

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

**Date of report:** November 01, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Ian Rachal			
<b>Address:</b> PO Box 17841, Richmond, VA 23226			
<b>Email:</b> irachal@lahcari.com			
<b>Telephone number:</b> .			
<b>Date of facility visit:</b> April 10, 2017 – April 13, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> 1200 Baker Street			
<b>Facility physical address:</b> 1200 Baker St, Houston, TX 77002			
<b>Facility mailing address:</b> <i>(if different from above)</i> 1200 Baker Street, Houston, TX 77002			
<b>Facility telephone number:</b> 713-755-6044			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Chief Darryl Coleman			
<b>Number of staff assigned to the facility in the last 12 months:</b> 789			
<b>Designed facility capacity:</b> 4253			
<b>Current population of facility:</b> 3559			
<b>Facility security levels/inmate custody levels:</b> Low, Medium, and High-Risk			
<b>Age range of the population:</b> 18-76			
<b>Name of PREA Compliance Manager:</b> Katrina Camacho		<b>Title:</b> PREA Manager	
<b>Email address:</b> Katrina.Camacho@sheriff.hctx.net		<b>Telephone number:</b> 713-755-8298	
<b>Agency Information</b>			
<b>Name of agency:</b> Harris County Sheriff's Office			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> .			
<b>Physical address:</b> 1200 Baker Street, Houston, TX 77002			
<b>Mailing address:</b> <i>(if different from above)</i> .			
<b>Telephone number:</b> 713-755-6044			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Ed Gonzalez		<b>Title:</b> Sheriff	
<b>Email address:</b> ed.gonzalez@sheriff.hctx.net		<b>Telephone number:</b> 713-755-6044	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ronny Taylor		<b>Title:</b> Captain	
<b>Email address:</b> ronny.taylor@sheriff.hctx.net		<b>Telephone number:</b> 713-755-8415	

## AUDIT FINDINGS

### NARRATIVE

The audit of 1200 Baker St. Jail was conducted on April 10<sup>th</sup> – April 13<sup>th</sup>, 2017 by Ian Rachal, Department of Justice Certified PREA auditor. Prior to the commencement of the audit, an introductory meeting was held with agency leadership to answer questions and provide expectations for the on-site audit process.

The 1200 Baker St. jail facility is a high-rise model jail facility. The first floor consists primarily of support service and administrative areas such as the inmate commissary, kitchen, and Classification areas. There was sufficient security coverage and mechanisms in place to ensure the safety of staff and inmates working in these areas. Blind-spot monitoring is accomplished through the use of increased security coverage and monitoring hardware such as mirrors and camera systems. The second through sixth floors of the facility serve as inmate housing areas. All housing areas were inspected (a total of five housing floors each containing approximately seven to eight housing units containing multiple attached large dormitories). In each dorm unit, video monitoring was used extensively to aid in the assigned personnel's field of vision and to mitigate any blind spots.

The general population housing dorms are semi-open designs featuring bunk beds inside of lockable cell block areas, adjacent to a dayroom area. Inmate shower and toilet areas are covered by concrete partition walls and/or vinyl curtains to afford inmates the ability to shower or perform bodily functions without opposite gender staff viewing them. Segregation housing featured individual cells with toilets inside the cell. Some cells for higher-security inmates have a shower within the cell.

There were 54 investigated allegations of sexual abuse at the facility in the calendar year preceding this audit. Of these allegations, 7 necessitated a sexual abuse incident review following an administrative or criminal investigation. Based on my observation of investigative efforts and current records, I feel that HCSO is exceeding in its compliance with all investigative requirements of PREA. The HCSO PREA compliance department has progressed in an exemplary fashion. The assigned investigators, personnel, and department leadership showed themselves to be very competent and knowledgeable of their job duties and requirements in relation to the Prison Rape Elimination Act.

The 1200 Baker St jail facility houses youthful offenders in the same housing areas as adult offenders. In accordance with Texas state law (51.02(2), F.C.), inmates 17 years of age or older, and under 18 years of age, may be housed with adult offenders. During the course of the audit HCSO officials stated that they were unable to house these offenders in a separate area due to various reasons (available housing space, classification challenges, etc.). Coordination on an appropriate corrective action plan was unsuccessful in procuring an agreed upon plan to house youthful offenders in a dedicated area away from adult offenders. At the current time, HCSO officials have not solidified an appropriate plan to address this issue.

Over 40 line-level personnel were interviewed during the course of the audit. I found them to be moderately informed about their duties and responsibilities in relation to the requirements of PREA. All staff members have been trained in accordance with PREA requirements. PREA compliance personnel have developed an in-depth training curriculum which I found to be very well developed. I would strongly suggest that agency personnel be provided with educational updates between scheduled training times.

I asked for an alphabetized listing of all inmates housed at the 1200 Baker St jail facility and I randomly selected several inmates from each floor and various housing units (over 100 total). There were no hearing/vision impaired inmates presented during my visit. I interviewed several Spanish speaking inmates and one Mandarin speaking inmate. A staff interpreter was provided to conduct interviews when necessary.

Several specialized interviews were conducted to include:

- PREA Coordinator
- PREA Manager
- PREA Investigator
- Human Resource personnel
- Facility supervisors
- Medical personnel
- Classification personnel
- Agency administrators

I found that personnel serving in these roles to be highly skilled and knowledgeable concerning their requirements in relation to the Prison Rape Elimination Act. The Classification department has continued in improving in its efforts to proactively identify signs of predation and victimization present in the offender population. Several Classification personnel interviewed possessed a very strong knowledge of their requirements. Medical administration and line level Medical personnel were very competent and knowledgeable about processes and requirements. Overall I feel that the Medical responsiveness is quite sufficient to address any medical needs of the offender population in relation to allegations or incidents of abuse.

Overall, the HCSO implementation of PREA requirements into its daily operations has progressed to a level of comfortability at this point. The exception to this is HCSO compliance with the youthful offender requirements. In regards to the 1200 Baker St facility, the only thing standing in the way of full-compliance, is the inability of HCSO officials to come up with a solution to the housing of these offenders.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Harris County Sheriff's Office, founded in 1837, is the largest sheriff's office in Texas and the third largest in the United States. The HCSO has nearly 4600 employees and 200 reservists dedicated to ensuring the safety of over 4.1 million residents who call Harris County home. Harris County encompasses 1788 square miles (1729 land) and includes forty-one incorporated municipalities.

Harris County is a burgeoning and vast metropolitan area - home to one of the most culturally rich cities in the nation. The Harris County Sheriff's Office is committed to creating and maintaining a safe and secure community. The partnership between our organization and you, the residents of Harris County, is critical in the fight against crime.

The HCSO is accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA). The Commission was established in 1979 as a credentialing authority through the joint efforts of law enforcement's major executive associations. The HCSO became accredited in 2002 and is the largest law enforcement agency in Texas to receive this professional designation. We are also the largest Sheriff's Office in the nation to be accredited. [Click here to learn more about Harris County, Texas.](#)

Harris County Sheriff's Office: 1837 - Present

The county was founded on December 30, 1835, as Harrisburg County and organized on March 1, 1836. The name was changed to Harris County on December 28, 1839. Harris County is named for John Richardson Harris, an early settler of the area.

John Moore was sworn in as the first sheriff of what was then called Harrisburg County in February 1837. Among the oldest law enforcement agencies in Texas, the department has grown from a single man on horseback to a modern agency.

## SUMMARY OF AUDIT FINDINGS

At the current time I find the 1200 Baker St. jail facility to be non-compliant with standard 115.14. Overall, I feel that the HCSO can achieve PREA compliance at the 1200 Baker St facility by making the necessary adjustments to its housing areas. The reclassification of Youthful Offenders may cause staff some temporary challenges, but based on the facility layout, offender population, and available housing space, it doesn't appear to be an impossible endeavor.

During the on-site audit, it was noticed that several housing areas were temporarily empty due to scheduled maintenance and renovations. It is this auditor's belief that if the inmates formally housed in these areas can be relocated to accommodate this work, then the necessary classification adjustments can be made to accommodate a dedicate youthful offender housing area. The number of empty beds exceeded the total population of youthful offenders present at the facility.

In summation, I feel that the HCSO has taken a very proactive approach to the requirements of the Prison Rape Elimination Act, especially in regards to investigatory requirements, but unfortunately I cannot find them in compliance due to the issues addressed in this report in relation to standards 115.14.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 1

Number of standards not applicable: 0

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Based on review of policy CJC-116 and on interview with PREA Compliance Manager.

The Harris County Sheriff's Office (HCSO) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines HCSO's approach to preventing, detecting, and responding to such conduct.

The HCSO employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

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

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

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

The HCSO does not currently contract with other agencies for the confinement of its inmates.

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

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

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

Based on policy CJC-116 and CJC-220. Based on interview with PREA Coordinator, and PREA Compliance Manager. Reviewed 2016 staffing analysis and shift rosters.

HCSO has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring, to protect inmates against sexual abuse. Strongly suggest that staffing analysis be adjusted to properly conform with specific requirements in the form of a easily identifiable, cohesive process.

In circumstances where the staffing plan was not complied with, HCSO documented and justified all deviations from the plan. Reviewed shift rosters showing deviations from the plan.

HCSO completes an annual review, in consultation with the PREA coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

### **Standard 115.14 Youthful inmates**

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

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

At the time of the audit, the 1200 Baker St jail facility housed youthful offenders in the same housing areas as adult offenders. In accordance with Texas state law (51.02(2), F.C.), inmates 17 years of age or older, and under 18 years of age, may be housed with adult offenders. During the course of the audit HCSO officials stated that they were unable to house these offenders in a separate area due to various reasons (available housing space, classification challenges, etc.). Coordination on an appropriate corrective action plan was unsuccessful in procuring an agreed upon plan to house youthful offenders in a dedicated area away from adult offenders.

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

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

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

Based on policy CJC-116, visual tour of 1200 jail facility and interviews with facility personnel and inmates.

HCSO does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

HCSO does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

HCSO trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

HCSO has procedures in place that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

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

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

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

Based on policy CJC-116, staff interpreter assisted interview with Spanish and Mandarin speaking inmates, and review of provided materials. Based on roster of on-call interpreters.

HCSO takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of HCSO’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

HCSO does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety.

### **Standard 115.17 Hiring and promotion decisions**

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

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

Based on policy CJC-116, review of pre-hiring questionnaire, and interview with Human Resources Director. Reviewed personnel files to include contractors, employment applications, and background screenings for contractors.

HCSO does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

HCSO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

HCSO performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and performs a records check at least every five years of current employees and contractors who may have contact with inmates.

### Standard 115.18 Upgrades to facilities and technologies

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

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

Based on camera schematics. Based on interview of PREA Compliance Manager, PREA Investigator and PREA Coordinator. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, HCSO considers how such technology may enhance HCSO's ability to protect inmates from sexual abuse. There are currently planned additions coordinated with the involvement of agency PREA Coordinator and PREA Compliance Manager.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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Based on policy CJC-116. Based on interview with Medical personnel and PREA Compliance Manager, verified agreements with Montrose Counseling Inc, and Houston Area Womens Center.

To the extent HCSO is responsible for investigating allegations of sexual abuse; HCSO follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

HCSO offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

HCSO makes available to the victim a victim advocate from The Houston Area Womens Center or Montrose Counseling Inc.

As requested by the victim, a victim advocate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



- Does Not Meet Standard (requires corrective action)

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

Based on policy CJC-116. Based on interview with PREA Compliance Manager and investigative staff.

HCSO ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. HCSO ensures that allegations of employee wrongdoing are referred for investigation.

HCSO has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation and publishes such policy on its website. HCSO documents all such referrals.

The HCSO PREA investigative unit far exceeded the requirements of this standard. It was noted that there was practice and procedure in place to thoroughly investigate every allegation.

### **Standard 115.31 Employee training**

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

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

Based on policy CJC-116. Based on interviews with random staff

HCSO trains all employees who have contact with inmates on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

HCSO documents through employee signature that employees understand the training they have received.

### **Standard 115.32 Volunteer and contractor training**

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

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Based on policy CJC-116. Based on interview with volunteer and contractors.

HCSO ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under HCSO's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers and contractors who have contact with inmates are notified of HCSO's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

HCSO has documentation confirming that volunteers and contractors understand the training they have received. Reviewed training records on volunteers and contractors.

### **Standard 115.33 Inmate education**

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

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Based on policy CJC-116, review of installed television screens, video players for Booking cells and Classification area, intake educational materials and interviews with random inmates and intake staff.

During the intake process, inmates receive information explaining HCSO's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video.

HCSO provides a comprehensive education to inmates through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This comprehensive education is reinforced during the Classification process where inmates acknowledge receipt of the education. This practice was coordinated between the auditor and HCSO based on existing practice at the time of the on-site visit.

HCSO provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions.

### **Standard 115.34 Specialized training: Investigations**

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

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

### **corrective actions taken by the facility.**

Based on policy CJC-116. PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting by the National Institute of Corrections. Reviewed investigator certificate. Based on interview with investigative staff.

In addition to the general training provided to all employees HCSO ensures that the in house investigators have received training in conducting investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. HCSO maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

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

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

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

Based on policy CJC-116. Based on a review of training materials, rosters, and staff interviews with medical personnel.

HCSO ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

HCSO maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers.

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

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

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

Based on policy CJC-116 and review of PREA Victimization Vulnerable & Potential Predator Screening Form. Based on interview with random inmates and Classification staff responsible for screening.

All inmates are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screenings take place within 72 hours of arrival at HCSO. HCSO uses an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

(1) Whether the inmate has a mental, physical, or developmental disability;

- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to HCSO, in assessing inmates for risk of being sexually abusive.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the inmate's arrival at HCSO, HCSO reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by HCSO since the intake screening. This practice was coordinated in conjunction with the auditor and HCSO personnel based on current practice at the time of the on-site visit.

Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

HCSO has implemented appropriate controls on the dissemination within HCSO of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. All files are controlled by Classification personnel behind locked doors and maintained in each inmates Classification files.

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

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

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Based on policy CJC-116 and on interview with PREA Compliance Manager and Classification personnel responsible for risk screening.

HCSO uses information from the risk screening to decide housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

HCSO makes individualized determinations about how to ensure the safety of each inmate.

In deciding housing and programming for a transgender or intersex inmate HCSO considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety are be given serious consideration.

HCSO does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

The transgender inmates I interviewed were housed in the protective custody unit. The showers in this unit were designed in such a way to afford privacy for all assigned inmates.

#### **Standard 115.43 Protective custody**

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

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

Based on policy CJC-116 Based on interview with PREA Compliance Manager, staff who supervise segregated inmates. No inmates have been placed in involuntary segregation.

Inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. If HCSO restricts access to programs, privileges, education, or work opportunities, HCSO documents the opportunities that have been limited, the duration of the limitation; and the reasons for such limitations.

HCSO assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment are not ordinarily exceed a period of 30 days. If involuntary segregated housing assignment is made HCSO clearly documents the basis for HCSO’s concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged. Every 30 days a review is performed to determine whether there is a continuing need for separation from the general population.

### **Standard 115.51 Inmate reporting**

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

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

Based on policy CJC-116 and review of inmate educational brochure and video. The inmates can report abuse or harassment to The Houston Area Womens Center or Montrose Counseling, Inc., as well as a hotline. Staff have a hotline they can call. Based on interviews with random staff and inmates.

HCSO provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmate brochures have how to report sexual abuse and has the hotline number ((713) 755-7991) printed on them as a constant reminder.

HCSO provides at least one way for inmates to report abuse or harassment to The Houston Area Womens Center a private entity that is not part of HCSO, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

HCSO provides a hotline ((713) 755-7991) for the public to privately report sexual abuse and sexual harassment of inmates.

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

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

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

Based on policy CJC-116 and review of PREA-related complaints and interviews with inmates.

The HCSO does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, nor require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The HCSO shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

HCSO policy furthermore complies with all remaining aspects of PREA standard 115.52.

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

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

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

Based on agreements with The Houston Area Womens Center and Montrose Counseling, Inc. Based on interview with random inmates and advocate staff.

HCSO provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers. HCSO enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

HCSO informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

#### **Standard 115.54 Third-party reporting**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on policy CJC-116. HCSO has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of an inmate.

**Standard 115.61 Staff and agency reporting duties**

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

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

Based on review of policy CJC-116 and on interviews with random staff; PREA Compliance Manager and medical/mental health personnel.

HCSO requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of HCSO; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

If the alleged victim is under the age of 18, HCSO reports the allegation to the designated State agency under applicable mandatory reporting laws.

HCSO reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to HCSO’s designated PREA investigators. Verification conducted through victim interviews and review of reported allegations.

**Standard 115.62 Agency protection duties**

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

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

Based on interviews with alleged victims, random staff, PREA Compliance Manager and policy CJC-116.

Immediate action is taken to protect inmates when HCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse.

**Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Based on interview with PREA Compliance Manager, review of investigative files, and policy CJC-116.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of HCSO or designee notifies the head of the facility in question or appropriate office of the facility where the alleged abuse occurred. Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented.

### **Standard 115.64 Staff first responder duties**

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

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

Based on policy CJC-116 and interview with security staff who are first responders, medical personnel.

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first staff responder is not a security staff member, the responder request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All personnel were well versed in these requirements.

### **Standard 115.65 Coordinated response**

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

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



Based on interview with PREA Compliance Manager, Nursing Supervisor, and PREA Investigators. Based on policy CJC-116.

HCSO has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

Based on policy CJC-116 and interview with facility leadership, HCSO shall not enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

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

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

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

Based on policy CJC-116, interview with PREA Compliance Manager (designated staff member with monitoring retaliation), inmates in segregation for risk of sexual victimization.

HCSO has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designates the PREA Compliance Manager with monitoring retaliation.

HCSO has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, HCSO monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and are act promptly to remedy any such retaliation. There are periodic status checks performed. Items HCSO should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. HCSO continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

If any other individual who cooperates with an investigation expresses a fear of retaliation, HCSO takes appropriate measures to protect that individual against retaliation

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

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

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

Based on interview with Classification personnel, PREA Compliance Manager, inmates in segregation for risk of sexual victimization, and facility leadership.

Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse receive all the same rights and privileges as general population inmates.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

Based on policy CJC-116, interview with PREA investigative personnel, and investigative reports.

HCSO conducts investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Where sexual abuse is alleged, HCSO uses investigators who have received special training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, HCSO conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. No agency requires an inmate 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.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution. HCSO retains all written reports for as long as the alleged abuser is incarcerated or employed by HCSO, plus five years.

The departure of the alleged abuser or victim from the employment or control of HCSO does not provide a basis for terminating an investigation.

### Standard 115.72 Evidentiary standard for administrative investigations

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

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

Based on policy CJC-116, and interview with investigative staff.

HCSO imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.73 Reporting to inmates

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

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

Based on policy CJC-116, and interview with PREA Compliance Manager and investigative staff.

Following an investigation into an inmate's allegation that they suffered sexual abuse in an agency facility, HCSO informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If HCSO did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the inmate.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, HCSO subsequently informs the inmate (unless HCSO has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at HCSO; or HCSO learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or HCSO learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that they had been sexually abused by another inmate, HCSO subsequently informs the alleged victim whenever HCSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility ; or HCSO learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications are documented.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on policy CJC-116.

Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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

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

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

Based on policy CJC-116 and interview with Human Resources Director.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

HCSO takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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

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

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

Based on policy CJC-116. Based on interview with PREA investigative staff.

Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

HCSO does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, due to the transient population.

HCSO disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not constituted as falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

HCSO prohibits all sexual activity between inmates and may discipline inmates for such activity.

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

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

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

Based on interview with staff responsible for risk screening and medical/mental health staff.

If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Every inmate is seen within 14 days, if an inmate answers yes to any of the PREA related questions a further mental health evaluation is scheduled.

If the screening indicates that an inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

### **Standard 115.82 Access to emergency medical and mental health services**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Based on policy CJC-116. Based on interview with medical and mental health staff.

Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and are immediately notify the appropriate medical and mental health practitioners.

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

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

Based on policy CJC-116. Based on interview with medical/mental health staff and PREA related incidents.

HCSO offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail.

The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

HCSO provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### **Standard 115.86 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on policy CJC-116 and review of PREA investigative reports. Based on interview with facility leadership, and PREA Compliance Manager.

HCSO conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at HCSO; and they examine the area in HCSO where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

**Standard 115.87 Data collection**

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

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

Based on policy CJC-116.

HCSO collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually.

The incident-based data collected is based, at a minimum, on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

HCSO maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

HCSO obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

**Standard 115.88 Data review for corrective action**

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

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

Based on interview with PREA Compliance Manager.

HCSO reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as HCSO as a whole.

Such reports includes a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of HCSO's progress in addressing sexual abuse.

HCSO's report is approved by HCSO Chief and made readily available to the public through its website [http://www.harriscountyso.org/inmate\\_PREA.aspx](http://www.harriscountyso.org/inmate_PREA.aspx)

### **Standard 115.89 Data storage, publication, and destruction**

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

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

HCSO makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website [http://www.harriscountyso.org/inmate\\_PREA.aspx](http://www.harriscountyso.org/inmate_PREA.aspx).

All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

### **AUDITOR CERTIFICATION**

I certify that:

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

Jan Rachal, CJM

11/01/2017

Auditor Signature

Date