process was in place.

**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 following policies and procedures support compliance with this standard: AD04.17, AD04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01, CMHC E 35.1, CMHC G 51.11, SPPOM-03.02, and GNCCPM-04.00. The screening process was in place and being used to properly identify and place inmates. Several inmates were interviewed who identified prior victimization in the community and they indicated that the process was in place. Most inmates who were identified having prior victimization were appreciative of the process.

**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 following policies and procedures support compliance with this standard: Administrative Segregation Plan, A1-169, A1-203, Safe Prisons PREA Plan, SPPOM 05.05, Guidelines for Administrative Segregation, E1-204SV. There were plans in place to readily investigate an issue if it were to arise. All supervisors interviewed were knowledgeable about the expectations in this area. The institution has identified transient status areas to protect alleged victims without punishing them for reporting issues. The transient housing area was

toured and accommodations were in place. This has been consistent in the Texas prisons audited.

**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 following policies and procedures support compliance with this standard: AD 14-09, BP 03.91, Safe Prisons PREA Plan, TBCJ PREA Brochure, and ED02.10. The facility has numerous methods of reporting PREA related offenses. This can be done through verbal, written, and 3<sup>rd</sup> party methods at the facility. The Texas Department of Criminal Justice has an Ombudsman office set up with the Board of Criminal Justice where inmates and outside staff, family, etc can report PREA related concerns. The office contact information was posted throughout the units and brochures were available to inmates with contact information. Inmates interviewed formally and informally were aware of the reporting process and felt that staff would react appropriately. The Texas Ombudsman was available at the institution and methods of responses were discussed and verified. The PREA Coordinator at the facility was knowledgeable of her duties and had two staff to assist her in her duties.

**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 following policies and procedures support compliance with this standard: AD-03.82, BP-03.77, 493.014, 501.008, 115.52, Offender Grievance Operations Manual, Safe Prisons Plan, and G OGOM 1.04. The TCDJ has a process in place whereby a PREA related complaint can be filed as an emergency grievance and not be subject to the standard grievance and informal complaint guidelines. Inmates were aware of the grievance process and allegations were dealt with immediately. The grievance logs were reviewed and substantiated this process being in place.

**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 following policies and procedures support compliance with this standard: BP03.91, List of Rape Advocacy Centers, Safe Prisons PREA Plan, and SPPOM 02.02. The facility provides inmates access to a list of advocacy groups available in the community via the law library. The Ellis Unit did not have an MOU in place with a local advocacy group. Several letters have been sent to various advocacy groups attempting to develop a working agreement to assist in this area. Huntsville, Texas has a Rape Advocacy Center identified on the institution libraries list, which inmates could write or contact. As noted, no written agreement had been reached with that center.

<b>115.54</b> Third Party Reporting
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- 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 following policies and procedures support compliance with this standard: ED 02.03, ED 02.10, A General Information Guide for Families of Offenders, A Safe Prisons PREA Plan, and SPPOM 04.02. The Texas Department of Criminal Justice established a PREA Ombudsman in 2008. Inmate families may contact the office by writing, calling or e-mailing the office. The department publicly provides this information in their Guide to Families of Offenders and post the phone number and address of the PREA Ombudsman throughout their facility including the visiting room. Inmates interviewed verified that they were aware of this process. There were examples provided that inmates and families had utilized the Ombudsman process to report issues. Posters advising inmates of this process were posted throughout the facility and training records of inmates were in place documenting the required PREA training to inmates.

<b>115.61</b> Staff and Agency Reporting Duties
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- 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 following policies and procedures support compliance with this standard: A Safe Prisons PREA Plan, Courage YOP Operations Manual, SPPOM 05.01, CMHC E-35.2, CMHC G-57.1, AD.16.20, PD29, and PD22. Most staff were aware of reporting responsibilities. Staff interviewed that they could report incidents to their supervisors, the regional offices, the Ombudsman section, and to OIG if necessary. Training records supported their training in this area.

**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 following policies and procedures support compliance with this standard:

AD02.15(Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents), SPPOM05.01, and SPPOM05.03. Staff interviewed were knowledgeable of the need to remove a victim or alleged victim from danger, the need for medical/mental health intervention, and the need to do a complete investigation in a timely manner. All line staff and supervisors interviewed were aware of victim protection expectations and had demonstrated them in reported incidents. Most employees carried instruction cards for handling incidents, which help them remember the steps they must follow. All inmates interviewed felt that staff acted appropriately when issues related to PREA came up.

**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 following policies and procedures support compliance with this standard: AD16.20, BP01.07, Safe Prisons PREA Plan, SPPOM04.01, SPPOM04.02, SPPOM05.01, and SPPOM05.05. The Warden, Deputy Warden, Major and PREA Coordinator demonstrated familiarity with this requirement. The institution had one reported incident involving the Ellis unit from another unit and it was investigated per policy.

**115.64** Staff 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 following policies and procedures support compliance with this standard: AD16.03, OIG OPM-04.05, and SPPOM 05.01. All staff at were trained as 1<sup>st</sup> responders. All staff interviewed at the facility were familiar with the expectations of 1<sup>st</sup> responders on PREA incidents. The department provides all staff with a reference card on its expectations in PREA incidents. Staff at this facility were knowledgeable of PREA 1<sup>st</sup> responder responsibilities. 4 1<sup>st</sup> responders were interviewed and demonstrated working knowledge of PREA expectations. 14 cases were reported at this facility and the records reviewed show

correct action was taken in these cases. Time frames for reporting were also within expectations.

**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 following policies and procedures support compliance with this standard: Safe Prisons PREA Plan and SPPOM05.01. Interviews with two nurses, one mental health staff, and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response. The PREA investigation checklist provides step by step guidance for Ellis unit to complete a coordinated response. All investigations provided for review demonstrated its use and the facilities 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)

The following policies and procedures support compliance with this standard: PD29, PD22, and PD35. The department has zero tolerance language in their personnel policies. The policy addresses separation of inmates and employees during the investigation process, and the employee discipline process as it relates to PREA identified cases. Ellis unit had no situation where an inmate employee substantiated case required this process to be acted upon.

**115.67** Agency Protection Against Retaliation

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

The following policies and procedures support compliance with this standard: PD22, PD29, PD13, PD31, SPPOM05.08, Safe Prisons PREA Plan, and SPPOM02.04. The agency has a 90 day monitoring requirement to ensure retaliation is not an issue with the reporting of sexual harassment or abuse. The Warden, PREA Coordinator, and Investigators assigned to cases were aware of this requirement. Documentation provided supported compliance with this standard. Inmates interviewed indicated that they had been made aware of the outcomes of

the cases. Some inmates were afraid of retaliation, but had not experienced retaliation to date.

**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 following policies and procedures support compliance with this standard: AD03.50, AD04.63, Administrative Segregation Plan, ASC Review Decisions, Guidelines for Administrative Segregation, and Safe Prison PREA Plan. The facility had a plan in place to avoid housing victims in segregation. Inmates involved in active PREA related cases were housed in transient housing. A tour of this area was completed and inmates were held no longer than 72 hours.

**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 following policies and procedures support compliance with this standard: AD16.20, Safe Prisons PREA Plan, CTSD Specialized Investigations, OIG LP3201, AD16.03, BP01.07, OIG OPM-04.05, OIG OPM 05.10, OIG OPM 05.15, SPPOM- 05.05, SPPOM-05.11, AD02.15, OIG OPM-03.72, Records Retention Schedule, and PD29. Investigators and supervisors at the facility are trained in the special investigation training for PREA cases. Cases were investigated timely and thoroughly. Physical evidence, witness statements, interviews, and all other investigative information was available upon request and maintained via file. Each investigation included testimonial and physical evidence if available.

**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 following policies and procedures support compliance with this standard: CTSD Specialized Investigations, Safe Prisons PREA Plan, and SPPOM-05.05. The policy in place required the preponderance of the evidence in substantiating allegations. The investigators interviewed at the facility were aware of that requirement and had demonstrated their knowledge during active investigations. Investigation of the alleged harassment at the

facility demonstrated this. All trained supervisors interviewed at the facility were familiar with reporting requirements and evidence expectations. Preponderance of the evidence requirement was utilized to conclude investigations.

**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 following policies and procedures support compliance with this standard: Safe Prisons PREA Plan, SPPOM-05.05, SPPOM-05.11, and SPPOM-05.10. There was a process in place to follow-up with inmates on the status of investigations. The PREA Coordinator, Assistant Warden, and Major were aware of this standard and had plans in place to monitor notification per requirement. Signed notifications were provided demonstrating the process was in place. Inmates interviewed indicated that they had received notification on the status of cases.

**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 following policies and procedures support compliance with this standard: PD29, PD13, PD22, and AD16.20. The agency policy outlines that an employee is subject to discipline up to termination if deemed to have committed a PREA identified violation. There were no incidents at this facility. All staff interviewed were aware that disciplinary up to termination was possible for confirmed cases of sexual harassment and/or sexual abuse of the inmate population.

**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 following policies and procedures support compliance with this standard: Volunteer Services Training Video, Acknowledgement of Volunteer Training, PD29, Safe Prisons PREA Plan, and Volunteer Services Plan. Agency policies outline removal of volunteers and contractors for PREA identified violations. There were no incidents at this facility. The volunteers and contractors were aware of the possible consequences for sexually harassing or sexually abusing any inmate at the facility.

**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 following policies and procedures support compliance with this standard: GR-106: Disciplinary Rules of Procedures for Offenders, Safe Prisons PREA Plan, CMHC E 35.1, and SOTP01.01. The Disciplinary Rules of Procedures for Offenders identified PREA related violations and their possible outcomes. The agency inmate disciplinary process also identified the requirement that an inmates mental capacity and disability limitations be taken into consideration during the disciplinary process. No inmates were disciplined for reporting incidents. No inmate interviewed indicated that there were concerns with disciplinary action. An interview with the Captain, who is over inmate disciplinary hearings indicated understanding of these requirements and the expectations.

**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 following policies and procedures support compliance with this standard: CMHC E-35.1, CMHC E-35.2, CMHC G-57.1, Safe Prisons PREA Plan, SPPOM 03.01, CMHC A-09.01, CMHC H-61.1, SPPOM05.05, CMHC I-70.1, and CPOM 02.05. All medical and the mental health practitioner interviewed at the facility were aware of their responsibilities and consent requirements. The incidents at the facility where prior abuse was reported were dealt with immediately. Medical staff were knowledgeable in this area and the mental health practitioner was extremely knowledgeable of PREA requirements. The inmates reporting prior abuse were interviewed and indicated that they had been re-interviewed by mental health staff.

**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 following policies and procedures support compliance with this standard: CMHC A01.01, CMHC G57.1, SPPOM 05.01, and I-214: Referral to Mental Health. The facility had protocol in place. The institution had working agreements with local hospitals to provide a SANE

nurse in the event of its necessity. All line staff interviewed were aware that medical attention needed to be immediate and without delay in PREA related incidents. Treatment services and prophylaxis treatments were available per policy at no expense to the inmate.

**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 following policies and procedures support compliance with this standard: CMHC G57.1, Safe Prisons PREA Plan, SPPOM05.01, SPPOM05.05, CMHC E32.1, CMHC E44.1, and CMHC G57.1. The agency policy outlined the availability of follow-up mental health and medical care at no cost, if needed or requested. Inmates interviewed who have reported prior abuse in the past indicated follow-up mental counseling was offered within 2 or 3 days of reporting it. The mental health practitioner interviewed was very versed in trauma related to sexual abuse and the need for follow-up. The mental health and medical services offered at the facility met community standards as I see it.

**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 following policies and procedures support compliance with this standard: Instructions for Reporting Allegations, AD02.15, Safe Prisons PREA Plan, SPPOM-08.01, and AD02.15. The incidents reported at this facility had after action review processes in place and follow up. Reviews are conducted by the Warden, Major, PREA Coordinator, and any other pertinent staff. It was obvious that a review process was in place and being utilized.

**115.87** Data Collection

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

The following policies and procedures support compliance with this standard: AD02.15, BP02.09, OIG OPM 04.05, Safe Prisons PREA Plan, SPPOM01.01, and Survey of Sexual Violence. The agency collects data systemwide and submits a report annually. The regional PREA Coordinators verified this process. The agency uses this information to coordinate

camera funding, renovation, etc. It was obvious in interviewing the Warden, Assistant Warden, and Major that investigation outcomes were reviewed and utilized to reduce incidents at the facility.

**115.88** Data Review for Corrective Action

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

The following policies and procedures support compliance with this standard: A20.3-Safe Prisons Program, BP02.09, PREA Ombudsman Annual Report, Texas Correctional Code 501. The agency collects data on all allegations of sexual abuse in order to make physical and policy improvements as necessary. This was confirmed with the regional PREA Coordinator. The annual report was available via the agency website. Each investigation has corrective actions noted and corrective action was taken if noted.

**115.89** Data Storage, Publication, and Destruction

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

The following policies and procedures support compliance with this standard: AD Records Retention Schedule. All PREA related assessments, investigations, training records, etc are maintained per retention schedule. This was verified through the regional PREA Coordinator. The agency is careful to redact confidential information from the reports.

**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.



\_\_\_\_\_  
Auditor Signature Jeffrey B. Noble

01/03/2016

\_\_\_\_\_  
Date