

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

Interim     Final

**Date of Interim Audit Report:** Click or tap here to enter text.     N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** September 30, 2020

## Auditor Information

**Name:** Monica Lugo

**Email:** npacpro@yahoo.com

**Company Name:** National PREA Auditing and Consulting, LLC

**Mailing Address:** PO Box 761536

**City, State, Zip:** San Antonio, Texas 78245

**Telephone:** 210-710-9479

**Date of Facility Visit:** August 14 – 17, 2020

## Agency Information

**Name of Agency:** Fort Bend County Sheriff's Office

**Governing Authority or Parent Agency (If Applicable):** Click or tap here to enter text.

**Physical Address:** 1410 Richmond Parkway

**City, State, Zip:** Richmond, Texas 77469

**Mailing Address:** 1410 Richmond Parkway

**City, State, Zip:** Richmond, Texas 77469

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:** Click or tap here to enter text.

## Agency Chief Executive Officer

**Name:** Troy Nehls

**Email:** Troy.Nehls@fortbendcountytexas.gov

**Telephone:** 281-341-4700

## Agency-Wide PREA Coordinator

**Name:** Lieutenant Mark Penrod

**Email:** mark.penrod@fortbendcountytexas.gov

**Telephone:** 281-341-8514

**PREA Coordinator Reports to:**

Captain Daniel Quam, Jail Administrator

**Number of Compliance Managers who report to the PREA Coordinator:**

1

## Facility Information

**Name of Facility:** Fort Bend County Jail

**Physical Address:** 1410 Richmond

**City, State, Zip:** Richmond, Texas 77469

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

Click or tap here to enter text.

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

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** Click or tap here to enter text.

**Has the facility been accredited within the past 3 years?**  Yes  No

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

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

Click or tap here to enter text.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Daniel Quam

**Email:** Daniel.quam@fortbendcountytexas.gov

**Telephone:** 281-341-4669

### Facility PREA Compliance Manager

**Name:** Renee Callie

**Email:** renee.callie@fortbendcountytexas.gov

**Telephone:** 281-341-8505

**Facility Health Service Administrator**  N/A

**Name:** Durelle Cardiff

**Email:** DCardiff@wellpath.us

**Telephone:** 281-341-8503

### Facility Characteristics

**Designated Facility Capacity:**

1766

**Current Population of Facility:**

641

Average daily population for the past 12 months:	861
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	17 and older
Average length of stay or time under supervision:	125.13 days
Facility security levels/inmate custody levels:	Min/Med/Max
Number of inmates admitted to facility during the past 12 months:	12,784
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	5,216
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1,854
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	141 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	364
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	34
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	70
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	67

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	57
Number of single cell housing units:	23
Number of multiple occupancy cell housing units:	16
Number of open bay/dorm housing units:	12
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	127
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>47</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>4</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

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

A Prison Rape Elimination Act (PREA) audit was requested by the Fort Bend County Sheriff's Office (FBCSO). The facility is located at 1410 Richmond Parkway in Richmond, Texas 77469 and the onsite portion of the facility audit was conducted on August 14-17, 2020 by two Department of Justice certified PREA auditors; Monica Lugo (Lead Auditor) and Henry Reyes (Assisting Auditor). Pre-Audit review of documents submitted was conducted four (4) weeks before the onsite visit. A contract for services between the FBCSO and National PREA Auditing and Consulting (NPAC), LLC, was signed on June 19, 2020.

The Pre-Audit notification was sent to the FBCSO on July 15, 2020 announcing the upcoming audit. The FBCSO provided photographs confirming the Pre-Audit notification was posted at their facility on July 16, 2020. The notification was in both Spanish and English. The PREA audit initiation form was created by NPAC and sent to the PREA Resource Center (PRC) on July 15, 2020 through the PREA online audit system (OAS).

The audit of all records submitted by the FBCSO and provided by the FBCSO during the onsite visit, were audited in accordance with current PREA standards. Records review included a review of agency policies and procedures, employee files, hiring, and promotion records, resident files, and interviews with staff and inmates. A total of 28 staff members and 51 inmates were interviewed during the onsite visit.

Interview Type	Inmate Population 501-1,000	
	Required	Actual Conducted
Overall Minimum Number of Inmate Interviews	At least 30	51
Minimum of Random Inmate Interviews	At least 15	21
Minimum Number of Targeted Inmate Interviews	At least 15	30
<b>Breakdown of Required Targeted Inmate Interviews</b>		
Youthful Inmates	At least 3	7
Inmates with a Physical Disability		
Inmates who are Blind, Deaf, or Hard of Hearing	At least 1	2
Inmates who are Limited English Proficient (LEP)	At least 1	4
Inmate with a Cognitive Disability	At least 1	2
Inmate who Identify as Lesbian, Gay, or Bi-sexual (LGB)	At least 1	3
Inmates who Identify as Transgender or Intersex (TI)	At least 2	2
Inmates in Segregated Housing for High Risk of Sexual Victimization	At least 1	2
Inmates who Reported Sexual Abuse	At least 3	5
Inmates who Reported Victimization During Risk Screening	At least 2	3

*\*No Inmate or insufficient Inmates meeting this description were housed onsite during the visit.*

The FBCSO opted to submit the Pre-Audit Questionnaire in hard copy format.

During the onsite visit, all areas of the facility were visually inspected by one or both auditors to include two towers used to house Inmates, and the grounds surrounding all the buildings on which the agency's gardening program is located.

An *Onsite Audit Agenda* was prepared and presented to FBCSO to be used as a guide for the onsite visit. This allowed auditors to approach the visit and interviews in an organized manner and maximize time spent onsite touring the facility and speaking with random staff and inmates. The provided agenda served merely as a guide and allowed for flexibility throughout the onsite visit.

Day 1 – Friday, August 14, 2020 / 0900-1900

Arrive at Facility

9:00 a.m. – Introduction with PREA Coordinator – Lieutenant Mark Penrod

Conduct Interview

PREA Coordinator – Lieutenant Mark Penrod

PREA Compliance Manager - Sergeant Renee Callie

Specialized Staff Interviews 10:00 a.m. – 5:00 p.m.

Sheriff's Office Administration Building – Designee Offices Onsite

10:00am – Agency Head (Chief Deputy Maurcaurele )

10:30am – Human Resources (HR Assistant Stacey Zwahr)

Fort Bend County Jail – Detention Bureau Investigations Unit Supervisor Office

11:00am – Jail Administrator (Captain Daniel Quam)

11:30am – Criminal Investigations Division (Detective Lesley Vaught and Detective Dawn Welch)

12:00pm – Administrative Investigations (Detention Bureau Investigations Unit – Sergeant Renee Callie, Deputy Andrew Smith, and Deputy Krystal Guel)

12:30pm – Lunch

2:00pm – Education and Program (Deputy Gerald Wells)

2:30pm – Intake/Booking (Sergeant Lyons)

3:00pm – Medical/Mental Health (Health Services Administrator Durelle Cardiff)

3:30pm – Classification Officer (Deputy Deborah Hedrick)

4:00pm – Volunteer and Contractor (Aramark Site Manager Harry Cabbage and Chaplain Alan Hatfield)

4:30pm – Agency Contract Administrator (Lieutenant Mark Penrod)

BEGIN FACILITY TOUR 5:00 p.m. – 7:00 p.m.

Areas to be toured

1. Intake/reception/screening area;
2. All housing units, including cell blocks and dormitories;
3. Segregated housing units;
4. Health care areas (medical and mental health clinics, infirmaries, and housing units);
5. Recreation areas, cafeteria (if there is one), work areas, and other programming areas (e.g., education or special education areas);
6. Areas where youthful offenders are housed; and
7. Areas that were renovated, modified, or expanded.

\*Auditors will conduct random staff interviews during tour.

Day 2 – Saturday, August 15, 2020 / 0500-1500

BEGIN INTERVIEWS 5:00 a.m. – 3:00 p.m.

Auditors will need a designated location to conduct interviews to maintain confidentiality.  
Conduct Random Staff Interviews  
Conduct Random Inmate Interviews

Document Review Continued

Day 3 – Sunday, August 16, 2020 /1100-2000

**CONTINUE INTERVIEWS**

Auditors will need a designated location to conduct interviews to maintain confidentiality.  
Random Staff Interviews  
Random Inmate Interviews

Document Review Continued

Day 4 – Monday, August 17, 2020 / 0800-1700

**CONTINUE INTERVIEWS**

Auditors will need a designated location to conduct interviews to maintain confidentiality.  
Random Staff Interviews  
Random Inmate Interviews

Document Review Continued

Final Facility Tour

Additional documents reviewed and interviews conducted included, complete Inmate rosters, Inmates with disabilities, Inmates who are LEP, LGBTI Inmates, Inmates who reported sexual abuse, complete staff roster, specialized staff, all contractors who have contact with Inmates, all volunteers who have contact with Inmates, all grievances made in the 12 months preceding the audit, all incident reports from the 12 months preceding the audit, all allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit.

The onsite audit was concluded with a debrief. Present at the debrief were Major James Hines, Captain Daniel Quam, Lieutenant Jeff Kovar, Lieutenant Mark Penrod, Sergeant Renee Callie, Sergeant Jonathan Howell, Detective Leslie Vaught, Detective Dawn Welch, Deputy Andrew Smith, Deputy Crystal Guel, Health Services Administrator Durrell Cardiff of Wellpath, and Director of Nursing Suzanne Curran.



## Facility Characteristics

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

The Fort Bend County Sheriff's Office (FBCSO) jail is a county jail operated by the county's sheriff's office. It is located at 1410 Richmond Parkway in Richmond, Texas 77469. Sheriff Troy Nehls serves as the agency's chief executive officer and Lieutenant M. Penrod serves as the agency-wide PREA Coordinator. Captain Quam is the Jail Administrator who is tasked with the professional administration of all jail operations and compliance with State and Federal laws. The Jail Administrator is responsible for ensuring day-to-day operation of inmate housing, programs, medical services, administrative unit, and support unit. These responsibilities include directing and supervising personnel serving in these areas. Employee morale, efficient operations, and professional service are priorities for the Detention Bureau.

Sergeant R. Callie is the facility's PREA Compliance Manager, and Durelle Cardiff is the facility's health services administrator.

The FBCSO completed its last PREA audit on April 3-5, 2017 and was found compliant with all standards during that inspection. The facility has a reported capacity of 1,766 with a reported average daily population (ADP) of 861 inmates; inmates will range in age from 17 years old older and inmates had an average length of stay (ALOS) of 125.13 days. The inmate population on the days of the onsite audit was 641. The facility reported that it has not been over capacity in the last 12 months. Inmates housed in the facility are classified into one of three custody levels; minimum, medium, and maximum based upon an objective classification system utilized at intake. Inmates are regularly screened and further classified based on risk factors such as mental illness, disabilities, predatory risks, gang affiliation, prior institutional violence, disciplinary history, etc.

During the past 12 months, a total of 12,784 inmates were admitted into the facility and a total of 5,216 of those inmates had a length of stay that was over 72 hours; 1,854 had a length of stay over 30 days. The facility does house youthful offenders (under 18 years of age) at their facility in separate designated housing areas sight and sound separate from adult offenders. A total of 141 youthful offenders were held in the facility in the past 12 months.

The FBCSO reported that it does hold inmates for other agencies (e.g. U.S. Marshals Services, other county correctional or detention agencies).

The FBCSO currently employs 364 employees who are reported to have contact with inmates and has hired 34 new staff members in the past 12 months. The Detention Bureau supervisory staff is currently composed of one (1) Major, three (3) Captains, ten (10) Lieutenants, and thirty-two (32) Sergeants. Of this number, approximately seven (7) Lieutenants and twenty-four (24) Sergeants are assigned to various shifts to ensure adequate staff and inmate supervision within the facility. All other supervisory staff members are assigned to specialized administrative or support functions within the Detention Bureau.

The Fort Bend County Sheriff's Office adheres to the Texas Code of Criminal Procedure, Texas Penal Code, Texas Commission on Jail Standards, and all Federal regulations for county jails regarding the overall daily operation of the Fort Bend County Jail. The Fort Bend County Jail is operated at a strict staff-to-inmate ratio of 1:48 as established by the Texas Commission on Jail Standards (TCJS).

The Inmate Vocational Programs consist of horticulture, sewing, computer skills, HVAC and welding. The Fort Bend County Sheriff's Office has built a greenhouse for a horticulture program. In addition to Inmate Vocational Programs, The Detention Bureau utilizes multiple other areas to equip inmates with job skills. An inmate utility and paint crew were created for inmates to learn skills involving painting and general upkeep of

various buildings within Fort Bend County. Additionally, they have inmates assigned to the kitchen, floor work consisting of general upkeep, assisting the Facilities Jail Maintenance Department, and utilize four (4) separate outside inmate work crews consisting of four (4) inmates per crew. Their outside work crews work across the County completing tasks such as landscaping, mowing (including acreage mowing), car washing, pressure washing, construction and demolition, and general equipment maintenance.

The FBCSO has entered into 7 contracts in the past 12 months with services where contractors are reported as having contact with inmates. There is a total of 70 contractors from those contracts entered into and 67 volunteers currently authorized to enter the facility who are reported to have contact with inmates. No volunteers have been permitted access into the facility since March 2020 due to the COVID-19 pandemic.

The physical plant contains 1 building with several towers where inmates are formally allowed to enter. The FBCSO did not have any temporary structures in place for the housing of inmates or where any types of programs or services are delivered. There is a total of 57 housing units that comprise the jail system, the system also contains 23 single cell housing units, 16 multiple occupancy housing units, 12 open bay housing units, and 127 segregation cells. As noted in the description of the youthful offender data, the FBCSO ensures that it maintains sight and sound separation between youthful and adult offenders. They maintain three (3) separate housing units for youthful offenders (17 years of age), with one (1) of the three (3) being a separate housing for disciplinary/separation/protection purposes. They also have one housing unit with classification based predominantly on the age of the offender being forty years of age or older, as well as another housing unit based on military veteran status. In the instance that an individual is booked into the facility and they identify as transgender, an inmate preference form is filled out, and the inmate is processed accordingly if such preference is not a threat to the safety and security of the overall inmate population or the facility in general.

The jail facility has two towers; main building (East Tower), and the “old jail” (West Tower).

Administrative functions for the FBCSO are housed in a separate building that is not connected to the jail. This building contains the Sheriff’s office, personnel offices, and other administrative functions that serve the entire FBCSO. The jail itself houses administrative offices that serve the detention bureau.



Inmate observation is conducted at prescribed intervals outlined in its policies and guided by the Texas Commission on Jail Standards, but also uses video monitoring and electronic surveillance systems to observe the inmate population. This system has been updated or augmented within the past 12 months. The agency utilizes an electronic time keeping system to record observation checks conducted in the housing units. This system, “Guardian”, reports on almost 100% accuracy of all observation checks conducted by the facility.

The implementation of the “Guardian” system provides quality control and enhancements to the agency’s efforts to ensure all observation checks are conducted as required by policy and TCJS. Improvements to the system continue as operations are evaluated and needs are identified, and improvements developed with the company. This system has increased the number of physical rounds being conducted by jail security

staff, creating a safer environment for the inmate population. The frequency of mandated rounds exceeds standards on conducting rounds, subsequently increasing the safety of the environment for the inmate population. Additionally, all inmate transports are conducted in accordance with established policy and procedure.

Fort Bend County Facilities budgeted upgrades to multiple aspects of the jail's remaining camera system, with the main intent to move to a higher resolution camera system. This enabled the facility to have added support for more cameras to the booking holding cell areas, housing unit day rooms, facility recreation yards, and other areas which have been identified as being of interest. Further equipment additions were determined by priority and based on the original intent of installing a quality system to include needed network infrastructure, and the ability to share equipment redundancy and merge with the Fort Bend County Justice Center. Sheriff's Office will have the ability to cost effectively add additional cameras and equipment to the camera system from its own budgets and Facilities will oversee and ensure all equipment maintains functionality, warranties are maintained, and industry best practices are followed. In total, an estimated 450 cameras will be in operation as part of this project; existing DVR units vary in retention due to their limitations and activity level recording but are at a minimum of thirty (30) days of recording capacity. New, higher capacity NVR units have been scheduled in the next phase of the installation process. Newly proposed camera installations are consistent with the current camera specifications to maintain performance. Current policy regarding video surveillance is to retain video for 30 days.

Medical and mental health services are provided onsite and sexual assault forensic medical exams are provided at the local hospital by qualified medical personal or certified SAFE and SANE examiners. Investigations into allegations of sexual assault or sexual harassment are conducted by the FBCSO. A total of 47 investigators are employed by the agency who are responsible for conducting criminal investigations. It should be noted that the PREA Compliance Manager is also a trained investigator with a robust history and extensive experience in criminal investigations. She was previously assigned to the sex crimes unit from 2000-2018 before her assignment as the PREA Compliance Manager.

Administrative investigations into allegations of sexual abuse or sexual harassment are also conducted by 4 assigned investigators within the agency. When the facility receives allegations of sexual abuse or sexual harassment, administrative investigations are conducted by one of two assigned facility investigators.

During interview with the FBCSO Chief Deputy, he mentioned that the agency was named in a lawsuit in June 2020 for an incident that occurred at the juvenile facility. Through further conversation and understanding of the suit with the PREA Coordinator, it was learned that the FBCSO does not oversee the juvenile facility, as they operate as separate entities, and was subsequently removed from the lawsuit.

During the preliminary tour and full inspection of the facility, in which every single housing area was accessed along with full access of all offices, storage areas, and other areas of the facility, the facility was found to be exceptionally clean and well organized. All but one inmate phone and all kiosks located in the housing units through which inmates can execute essential services in the facility were found to be operational. The one inoperable phone that was found was addressed with the PREA Coordinator who immediately coordinated with the inmate phone service provider and had the issue resolved. Inmate behavior, such as catcalling, which would suggest a highly sexualized environment was almost nonexistent. This speaks to the agency's efforts of promoting a zero tolerance towards sexual abuse and sexual harassment throughout the facility as it highlights the culture within the agency. The auditors were able to observe a strong compliance with the agency's policies as they relate to PREA and its focus on inmate safety; the expectations outlined in policy are clearly embedded into the agency's day-to-day practice and their efforts to operate as a team and maintain PREA compliance through their last audit should be commended.

The FBCSO has a codified mission statement which is printed in their policy and on the agency's website:

**Mission:** It is the mission of persons employed by the Sheriff's Office of Fort Bend County to protect the lives, property, and rights of all people in this County. In accomplishing this mission, Sheriff's Office

employees shall be, at all times, courteous, impartial, and diligent. In the execution of their duties, they shall be guided by those constitutional and legal principles, which are the foundation of the United States of America and the State of Texas.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.11, 115.13, and 115.33

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0  
**List of Standards Not Met:** N/A

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

#### **Document Review:**

1. Facility Policy #07-01
2. Facility Policy #06-05
3. Detention Organization Chart
4. General Order 07-01
5. PREA Pre-Audit Questionnaire
6. PREA Brochure
7. Inmate Handbook

#### **Interviews:**

1. PREA Coordinator
2. PREA Compliance Manager
3. Random Staff Interviews
4. Random Inmate Interviews

#### **Site Observation:**

1. PREA Zero Tolerance signage displayed upon entering main facility and throughout facility.
2. Observed PREA Compliance Manager and PREA Coordinator as they executed their duties.
3. PREA Brochure (English and Spanish)
4. PREA Signage (English and Spanish)
5. Inmate PREA Video (English and Spanish)

#### **Findings: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.**

115.11 (a) The FBCSO has developed written policies that mandate zero tolerance for all forms of sexual abuse and sexual harassment in facilities it operates. Applicable policies submitted by FBCSO and reviewed by auditors contain the agency's procedures for preventing, detecting, and responding to allegations and incidents of sexual abuse and sexual harassment. The policy includes definitions of prohibited behavior regarding sexual abuse and sexual harassment; includes sanctions for those that have been found to have participated in these prohibited behaviors; and a description of adopted strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The FBCSO prominently displays their zero-tolerance philosophy towards all forms of sexual abuse and sexual harassment via signage throughout the facility. Signage is in both the secured and non-secured parts of the facility and is visible to inmates, staff, and the public. Additionally, a pamphlet is available to inmates, staff, and the public which outlines their zero-tolerance policy and provides information on how to report any sexual violence incidents. Initial information regarding the FBCSO's zero-tolerance policy is provided to all staff members when hired and through online training via PoliceOne.com. Inmate PREA education is provided to inmates upon intake through brochures, video, and the inmate handbook. The agency's adoption and implementation efforts to promote a sexually safe environment is also provided on agency website. This was also observed during on-site audit as the PREA Compliance Manager and PREA Coordinator executed their duties.

115.11 (b) The FBCSO has assigned the duties of PREA Coordinator to a Detention Lieutenant. The Lieutenant is a member of the FBCSO's Detention Administration and has been designated as an upper-level command staff member by the Chief Deputy. During interview with the PREA Coordinator, he indicated that he has enough time and authority to develop, implement, and oversee FBCSO's compliance with PREA standards. This was further verified during the onsite visit when he was observed directing staff and other members of the department in conducting their day-to-day duties as

they apply to both PREA and facility security. The PREA Coordinator reports directly to the FBCSO's Jail Administrator (Captain). This structure is reflected in the agency's organizational chart which was provided and reviewed by auditors. The PREA Coordinator also indicated during his interview, that the FBCSO has designated a PREA Compliance Manager which report directly to him. This is also reflected in the agency's organizational chart.

115.11 (c) The FBCSO has designated a Detective Sergeant, who is also part of the jail's administrative staff, as its PREA Compliance Manager. During interview with the PREA Compliance Manager and an evaluation of her assigned duties, it was confirmed that she has enough time and authority to coordinate FBCSO's efforts to comply with PREA standards. This was further supported by observation during the onsite visit where she was observed providing direction and guidance during the audit. The PREA Compliance Manager reports directly to the PREA Coordinator. This structure is reflected in the agency's organizational chart which was provided and reviewed by auditors.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative



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

**Document Review:**

1. PREA Pre-Audit Questionnaire
2. Austin County Housing Contract
3. Bay City Housing Contract
4. Colorado County Housing Contract
5. Harris County Housing Contract
6. Hays County Housing Contract
7. US Marshals Service Contract
8. Wharton County Housing Contract

**Interviews:**

1. Agency Contract Administrator – PREA Coordinator

**Site Observation:**

1. Jail's Inmate Housing Roster
2. List of Contract Facilities with number of Inmates currently housed on the day of audit

**Findings: Contracting with other entities for the confinement of inmates.**

115.12 (a) The FBCSO has contracted with seven (7) facilities for the confinement of inmates in their (FBCSO) facility; Austin County, Bay City, Colorado County, Harris County, Hays County, US Marshals Services (USMS), and Wharton County. All the above contracts require FBCSO to adopt and comply with PREA standards. Auditors reviewed each of the contracts for the facilities listed above to verify information provided by the facility. On the first day of facility audit, the facility only had 51 Inmates from Hays County in their facility due to the Covid-19 pandemic.

The FBCSO has not contracted with private agencies or other entities for the confinement of FBCSO inmates in the past 10 years. This information was provided by PREA Coordinator, who is also the Contract Administrator.

115.12 (b) The FBCSO does not contract with other agencies for the housing of FBCSO inmates. This was verified through a review of the jail's population, inmate assignment, and interview with FBCSO Contract Administrator. However, the FBCSO does provide a copy of their PREA Audit Report to each of the seven facilities listed above.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. Facility Policy #01.12
2. Facility Policy #02.06
3. FY2020 Staffing Plan
4. Unannounced Rounds
5. PREA Pre-Audit Questionnaire
6. TCJS Annual Inspection

#### Interviews:

1. Jail Administrator
2. PREA Coordinator
3. PREA Compliance Manager
4. Immediate or Higher – Level Facility Staff
5. Major – Detention Bureau Commander
6. Random Supervisor and Line Staff

**Site Observation:**

1. Made observations and asked questions per the tour instructions
2. Observed staffing at all posts identified in staffing plan and on rosters

**Findings: Supervision and monitoring.**

115.13 (a) The FBCSO's staffing is governed by the Texas Commission on Jail Standards which requires a minimum staffing of one officer for every 48 inmates. The FBCSO has implemented policies and procedures that ensures compliance with the established and approved staffing plan providing adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. This information was verified during interview with the Jail Administrator. He also indicated that compliance with the staffing plan is always met in accordance with Texas Commission on Jail Standards and monitored daily with staff rosters.

A review of policies confirmed that in determining adequate staffing levels and implementation of video monitoring the agency took into consideration the following criteria: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including blind spots); composition of the inmate population; the number and placement of supervisory staff; programs occurring on a particular shift; any applicable state or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

The facility's staffing plan is completed with input from members of the staffing advising committee, which consists of the Jail Administrator, the PREA Coordinator, Administrative Lieutenants, Inmate Services Program Manager, and the PREA Compliance Manager. The plan is reviewed and approved by the agency Major, who is the Detention Bureau Commander. This practice was verified during interviews with Jail Administrator, PREA Coordinator and PREA Compliance Manager.

Since the last PREA audit, the average daily inmate population (ADP) was reported as 958. The staffing plan was formulated for 1,000 inmates.

115.13 (b) The FBCSO indicated no deviations from the facility's staffing plan on the Pre-Audit Questionnaire. Therefore this provision of this standard is not applicable.

Compliance with their staffing plan was verified during the onsite visit and inspection of all housing areas and assigned staff posts in the jail reflected their staffing plan. The Jail Administrator and PREA Coordinator confirmed there have been no deviations from the jail's staffing plan. A certificate and audit report from the Texas Commission on Jail Standards was reviewed by auditors during the onsite visit.

115.13 (c) At a minimum of once per year, the agency's staffing plan is reviewed in consultation with the PREA Coordinator for determination on whether adjustments are needed to the staffing plan, to augment the facility's video monitoring system and other monitoring technologies, or the allocation of resources to commit to the staffing plan to ensure compliance. Additionally, the agency has passed its annual TCJS state inspection on June 1-3, 2020, which, as a requirement, mandates daily compliance with the staffing plan. The PREA Coordinator confirmed that he is consulted regarding any

assessments, or adjustments to the staffing plan. He also confirmed these assessments take place annually.

The FY2020 Detention Bureau staffing plan was submitted and reviewed by auditors to confirm compliance. The Jail Administrator and PREA Coordinator described the process of the staffing plan and corroborated what was outlined in the documentation provided.

115.13 (d) The FBCSO has implemented a policy and practice requiring intermediate-level and higher-level supervisors to conduct and document unannounced rounds in all areas of the jail, to deter staff sexual abuse and sexual harassment. The policy has been implemented for all shifts and all pods. The policy also prohibits staff from alerting other staff members that supervisors are conducting such rounds. All rounds are documented using an electronic recording system known as Guardian.

Since the implementation of Guardian system, the facility has reported and documented in the FY2020 staffing plan an increase in the number of physical rounds completed by jail security staff. The increase in security checks and unannounced rounds ultimately creates a safer environment for the inmate population. Due to the success of this implementation, the facility has recently increased the frequency of mandated rounds by security staff to exceed standards, while enhancing the safety and security for inmate population.

The policy requires First-Line Supervisors to conduct a minimum of one unannounced round per shift of all occupied housing units. Watch Commanders are required to do five (5) documented unannounced rounds for five (5) housing units per shift. Watch Commanders are also encouraged to make other unannounced rounds to be as visible as possible, including making rounds inside of the housing units.

During the onsite visit, rounds were made by the auditors and accompanying staff and no advance notice of the rounds to each housing unit was detected. Additionally, time spent in the facility command center allowed auditors to observe supervisors conduct rounds in housing units without advanced notice being given to officers assigned to the housing areas. Staff also confirmed that supervisors regularly conduct unannounced rounds. Supervisory staff indicated unannounced rounds are conducted in accordance with agency policy and documented in the Guardian system. In order to prevent staff from alerting other staff members, supervisors conduct these rounds randomly. An activity log from the Guardian system was provided reflecting unannounced rounds were conducted on all shifts from January 2020 through April 2020.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. Facility Policy #02.22
2. Linear Jail Chart
3. Master Schedule
4. Tower Classification Housing
5. Youthful Inmate Housing History
6. Youthful Inmate Housing In-Custody
7. PREA Pre-Audit Questionnaire

#### Interviews:

1. Line Staff who Supervise Youthful Inmates
2. Youthful Inmates
3. Education and Program Staff who Work with Youthful Inmates (No Education/Programs due to Covid-19)

**Site Observation:**

1. Facility Tour Observation/Questions
2. Daily population report for day of audit and 1<sup>st</sup>, 10<sup>th</sup>, and 20<sup>th</sup> of each month from December 2019 – May 2020.
3. Facility housing assignments to determine if youthful inmates are sight and sound separated.
4. Video demonstrating direct staff supervision when available (spot-check)
5. Housing assignments of youthful inmates to determine how many are being held in solitary confinement.
6. Documentation of agency's best efforts to avoid placing youthful inmates in isolation
7. Sample of documentation (logs or other) of service delivery to youthful inmates pursuant to this standard.
8. Sample of documentation of exigent circumstances of instances where access to exercise, education, other programs, and work opportunities were denied

**Findings: Youthful inmates.**

115.14 (a) The FBCSO prohibits the placement of youthful inmates in housing areas where they may have site, sound, or physical contact with any adult inmate through use of shared dayrooms or other common spaces, shower areas, or sleeping quarters. The facility has designated housing units for youthful offenders to provide and maintain sight and sound separation from adult offenders and does not place youthful inmates in the same housing units with adult offenders.

During the onsite inspection of the facility, the housing areas designated for youthful offenders, both male and female inmates, were visited and it was verified that the housing areas were located sight and sound separate from the adult inmate population. Male youthful offenders are housed in IF-22, IF-23, IF26, and IF-27. Female youthful offenders are housed in designated cells located in the Infirmary, which provide sight and sound separation. The designated housing units contained both dormitory housing and single cells for use to house inmates on disciplinary or administrative restrictions. The FBCSO reported there no instances where youthful offenders were placed in the same housing units with adult offenders, in the last 12 months. Population reports provided for days of onsite audit and the past 12 months were also reviewed by auditors.

During interviews with line staff who supervise youthful inmates, they indicated they can maintain sight and sound separation between youthful and adult inmates. Staff also indicated no circumstances where this practice was difficult to achieve.

During the facility audit, there were no female youthful inmates housed and seven (7) male youthful inmates housed in the facility. Auditors interviewed all seven (7) male youthful inmates. During these interviews the youthful inmates denied having any direct contact, sight, or sound with adult inmates.

115.14 (b) When youthful inmates are outside of their designated housing areas, staff are required to maintain sight and sound separation between youthful inmates and adult inmates. In instances, where youthful inmates may have sight, sound, or physical contact with adult inmates, staff always provides direct supervision as outlined in policy.

Interviews with youthful offenders confirmed they do not have any contact with adult inmates and are always escorted by staff outside of housing unit. All seven (7) youthful offenders housed in the facility at

the time of the onsite visit were interviewed by auditors. It should be noted that there were no female youthful offenders housed at the facility at the time of the onsite visit.

Interviews with staff assigned to the youthful offender housing units also confirmed that youthful offender inmates at no time have any contact or communication with adult inmates. The only instance in which youthful inmates are outside of their assigned housing area is to allow them time to conduct large muscle exercises. During this time youthful inmates remain under direct and constant staff supervision. When youthful inmates attend programs, they are also under direct and constant supervision by staff. While interviewing Inmate Services Director, he indicated youthful inmates are always under direct staff supervision. He also referred to circumstances where services were provided to the youthful offender unit on the 1<sup>st</sup> Floor of the West Tower. However, during the time of the onsite visit all programs and education classes had been suspended due to COVID-19.

115.14 (c) The FBCSO reported no instances of exigent circumstances in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities were denied. The housing areas designated for male youthful offenders provide both dormitory and single cell housing for youthful offenders in the same area. Female youthful offenders are housed in designated cells in the jail's Infirmary which are sight and sound separate from female adult offenders. The agency uses partitions to ensure no visible contact occurs between female youthful and adult inmates.

The agency policy clearly outlines that staff shall make best efforts to avoid placing youthful inmates in isolation to comply with the provisions of this standard and their policy. In the last 12 months, the FBCSO reported no incidents in which a youthful inmate was isolated in order to separate them from adult inmates.

The Inmate Services Director explained that all programs are made available to all inmates including youthful inmates. Line staff who supervise youthful inmates also indicated during interviews that youthful inmates have access to large muscle exercise, education services, and programs and work opportunities. All seven (7) youthful inmates interviews confirmed information provide during previous interviews. The staff and youthful inmates interviewed informed auditors that due to the Covid-19 pandemic Inmate Services have been cancelled.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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



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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.11
3. Facility Policy #02.18
4. Facility Policy #02.22
5. Facility Policy #11.02

### Interviews:

1. Non-medical staff (involved in cross-gender strip or visual searches)
2. Random Sample of Staff
3. Random Sample of Inmates
4. Transgender/Intersex Inmates

### Site Observation:

1. Logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months.
2. Logs of cross-gender strip and/or cross-gender body cavity searches conducted in the past 12 months that were conducted by medical staff or were not conducted during exigent circumstances documented in the log.
3. Documentation of instances where medical staff conducted such a search.
4. Logs of cross-gender pat-down searches of female inmates to identify documentation of exigent circumstances.
5. Video documenting pat-down searches of female inmates conducted by male staff when available. (spot-check).

### Findings: Limits to cross-gender viewing and searches.

115.15 (a) The FBCSO has an established policy and practice that strictly prohibits cross gender strip searches or cross gender visual body cavity searches, except in exigent circumstances. All exigent circumstances that warrant a cross gender strip or body cavity search are to be documented in a report and forwarded to the PREA Compliance Manager. The FBCSO reported no cross-gender strip or body cavity searches of inmates were conducted in the last 12 months. Additionally, there were no cross-gender strip or body cavity searches that did not involve exigent circumstances or performed by non-medical staff reported in the last 12 months.

For verification of this practice, a random selection of staff was asked if there was ever an occasion in which they were asked to or required to perform a cross gender strip or body cavity search. All staff members interviewed indicated that they have never been required to perform such searches and understood the policy prohibiting such a practice. This was further confirmed during random inmate interviews as inmates indicated they have never been strip searched by any staff member of the opposite gender.

As a matter of policy, all strip searches are required to be conducted in an area out of view of any other inmates who are also not being searched and out of view of staff members of the opposite sex.

115.15 (b) Staff members are prohibited from conducting cross-gender pat-down searches of female inmates, absent exigent circumstances. Exigent circumstances must be documented in a report and a copy of the report forwarded to the PREA Compliance Manager. Restricting females access to regularly available programming or other out of cell opportunities to comply with this standard is prohibited by FBCSO policy. The agency staffing plan always provides for the presence of female staff members to facilitate same gender searches.

The FBCSO reported no cross-gender pat-down searches of female inmates conducted by the agency in the last 12 months. The agency also reported no instances in which female inmates were pat-down searched by male staff due to exigent circumstances.

For verification of this practice, a random selection of staff was asked if there was and instances in the past 12 months, in which a cross-gender pat-down search of female inmates were conducted. All staff members interviewed indicated that they were not aware of such a search being conducted and understood the policy prohibiting such a practice. This was further confirmed during random interviews with female inmates, as inmates indicated they have never been pat-down searched by any staff member of the opposite gender.

115.15 (c) The FBCSO policy requires all cross-gender strip searches and cross-gender visual body cavity searches to be documented in a written report and a copy of the report forwarded to the PREA Compliance Manager. The facility also requires all cross-gender pat-down searches of female inmates to be recorded in a report and a copy of the report forwarded to the PREA Compliance Manager.

There was no cross-gender pat-down searches of female inmates reported by the agency in the last 12 months. The agency also reported no instances in which female inmates were pat-down searched by male staff due to exigent circumstances.

115.15 (d) The FBCSO has implemented policies and procedures that allow inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This includes viewing inmates via video camera. The policy also requires staff of the opposite gender to announce their presence when entering an inmate housing unit.

During the onsite visit, signs were posted at the entrance of each housing area instructing staff of the opposite gender to announce their presence prior to entry. Auditors also observed staff members announced their presence prior to entering a housing unit of the opposite gender. This was observed and executed 100% of the time during the facility tour as auditors entered every housing unit in the facility (populated and unpopulated). Additionally, housing officer would ensure that no inmate was in the shower or toilet area prior to allowing access into the housing unit.

Auditors also observed the areas where inmates shower and perform bodily functions throughout the entire facility including every housing unit in the facility (populated and unpopulated). Auditors also reviewed all cameras throughout the facility; to observe if non-medical staff of the opposite gender could view the inmate's breasts, buttocks, or genitalia. The FBCSO has a feature through camera system allowing to blackout areas on the screen. The FBCSO had implemented this feature in the areas that could previously be viewed by security staff.

115.15 (e) The facility policy prohibits staff from conducting a search or physical examining a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. Policy further provides, that when the inmate's genital status is unknown, a determination of gender is completed through conversation with the inmate and by reviewing medical records. If necessary, a gender is determined as part of a broader medical examination conducted in private by a medical practitioner. The FBCSO indicated that no such searches occurred in the past 12 months. All staff randomly selected by auditors, were knowledgeable of facility policy prohibiting such searches of transgender or intersex inmates.

When a search of a transgender or intersex inmate is conducted for security purposes, the staff member conducting the search is required to conduct the search in a professional and least intrusive manner consistent with security needs.

During the onsite visit, two transgender inmates were housed in the facility. Both inmates who were interviewed as part of the targeted inmate interviews had confirmed to be transgender during intake screening assessment. Both inmates indicated that they had not been searched by staff for the sole purpose of determining genital status. One inmate explained that her genital status and housing was determined through conversations with medical, classification, and a review of screening assessments. Classification and intake staff also confirmed during their interviews that transgender or intersex inmates would not be strip searched for the sole purpose of determining genital status. When asked to explain the process that would be utilized to determine genitalia, they explained that this would be done in coordination with medical staff, conversation with the inmate, and a review of available documents. Auditors observed during the facility tour that the risk screening assessment is conducted by medical staff, during the intake process.

115.15 (f) The FBCSO trains all security staff on how to conduct cross gender pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner. These searches are to be conducted in the least intrusive manner possible, consistent with security needs. The agency reported that no cross-gender pat-down searches had taken place in the last 12 months.

The FBCSO reported that 100% of security staff have been trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. This was verified through a review of training documents and course lesson plan provided by the agency. All random staff interviewed indicated they had received this training either prior to working in the facility for new hires and through annual training provided through PoliceOne.com Academy. Staff also indicated that this information is provided in policy.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. Language Line Pricing
4. Classification Training Learning Objectives
5. List of hearing-impaired inmates
6. Securus Technologies -NextGen SCP Help Guide
7. Inmate Education (English/Spanish)
8. TDD-Manual

#### Interviews:

1. Agency Head – Chief Deputy

2. Inmates (with disabilities or who are limited English proficient)
3. Random Sample of Staff

**Site Observation:**

1. Facility Tour Observation/Questions
2. If applicable, documentation that taking actions would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens.
3. Documentation of circumstances when inmate interpreters, readers, other inmate assistants were used.
4. Language list at medical screening and Intake

**Findings: Inmates with disabilities and inmates who are limited English proficient.**

115.16 (a) The FBCSO takes appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of their efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Their provided policies include steps which ensure effective communication with inmates who are deaf or hard of hearing, and provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using necessary specialized vocabulary. Additionally, the FBCSO ensures that written materials are provided in formats and through methods that ensure effective communication with inmates with disabilities, including those who may have intellectual disabilities, limited reading skills, or who are blind or have low vision.

A copy of the FBCSO PREA zero-tolerance notification was also provided by the agency in both English and Spanish. The notification states: "The Fort Bend County Sheriff's Office mandates a zero-tolerance policy towards sexual abuse and sexual harassment. Any inmate who witnesses any of these prohibited actions should immediately make a report to any staff member, including: detention officers, detention chaplains or detention supervisors. Any inmate may report incidents of sexual abuse and sexual harassment anonymously by calling 888-427-3650 or writing to PO Box 183 Richmond, TX 77406-0005. Retaliation for reporting incidents of sexual abuse and sexual harassment is prohibited." This information is printed and provided to inmates in both English and Spanish.

The Major and his designees all confirmed, during interviews, that several steps have been taken to ensure that inmates with disabilities have equal access to all efforts, programs, and initiatives established by the FBCSO as part of their aim to maintain PREA compliance and maintain a sexually safe operation. Efforts described include providing interpreters, written educational material in braille, reading any information out loud to inmates who cannot read, use of a TDY system, and coordinating with medical and mental health to provide other accommodations needed to ensure all inmates have equal access to FBCSO efforts to detect, prevent, and respond to sexual abuse and sexual assault incidents.

During the onsite audit, no blind inmate was housed in the facility. However, a 2014 invoice for production of an inmate handbook in Braille transcription was provided reflecting that services were readily available and demonstrated the agency's ability to obtain such services when needed.

115.16 (b) The FBCSO has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of their efforts to prevent, detect, and respond to sexual abuse and sexual harassment. These procedures include step to provide interpreters with any necessary specialized vocabulary.

During intake, screening and medical staff were asked how they communicate with LEP inmates and identify which language the inmate speaks. A list of numerous languages was immediately produced, and it was explained that the list is shown to the inmate to allow them to identify which language they

speak. This information is then used to contact an appropriate interpreter who will facilitate the intake and screening process.

During interviews with LEP inmates, who spoke Spanish, they all indicated that they were provided all information during intake and completed the medical and mental health screening process in Spanish. They also confirmed that all signage in the pods related to FBCSO's zero-tolerance policy, and material provided to them by FBCSO were in Spanish. Interviews with LEP inmates were conducted by a bilingual PREA auditor using the PREA Audit Instrument – Interview Guide which was translated by the auditor from English to Spanish.

115.16 (c) The FBCSO prohibits the use of 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, the performance of first responder duties under 115.64, or the investigation of the inmate's allegations. The facility policy requires staff to document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. This should be documented in the form of a JNAR and a copy shall be forwarded to the PREA Compliance Manager. The FBCSO reported no instances in which an inmate interpreter or reader was used in the last 12 months.

Seven (7) limited English proficient inmates were interviewed during the onsite portion of the audit, by a Spanish speaking PREA auditor, who confirmed that the facility provides information about sexual abuse and sexual harassment in formats they can understand.

agency had not used inmate interpreters during the intake or screening process. In accordance with FBCSO policy, the inmates were interviewed using the language hotline found on the SO detention site. No deaf or hard of hearing inmates were housed in the facility during the onsite visit. Knowledge of the availability and accessibility of the language lines by staff was confirmed through interview with intake and medical staff. Medical staff displayed a list of various languages which is used to help identify non-English speaking inmate's primary language and seek appropriate translation services.

The inmate phone system has instructions on the use of the system in various languages. A copy of the "Securus Next Gen Help Guide" was provided by the FBCSO which contains instructions for staff on the use of the system which can then be relayed to inmates or used to help inmates navigate the system. A copy of the TDD manual was also provided to auditors for review. The applicable policy outlines the process and steps to be followed when an inmate requests the use of the TDD set up.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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



facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #13.02
3. Fort Bend County Personal History Statement
4. Pre-Interview Promotional Questionnaire

5. County Policy Section 204 Sexual Harassment
6. Fort Bend County Rejection Criteria for Hiring Processes
7. List of New Hires
8. FBCSO 2019 PREA Compliance DL Checks
9. 5yr Background Checks – Aramark (Food Service Contractor)
10. 5yr Background Checks – Chaplains and Volunteers
11. 5yr Background Checks – Wellpath (Medical Contractor)

**Interviews:**

1. Administrative (Human Resources) Staff

**Site Observation:**

1. Files of personnel hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.
2. Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.71 (c)
3. Records of background checks of contractors who might have contact with inmates.
4. Documentation of background checks of current employees and contractors at five-year intervals when applicable.

**Findings: Hiring and promotion decisions.**

115.17 (a) The FBCSO policy prohibits the hiring or promoting of anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 in the previous parts of this section.

115.17 (b) FBCSO considers any incidents of sexual harassment when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates.

The FBCSO personal history statement which is required of all applicants contains PREA standard 115.17 verbatim. Applicants are required to disclose whether they have engaged in sexual abuse or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. If an applicant answers yes, they must provide an explanation. Applicants must also disclose whether they have 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. If the applicant answers yes, they must provide an explanation. Applicants must then disclose if they have ever been civilly or administratively adjudicated to have engaged in the activity described in standard 115.17. If the applicant answers yes, they must provide an explanation. Finally, the applicant must affix his or her signature and swear before a notary public that the information provided is true.

Criteria for permanent rejection of candidates is outlined in the FBCSO policy. Criteria For permanent rejection includes having been convicted and or placed under court order community supervision or probation for any offense greater than a Class B misdemeanor; having been convicted of any family violence offense; knowingly omitting or falsifying any information during the hiring process , including applicant admission made during the polygraph process that items originally submitted in the application process were omitted or false; Admission or discovery that the applicant committed any felony offense, any family violence offense, any theft or fraud offense greater than a Class C

misdemeanor, any offense that would constitute an abuse of public office; Admission or discovery that the applicant has sold, manufactured, or possess with the intent to sell a controlled substance in violation of law; Or receiving a military discharge under less than honorable conditions.

A document "Pre-Interview Promotional Questionnaire" Is required of all personnel prior to promotion. The questionnaire asks candidates for promotion if they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. If the candidate answers yes, they must provide an explanation. Question two of the questionnaire asks candidates if they have ever 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 wasn't able to consent or refuse. If a candidate answers yes, they must provide an explanation. Question three of the questionnaire asks candidates if they have ever been civilly or administratively adjudicated to have engaged in the activity described in the applicable standard. If the candidate answers yes, they must provide an explanation. question 4 of the questionnaire asks candidates if they have ever been accused of or investigative for sexual harassment period if the candidate answers yes, they must provide an explanation period the form is then dated and signed by the candidate.

During the review of randomly selected employee files, while onsite, confirmed the presence of a personal history statement in each file with completed information as outlined in the standard/policy. Personnel files for those that had been promoted contained a completed "Pre-interview Promotional Questionnaire."

A copy of the agency's sexual harassment policy was provided as additional support. The policy states in part, that the Fort bend County has a zero-tolerance philosophy for sexual harassment and provides instructions for employees to report if they feel they have a complaint of sexual harassment that they wish to bring to the agency's attention. Specialized staff interviews with the HR representative confirmed that the FBCSO enforces a zero-tolerance policy on sexual abuse, sexual assault, and sexual harassment.

115.17 (c) Before hiring any new employee who may have contact with inmates, the FBCSO perform the criminal background record check and, consistent with federal, state, and local laws, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Agency policy 13.02 outlines the procedures that are to be followed by background investigators on new applicants. The policy requires investigators to complete a criminal background record check of all applicants and review the applicants file in its entirety. The policy also requires background investigators to interview current and former supervisors, personal references, coworkers, and neighbors and ask questions related to any potential known drug abuse, known criminal activities, the applicant's personality, associates, work history, stability, as well as their overall recommendation. As part of the application process every applicant is required to have a complete criminal history check conducted on them. This is listed in the "New License" segment of the *Law Enforcement Agency Audit Checklist* and must be acknowledged as completed by the background investigator. A review of random personnel files during the onsite audit confirmed the presence of completed personal history statements and criminal histories for all applicants.

The agency reported 34 applications for new employees who may have contact with inmates in the past 12 months. All 34 applicants had full criminal history checks completed. A sample of 12 of these 34 applications were reviewed during the onsite visit and contained full criminal history checks and the required information in the personal history statement to satisfy the provisions of this standard. HR personnel confirmed that background checks are conducted on all applicants as a matter of policy and practice during the specialized interview.

115.17 (d) The agency also performs a full criminal background records check before enlisting the services of any contractor who may have contact with inmates

Section F of agency policy 13.02 outlines the criteria for background checks of contract workers, volunteers, and maintenance workers. This includes a requirement of investigators to conduct a criminal background and warrants check on all applicants, interview past employers, contact personal references, conduct a social network site search, review the applicants background consent form in its entirety, and make an overall recommendation in a summary letter.

The agency reported 14 contracts for services for criminal background record checks were conducted on all staff covered in the contract for contractors that might have contact with inmates in the past 12 months; 100% of contractors had full criminal history checks conducted on them.

115.17 (e) The agency conducts a criminal background records checked at least every five years of current employees, volunteers, and contractors who may have contact with inmates including, at a minimum, a criminal history report and warrants check.

A full list of all FBCSO employees, contractors, and volunteers was provided detailing the date and results of the five-year background check. The list of contractors included those employed by Aramark, Wellpath , and the chaplain and volunteers. These lists are maintained by the PREA Compliance Manager and the PREA Coordinator. Individual criminal history checks are maintained in each employee and contractor or volunteer's personnel file.

115.17 (f) As part of the application process, the FBCSO asks all applicants and employees who may have contact with inmates directly about previous misconduct involving engagement in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or other institution or whether they have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, oh or coercion, or if the victim did not consent or was not able to consent or refuse, or if they have been civilly or administratively adjudicated to have engaged in such activity. Adherence to this requirement was confirmed during the interviews with HR personnel. All applicants are also required to complete the personal history statement which requires them to disclose any of the above information.

115.17 (g) The agency considers material omission regarding such misconduct as grounds for termination or disqualification. The agency lists knowingly omitting or falsifying any information during the hiring process as one of the criteria for permanent rejection for employment. This is repeated in the personal history statement in a section labeled DISQUALIFICATION, which reads: *“There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying . However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals fell background investigations is because they deliberately withhold or misrepresent job relevant information from their perspective employer. This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.”*

Finally, the personal history statement contains PREA standard 115.17 in its entirety and lists material omissions regarding such misconduct, or the provision of materially false information, as grounds for termination. All applicants are required to sign this document which is then notarized. The presence of this document in all personnel files reviewed confirmed the provisions of this standard were satisfied.

115.17 (h) The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The agency provides notice to all applicants that unless prohibited by law , the FBSCO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This notice is signed by the employee and notarized. HR personnel confirmed that information relating to this standard would be provided to other agencies to which a former FBSCO employee applied four if requested by that agency.

The PREA Compliance Manager and FBSCO Detention Administrative staff indicated that they fully comply with other agency's requests for information on former FBSCO employees who are applying with a new agency. All notification of any incidents, findings, or PREA related information is provided to the requesting agency in writing.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Notification of Electronic Upgrades since last Audit 2017

### Interviews:

1. Agency Head – Chief Deputy
2. Jail Administrator
3. PREA Coordinator

### Site Observation:

1. Tour areas of the facility that were renovated, modified, or expanded
2. Documentation of facility design, renovation, modification, or expansion
3. Check video monitoring system, electronic surveillance system, or other monitoring technology installed or updated since last PREA audit 2017
4. Minutes from meetings referencing installing or updating monitoring technology.

### Findings: Upgrades to facilities and technologies.

115.18 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the FBCSO considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

The FBCSO provided auditors a signed letter describing the steps taken by the agency in their efforts to refurbish the "Old Jail." The letter states in part that the refurbishment project was reviewed in detail by the agency PREA Coordinator to ensure adherence to PREA standards which are complied with to prevent, detect, and respond to in custody sexual abuse and sexual harassment.

During interviews with Chief Deputy and Jail Administrator, they both described how agency/facility consider the effects of such changes as it pertains to protecting inmates from sexual abuse. They explained that the "Old Jail" is still under constructions, but that recent approvals for construction funding and project planning include an evaluation of potential blind spots, camera technology, angles in housing units to ensure maximum visibility of inmates with care to exclude areas where inmates shower, change, or use the toilet. They also stated that composition of the inmate population to be housed in the facility is being considered to ensure that the custody level approved to house in the facility not only complies with TCJS, but also supports a safe environment for the inmate population. The frequency of rounds to be conducted in the facility is being reviewed along with the need for shower curtains and other privacy partitions.

The auditors toured the "Old Jail" where these modifications are scheduled to occur.

115.18 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the FBCSO considers how such technology may enhance the agency's ability to protect inmates from sexual abuse.

The FBCSO provided auditors a letter describing the steps taken during the upgrade of the jail's camera system. The PREA Coordinator conducted a review of preliminary plans to ensure adherence to PREA standards which are complied with to prevent, detect, and responded to in custody sexual abuse and sexual harassment. Additionally, an email thread was provided which documents in a timeline fashion the various upgrades to the facilities camera system that were being implemented or recommended.

During interviews with Chief Deputy and Jail Administrator, they both described how agency/facility consider using such technology to enhance inmates' protection from sexual abuse. They explained that the "Old Jail" is still under constructions, but that recent approvals for construction funding and project planning include an evaluation of potential blind spots, use of camera technology to eliminate identified blind spots, angles in housing units to ensure maximum visibility of inmates with care to exclude areas where inmates shower, change, or use the toilet. Use of the "Guardian" system will continue to program, and record observation rounds conducted by staff. FBCSO notes that they conduct rounds at intervals that exceed the standards set forth by TCJS.

During the onsite visit, auditors spent time in the facility's Control Center and were able to view all cameras in the facility and the areas the cameras were surveilling.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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



not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

## 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Facility Policy #13.02
4. Memo of Evidence Protocol from CID Lieutenant
5. MOU with Texas Forensic Nurse Examiners (TXFNE)
6. MOU with Fort Bend County Women's Center
7. Qualified Staff Member's Licenses
8. Qualified Staff Members Background Check

#### Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. SAFE's/SANE's Staff
4. Inmates who Reported a Sexual Abuse

#### Site Observation:

1. Documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations.
2. Any available documentation that delineates responsibilities of outside medical and mental health practitioners.
3. Documentation of the request regarding the requirements of 115.21(a) through (e) with outside investigating agency.

**Findings: Evidence protocol and forensic medical examination.**

115.21 (a) The FBCSO is responsible for conducting criminal sexual abuse investigations and the facility is responsible for conducting administrative investigations, to include; inmate-on inmate sexual abuse or staff sexual misconduct. When the FBCSO is conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol maximizing the potential for obtaining usable physical evidence.

The policy provided by the agency outlines the coordinated response plan that is to be followed. It starts by requiring that allegations of a sexual nature be treated with discretion and confidentiality and be shared only with those who need to know in order to provide treatment, investigate, and make security and management decisions. The policy outlines responsibilities for non-security staff receiving the report, security staff receiving the report, shift supervisors receiving the report, on duty watch commanders receiving the report, and the responsibilities of the PREA Coordinator and the PREA Compliance Manager. Additionally, the protocol outlines responsibilities of medical and mental health staff, and the detectives dispatched to the scene to conduct the investigation. Responsibilities of the transport officer and the Fort bend women's center are also outlined. Responsibilities for the jail chaplain and mental health staff are included along with the requirement that the inmate be immediately separated from the alleged victim if the alleged abuser is an inmate. If the alleged abuser is an employee, the employee is required to be restricted from any contact with the alleged victim, until the alleged victim is released from custody. The protocol concludes by saying that inmates found guilty of sexual abuse and or sexual harassment are to be placed under disciplinary review.

The Criminal Investigation Division (CID) Lieutenant provided a document with links to the evidence protocol followed by the Fort Bend County Sheriff's Office. The document provides links to the State of Texas Rules of Evidence and the Texas Department of Public safety.

During a random sample of staff interviews, staff confirmed they understood the agency's protocol for collecting usable physical evidence if an inmate alleges sexual abuse. Further stating that all allegations of alleged sexual abuse are forwarded to PREA Compliance Manager, who is the supervising Sergeant of the Detention Bureau Investigative Unit (DBIU) and that CID detectives are responsible for conducting and who is responsible for conducting criminal sexual abuse allegations.

115.21 (b) The uniformed evidence protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and or authoritative protocols developed after 2011.

The CID Lieutenant provided a document with links to the evidence protocol followed by the Fort Bend County Sheriff's Office. The document provides links to the State of Texas Rules of Evidence and the Texas Department of Public safety.

115.21 (c) The FBCSO offers all inmates who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered without financial costs to the victim. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assaults Nurse Examiners (SANEs). If SAFEs or SANEs are not available, the forensic medical examinations are performed by other qualified medical practitioners. The facility documents all efforts to provide SAFE or SANE exams.

In the past 12 months, three forensic medical examinations were conducted. All three exams were performed by certified SAFEs or SANEs. Due to the availability of these certified examiners, no exams were performed by a certified medical practitioner. The agency provided a copy of an MOU, signed

November 06, 2019, between the Fort bend County Sheriff's Office and the Texas Forensic Nurse Examiners as verification of the availability of certified SAFEs and SANEs.

115.21 (d) The facility attempts to make available to the victim a victim advocate from a Rape Crisis Center. If a Rape Crisis Center is not available; to provide victim advocate services, the facility makes available a qualified staff member from a community-based organization or a qualified agency staff member. The agency documents efforts to secure services from rape crisis centers.

The agency provided an MOU between the Fort bend County Sheriff's Office and the Fort Bend County Women's Center, which contains the scope of services and terms, an agreement that the contractor will accept reports of sexual abuse or sexual harassment alleged to have occurred at the facility. The Fort Bend County Women's Center will include a 24-hour hotline number for reporting, as well as providing counseling services for victims and confidential support services. In the event an advocate is not able to be provided through the Women's Center, Wellpath has agreed to use an available qualified staff member. This agreement was Confirmed in a letter provided by Wellpath Health Service Administrator, Durelle Cardiff, to the agency.

The PREA Compliance Manager was able to describe the victim advocacy services provided to an inmate who has alleged sexual abuse or sexual harassment. She was also able to describe the responsibilities outlined in the signed memorandum of understanding. Inmates who reported sexual abuse indicated during interviews that they understood they had access to these services outlined within the standard.

115.21 (e) As requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews. Also, provides emotional support, crisis intervention, information, and referrals.

The PREA Compliance Manager provided documentation that confirmed the victim advocates meet the qualifications described in standard 115.21 (d) through communication with the Women's Center. These qualifications are outlined within the memorandum of understanding signed by both the Fort Bend County Women's Center and Fort Bend County Sheriff's Office. During interviews with inmates who reported a sexual abuse, it was indicated they understood the availability of access to the Women's Center. Inmate's indicated this information is provided through the inmate education, inmate Handbook, and PREA signage displayed throughout the facility.

115.21 (f) Not Applicable

115.21 (g) Not Applicable

115.21 (h) Not Applicable

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Document Review:**

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Facility Policy #13.02
4. Facility Policy #07-01
5. Information from Fort Bend Website
6. Cases referred for Criminal Investigations

**Interviews:**

1. Agency Head – Chief Deputy
2. Investigative Staff (Administrative/Criminal)
3. PREA Compliance Manager

**Site Observation:**

1. Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings.
2. Verify that policy is on website or other means made publicly available
3. Documentation of referrals of allegations of sexual abuse/harassment
4. Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable.

**Findings: Policies to ensure referrals of allegations for investigations.**

115.22 (a) The FBCSO ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months 104 reports of sexual abuse or sexual harassment were received. of these allegations, 104 resulted in administrative investigation. Four of the 104 allegations received were referred for criminal investigation. The agency's Chief Deputy indicated that all criminal and administrative investigations are completed by the agency. He indicated that the complaint, regardless of how they are received, are assigned to an investigator for a full investigation. A sample of administrative and criminal investigations or reviewed by the auditors for confirmation that the agency complies with the standard.

115.22 (b) The FBCSO has in place of policy that ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency has published such policy on its website and documents all referrals.

During interviews with two criminal investigators, they confirmed they understood the agency's policy requiring all allegations to be referred to them for investigation. During interview they indicated they are Trained on jail functions and understand that jail has a zero-tolerance policy; understand that all allegations must be "investigated immediately without delay." Once notification is received of an allegation, they begin interviews and begin collecting evidence and reviewing surveillance. They then submit any evidence to the lab if required and take photographs when needed. The length of time for each investigation depends on each individual case – can take as long as a month. The longest waiting part is waiting for the lab. However, investigations are started immediately.

115.22 (c) N/A

115.22 (d) N/A

115.22 (e) N/A

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. PREA New Hire and Annual Certification Course Curriculum
4. 2020 Annual PREA Training Certification Report
5. 2017-2019 New Hire and Annual Training Certification Report

### Interviews:

1. Random Sample of Staff



**Site Observation:**

1. Sample of training records
2. Documentation of employee signatures or electronic verification signifying comprehension of the training.

**Findings: Employee training.**

115.31 (a) The FBCSO trains all employees who may have contact with inmates on the following objectives; it's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Inmates right to be free from sexual abuse and sexual harassment; The right of inmate and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; And how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The agency provided a policy reflecting the training requirement. The training curriculum was reviewed by auditors during the onsite visit. The training is provided by policeone.com. All staff selected for the random staff interviews stated they have all received the training required under this standard. This was verified upon review of the staff training records.

115.31 (b) The training provided by the agency is tailored to the gender of the inmates at the employee's facility. The employees of the agency receive additional training if they are reassigned from a facility that houses only male inmates the facility that has only female inmates, and vice versa.

The training curriculum reflects that the training is tailored for both male and female inmates, allowing staff to work with either gender of inmate. A sample of training records were reviewed by auditors to confirm staff completed the required training. Staff interviewed were asked to describe what they could recall from the training provided and were able to explain the agency's zero tolerance policy, the avenues available to inmates and staff to report, the right of inmates and staff to be free from retaliation, signs to look for which may indicate an inmate may have been victimized, and the roles and responsibilities assigned to them as first responders.

115.31 (c) All current employees who have not received training are to be trained within one year of the effective date of the PREA standards, and the agency has provided refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies.

The agency reported 605 staff members employed with the agency that may have contact with inmates. The staff members were trained or retrained on the PREA requirements as verified to review of a sample of the training documents during the onsite visit. The agency reported that 100% of staff employed by the agency have completed the required training. Between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. This information is tested, and documentation of pass fail was provided for each employee. Confirmation of successful completion of training was verified through a review of training documents for a random sample of employees.

115.31 (d) The FBCSO documents, through employee signature or electronic verification, that employees understand the training they have received. The training records from policeone.com

contained electronic verification that all training has been successfully completed by each individual employee. These documents were presented to auditors for review and verification that all staff have completed required training.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire

2. Contractor Wellpath New Employee PREA Training Certificates
3. Contractor Wellpath Employee PREA Training Acknowledgement Forms
4. Contractor Aramark Employee PREA Training Acknowledgement Forms
5. Chaplain and Volunteers PREA Training Acknowledgement Forms

**Interviews:**

1. Volunteer(s) or Contractor(s) who have Contact with Inmates

**Site Observation:**

1. Sample of training records of volunteers and contractors who have contact with inmates.
2. Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors).

**Findings: Volunteer and contractor training.**

115.32 (a) The agency has provisions that ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agencies sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The agency reported there were 143 volunteers and contractors in their agency that have contact with inmates and have been trained on their responsibilities under the agencies sexual abuse and sexual harassment prevention, detection, and response policies and procedures. 100% of all volunteers and contractors in the agency have successfully completed the required training. This information was verified through interviews with individual contractors. Due to COVID-19 restriction, there were no volunteers to be interviewed as volunteers are not currently being allowed into the facility. A sample of training certificates for contractors were reviewed by auditors during the onsite visits to confirm completion to comply with this standard.

115.32 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

A list of all contractors and volunteers authorized to enter the facility was provided along with accompanying signed acknowledgement of the agency's zero tolerance policy regarding sexual abuse and sexual harassment by each of these individuals. Contractors and chaplains interviewed during the onsite visit confirmed training requirement information provided during the training and signed acknowledgement.

115.32 (c) The agency maintains documentation confirming that volunteers and contractors understand the training they have received. The acknowledge reflecting compliance with this standard was provided and reviewed by auditors

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. PREA Intake Education
4. FBCSO Inmate Handbook
5. Inmate PREA Brochure (English/Spanish)
6. Braille Services Invoice
7. PREA Zero Tolerance Poster (English/Spanish)
8. PREA Education Event Summary

#### Interviews:

1. Intake Staff
2. Random Sample of Inmates

#### Site Observation:

1. Facility Tour Observation/Questions
2. Intake records of inmates entering the facility in the past 12 months (spot-check)
3. Log or other record corroborating that those inmates received information at intake (inmate signatures)
4. Any relevant education materials (inmate handbook) to ensure that relevant information is covered
5. Log or other record corroborating that those inmates received comprehensive PREA education within 30 days of intake (inmate signatures)
6. Log or other record corroborating that current inmates received comprehensive PREA education within one year of the effective date of the PREA standards (inmate signatures)

## 7. Sample of documentation of inmate participation in education sessions

### **Findings: Inmate education.**

115.33 (a) During the intake process, inmates receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

During the time period from May 19, 2019 to May 18, 2020, the agency had 12,807 bookings. During this time period 6,436 inmates were held in custody longer than 24 hours and 6,373 of these inmates received both initial PREA education and comprehensive PREA education within 24 hours. Auditors confirmed that 99.02% of the inmates booked into the facility received the required information about the agency zero tolerance policy on sexual abuse and sexual harassment and information on how to report incidents are or suspicion of sexual abuse or sexual harassment through a review of documents and through interviews with random inmates.

The intake process was described by both intake staff and inmates during random Interviews. Reporting that intake records for inmates booked within the last 12 months were reviewed to confirm compliance with this standard. The intake packet contains a signed acknowledgement of the inmate Handbook which provides the intake training information required within this provision of the standard.

115.33 (b) Within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidences, and regarding agency policies and procedures for responding to such incidences. During the time frame of May 19, 2019 to May 18, 2020 the agency was providing comprehensive education during intake. There were 6,436 inmates in custody greater than 24 hours and 6,373 of those inmates received both initial PREA education and comprehensive PREA education within the 24 hours.

The agency reported that 1,825 inmates had a length of stay of 30 days or more. A total of 1,806 (98.96%) of the inmates reported to have a length of stay of 30 days or more received comprehensive education on their rights to be free from sexual abuse and sexual harassment and be free from retaliation for reporting such incidences. Interviews with random inmates and intake staff confirmed that comprehensive education was provided by the agency via video, pamphlet, and other means during intake which is completed within 24 hours. Intake records for a random selection of inmate files were selected for review and confirmed the presence of the required signature acknowledging receipt of training information. The agency's zero tolerance policy is also displayed throughout the intake area on posters in both English and Spanish.

All inmates are given a PREA education pamphlet titled "Break the Silence" for which they acknowledge receipt for by signing.

A PREA education video is played on a continuous loop in the intake area . The video is in both English and Spanish and contains closed captions. The same video is played once per day on televisions in each housing unit; officers log the time the video was played in the housing unit in the unit's activity log.

115.33 (c) Inmates currently housed in the facility that have not received such education will be educated within one year of the effective date of the PREA standards and will receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

Staff confirmed that inmates who have not received such education are provided education within one year of the effective date of the PREA standards and receive education when they are transferred to a

different facility. Inmate PREA education training records are available to Classification staff for review to ensure inmates have received the required education on the agency's policies on sexual abuse and sexual harassment and its zero-tolerance policy.

115.33 (d) the FBCSO provides inmate education and 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.

The inmate Handbook is available in Spanish and Braille. The agency provided an invoice to document the availability of the Inmate handbook to inmates who may be visually impaired and samples of a handbook in Spanish. The agency's zero tolerance policy is also displayed throughout the intake area on posters in both English and Spanish. The PREA education brochure "Break the Silence" is also provided in English or Spanish. A posted notice of the agency's zero tolerance policy against sexual abuse and sexual harassment is posted at intake in both English and Spanish.

115.33 (e) The agency maintains documentation of inmate participation in all education sessions.

115.33 (f) In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, the inmate handbook, and other written formats.

Education and informational material about the agencies PREA policy is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The presence of the Aforementioned material was confirmed by auditors during the onsite tour.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

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

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #13.02
4. Specialized Investigative Training Curriculum
5. Investigator Training Records

#### Interviews:

1. Investigative Staff

#### Site Observation:



## 1. Training records/logs of investigative staff

### **Findings: Specialized training: Investigations.**

115.34 (a) In addition to the general training provided to all employees pursuant to standard 115.31, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, that its investigators have received training in conducting investigations in confinement settings.

The training curriculum and agenda for specialized investigative training was provided to auditors for review. This training is developed for investigators by the Moss Group and delivered through the National Institute of Corrections (NIC) online. A certificate for this course was provided for all investigators to reflect completion of the course. Both have received training via the PREA investigation course, interviewing and interrogation, Miranda, child abuse, specialized sexual assault training, etc. They have completed training before implementation of PREA. They have been in sexual assault investigations for 8 and 5 years respectively.

Training was received in person and auditors were provided a certificate to reflect completion and was described by the investigators as containing the following objectives: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; The criteria and evidence required to substantiate a case for administrative or prosecution referral.

115.34 (b) 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.

During the interview with investigative staff they confirmed that the training they received included techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criterion evidence required to substantiate a case for administrative action or prosecution referral. Training certificates were provided for all investigative staff.

115.34 (c) The agency maintains documentation that its investigators have completed the required specialized training in conducting sexual abuse investigations. Training certificates were provided for all investigative staff. A total of 47 investigators employed by the agency have documentation reflecting completion of this course.

115.34 (d) N/A

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual

abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

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

#### 115.35 (b)

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

#### 115.35 (c)

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

#### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

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

#### **Document Review:**

1. PREA Pre-Audit Questionnaire
2. Wellpath Policies and Procedures
3. Wellpath PREA Training Curriculum
4. Wellpath Employee PREA Training Acknowledgement Forms

#### **Interviews:**

1. Medical and Mental Health Staff

#### **Site Observation:**

1. Training records and personnel records to verify that regular practitioners have been trained
2. Exam logs (spot-check)
3. List of all medical staff at facility and a sample of training logs and forensic exam training curriculum
4. Training logs of medical and mental health care practitioners to ensure they received the training for employees AND contractors/volunteers (depending on their status) in the referenced standards.

#### **Findings: Specialized training: Medical and Mental Health.**

115.35 (a) The FBCSO ensures that all full and part time medical and mental health care practitioners who work regularly in its facilities have been trained on how to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; And how and to whom to report allegations of suspicions of sexual abuse and sexual harassment.

The agency reported that 55 full or part time medical and mental health care practitioners regularly worked in its facilities and confirmed that all of them have been trained on how to detect and assess signs of sexual abuse and harassment along with the other provisions of this standard. Completion of training was confirmed by reviewing documents provided by the agency for medical and mental health care practitioners. Training is provided by Wellpath. Interviews with medical and mental health care practitioners confirmed the required training had been delivered and understood by attendees. The training covered topics such as: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.35 (b) N/A

115.35 (c) The agency maintains documentation that medical and mental health practitioners have received the training referenced in this related standard either from the agency itself or by other means. Completion of training is documented on the Volunteer and Contractor Acknowledgment form.

115.35 (d) Medical and mental health care practitioners also receive the training mandated for employees under standard 115.31 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

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

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire

2. Facility Policy #02.22
3. PREA Risk Assessment Screening Form
4. PREA Reassessment Screening Form
5. Inmate Assessment Log

**Interviews:**

1. PREA Coordinator
2. PREA Compliance Manager
3. Staff Responsible for Risk Screening - Classification
4. Random Sample of Inmates

**Site Observation:**

1. Facility Tour Observation/Questions
2. Records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours.
3. Records of initial assessment and reassessment for risk of sexual victimization or abusiveness.

**Findings: Screening for risk of victimization and abusiveness.**

115.41 (a) All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. This practice is outlined in the agency's policy. Additionally, the practice was observed by auditors during the facility tour. As part of the onsite tour, auditors required intake staff to walk them through the entire intake and screening process which included screening for the risk of sexual abuse by other inmates or sexual abusiveness towards other inmates.

Interviews with medical and classification staff were conducted and the practice described in this standard were confirmed should take place with every inmate who is booked into the facility. Inmates selected for the random sample of inmate interviews all verified that they were screened upon intake and within 72 hours.

115.41 (b) Intake screening takes place within 72 hours of arrival at the facility.

The agency reported booking 1,825 inmates in the last 12 months who had his length of stay over 72 hours; 1,806 received a 30-day screening. The agency maintains a PREA compliance log documenting the screening of all inmates booked into the facility. This log was provided to the auditors for the time period of April 2019 through April 2020 inspection. The log reflects that all intake screenings were completed within the 72 hours requirement. Inmates selected for the random sample of inmate interviews all verified that they were screened upon intake and within 72 hours.

During the preceding 12 months, the agency reported 4,792 inmates were in custody longer than 72 hours. A total of 4,754 were screened within 72 hours.

115.41 (c) The assessment is conducted using an objective screening instrument.

The screen of inmates is conducted using the PREA intake screening form which contains 15 questions to screen inmates for their risk of sexual victimization and abusiveness. Inmate classification is determined using an objective classification decision tree which is approved by the Texas Commission on Jail Standards.

115.41 (d) The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization; whether the inmate as a mental, physical, or developmental disability; The age of the inmate; The physical build of the inmate; Whether the inmate has previously been

incarcerated; Whether the inmates criminal history is exclusively nonviolent ; Whether the inmate has prior convictions for sex offenses against an adult or child; Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersects, or gender nonconforming; Whether the inmate has previously experienced sexual victimization; The inmates own perception of vulnerability; And whether the inmate is detained solely for civil immigration purposes.

Interviews with staff responsible for conducting the intake screening were conducted and confirmed adherence to the provisions of this standard. This staff includes intake and medical staff. Inmate interviews also confirmed that inmates were screened in accordance with this standard at intake. Staff stated the screening takes place within 72 hours and **includes** consideration of inmate disabilities, inmate age, physical build of inmate, previous incarceration of inmate, inmate criminal history (including nonviolent offenses and sex offenses) perceived sexual orientation of inmate, previous sexual victimization of inmate, inmate perception of vulnerability, and whether detention is related to civil immigration.

115.41 (e) 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 the agency, in assessing inmate for risk of being sexually abusive.

Section 2 of the PREA intake screening form asks questions about prior convictions for sex offenses against adults or children, prior arrests for violent crimes, and previous convictions of sexual violence in prison or jails. All inmates are required to undergo this screening instrument at intake. A review of a randomly selected number of intake packets confirmed that all inmates completed this screening and affixture signature at the bottom of the screen form. Staff assigned the responsibility of completing the intake form also confirmed that this screening tool is used for all inmates booked into the facility.

115.41 (f) Within 30 days from the inmate's arrival at the facility, the facility assesses the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facilities since the intake screening. During the preceding 12 months, 1,825 inmates were in custody greater than 30 days. Of these inmates, 1,806 received a 30-day screening.

115.41 (g) 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 abusive. During the interview with classification staff he confirmed that the need for reassessment is triggered whenever a referral is made, an incident of sexual abuse occurs, or classification receives additional information that would warrant reassessment for an inmate's risk of sexual victimization or abusiveness.

115.41 (h) The agency prohibits inmates from being disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs d1, d7, d8, or d9 of this section.

This information is contained in the agency's policy. Additionally, a review of the inmate rules and regulations reflected that there is no facility rule which would facilitate any disciplinary action for refusing to answer, or for not disclosing complete information in response to the questions pursuant to paragraphs d1, d7, d8 or d9 of the section. Interviews with intake and classification staff confirmed that an inmate would not be issued any disciplinary action for refusing to answer or disclosing information.

Staff interviewed stated they do not discipline inmates in any way for refusing to respond to (or for not disclosing complete information related to) the following:; Whether the inmate has a mental, physical, or developmental disability; Whether the inmate is or is perceived to be gay, lesbian, bisexual,



transgender, intersex, or gender non--conforming; Whether the inmate has previously experienced sexual victimization; or the inmate's own perception of vulnerability.

115.41 (i) The agency has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Interviews with the PREA Compliance Manager, PREA Coordinator, and staff responsible for conducting the intake interview provided information that confirmed that all information received pursuant to the questions asked is handled in a sensitive manner as shared on a need to know basis. Inmate information is stored in the inmate's booking file in Bonding.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. PREA Intake Screening Information Form

#### Interviews:

1. PREA Compliance Manager
2. Staff Responsible for Risk Screening
3. Transgender/Intersex Inmates

#### Site Observation:

1. Tour living units and accommodations made for transgender and intersex inmates to shower separately from other inmates
2. Documentation of risk-based housing decisions
3. Documentation of reassessments of programming assignments for each transgender or intersex inmate in compliance with the standard.
4. Documentation of housing assignments of inmates identified to be lesbian, gay, bisexual, transgender, or intersex inmates

#### Findings: Use of screening information.

115.42 (a) The agency uses information from the risk screening required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

This practice was confirmed by reviewing agency policy, intake screening instruments, and information gained through Interviews with the PREA Compliance Manager and staff responsible for risk screening. The PREA Compliance Manager indicated that information about risk of victimization or abusiveness is used to determine proper housing, classification, and separation where appropriate in order to protect inmates from being further victimized or abusers from engaging in prohibited conducted in the facility.

115.42 (b) The agency makes individualized determinations about how to ensure the safety of each inmate in its custody.

Staff responsible for completing the intake screening assessment confirmed that an assessment is completed for each inmate and indicated that information about risk of victimization or abusiveness is used to determine proper housing, classification, and separation where appropriate in order to protect inmates from being further victimized or abusers from engaging in prohibited conduct in the facility. The random selection of inmate files confirmed the presence of a completed intake screening for each individual inmate.

115.42 (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case by case basis whether replacement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

During the onsite visit two inmates who identified as transgender were housed in the facility. One of the inmates was interviewed and asked to describe the process used to determine their housing at intake. The inmates stated housing was determined through conversation with the inmate, consultation with medical staff and taking their personal views of their own perception of risk into consideration. The PREA Compliance Manager was also interviewed to confirm the practice of assigning transgender or intersex inmates in the facility was done on a case by case basis to ensure the inmate's health and safety, and whether the placement will present management or security concerns.

115.42 (d) 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.

The agency provided documentation reflecting that transgender or intersex inmates housed in their custody had been reassessed at least twice each year and reviewed for any possible threats to safety experienced by the inmate. Documents recording the reviews are maintained in the inmate file. This was further confirmed during interviews with the PREA Compliance Manager and staff test with completing the screening.

115.42 (e) Transgender or intersex inmates' own views with respect to his or her own safety are given serious consideration during the decision-making process. This is outlined in the agency's policy and was further validated during an interview with the PREA Compliance Manager, staff responsible for risk screening, and transgender inmate interview.

115.42 (f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

During the onsite visit it was noted that housing units contained showers that offered a higher degree of privacy and these showers were designated for use by transgender inmates. Interviews with the PREA Compliance Manager, staff responsible for completing the screening of transgender or intersex inmates, and the transgender inmate interviewed confirmed that they are given the opportunity to shower separately from other inmates.

115.42 (g) The agency is prohibited from placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with the consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The agency prohibits the placing of LGBTI inmates in dedicated facilities, units, or wings solely based on their identification as LGBTI. This is further confirmed during the onsite visit and tour of the entire facility where no such housing unit was found. Interviews with the PREA Compliance Manager, PREA Coordinator, and LGBTI inmates interviewed validated that the agency adheres to their prohibition of this practice.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

### 115.43 (c)

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

### 115.43 (d)

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

### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. Statement of Preference

### Interviews:

1. Jail Administrator
2. Staff who Supervise Inmates in Segregated Housing

3. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

**Site Observation:**

1. Facility Tour Observation/Questions
2. Records and documentation of housing assignments of inmates at high risk of sexual victimization
3. Documentation of in-cell AND out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose.
4. Records for length of placement in segregated housing for those at risk of sexual victimization to verify that:
  - Inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and
  - Inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days.
5. Case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months.

**Findings: Protective custody.**

115.43 (a) Inmates at high risk for sexual victimization are not placed in involuntarily segregated housing unless an assessment of all available alternatives has been made, and determination has been made that there are no available alternative means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility permits the holding of the inmate in involuntarily segregated housing for less than 24 hours while the assessment is completed.

The facility reported no inmates at high risk for sexual victimization being placed in involuntary segregation in the past 12 months for 1 to 24 hours awaiting completion of an assessment. The agency Jail Administrator was interviewed regarding this standard and additional information was obtained from the Pre-Audit Questionnaire.

115.43 (b) Inmates placed in segregated housing for this purpose have routine access to all programs, privileges, education, and work opportunities to the extent possible. If restrictions are imposed to access to programs, privileges, education, or work opportunities, these restrictions and their justification are documented. Documentation includes a list of those opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. This was observed and documented during the facility tour and further validated through interviews with staff assigned to housing areas where segregated inmates are housed. The agency's prohibition of housing inmates who are at risk of victimization or have alleged to have been victimized in segregated housing made interviews with these types of inmates not possible.

115.43 (c) The FBCSO assigns such inmates to involuntarily segregated housing only until alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days.

The agency reported no instances in which an inmate was involuntarily segregated until when alternative means of separation could be determined in the past 12 months for longer than 30 days. Interviews with the Jail Administrator and staff who supervise inmates in segregated housing supported the provisions outlined within the standard.

115.43 (d) If an involuntarily segregated housing assignment is made pursuant to paragraph a of this section, the agency clearly documents the basis for the facility's concern for the inmate safety and the

reasons why no alternative means of separation could be arranged. Documentation review for this standard was unavailable due to no reported incidences in the last 12 months.

115.43 (e) Every 30 days, the agency affords such inmates a review to determine whether there is a continuing need for separation from the general population. Documentation review for this standard was unavailable due to no reported incidences in the last 12 months. Interviews with classification staff, the Jail Administrator, and review of policy confirmed that if an inmate what is housed in involuntarily segregated housing a review would be conducted at a minimum every 30 days to determine a continuation of status.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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



### 115.51 (c)

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

### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Inmate Handbook
4. PREA Poster for Federal Inmate Housing Units
5. PREA Intake Education
6. PREA Zero Tolerance Poster (English/Spanish)
7. MOU with Fort Bend County Women's Center

### Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. Random Sample of Inmates

### Site Observation:

1. Facility Tour Observation/Questions
2. Information provided to inmates detained solely for civil immigration purposes.

### Findings: Inmate reporting.

115.51 (a) The FBCSO 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.

The supporting documentation outlines the multiple avenues available for inmates to privately report sexual abuse, sexual harassment, and retaliation. The avenues include by calling the PREA hotline at 888-427-3650, reporting to any staff member, volunteer, contractor, medical, or mental health staff, reporting directly to the PREA Coordinator or PREA Compliance Manager via the kiosks in all pods, notify family, friend, or legal counsel who may then report on their behalf by calling 281-341-8514, or using the agency inmate grievance system. Inmates interviewed reflected a knowledge of the various reporting avenues available to them. Staff members also demonstrated a knowledge of reporting avenues available to inmates.

115.51 (b) the FBCSO also provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive an immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. It makes detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland security.

Inmates who are housed solely for civil immigration purposes may notify relevant officials with the Department of Homeland Security by calling 1-800-869-4499. This information is contained in the Inmate Handbook. All inmates can make private reports by notifying the Fort Bend Women's Center 281-342-HELP (4357). This information is posted in each housing unit, in the Inmate Handbook, and in the agency's policy.

115.51 (c) The FBCSO requires staff to accept reports made verbally, in writing, anonymously, and from third parties and requires them to properly document any verbal reports.

The PREA Compliance Manager and PREA Coordinator confirmed during interview that all anonymous and third-party reports are accepted for review and investigation. During interviews with all staff members, they confirmed that reports or outcries received by any inmate through any means would be accepted for investigation and referral. Inmates also indicated, during interviews, that they were comfortable utilizing one of the many means available to them for reporting any incidents of sexual abuse or sexual harassment against them or any other inmate.

115.51 (d) The agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates.

Staff members can privately report any incidents of sexual abuse or sexual harassment by sending an anonymous letter to the Jail Administrator. This is outlined in the agency's policy and was noted during random staff interviews in which staff also stated they felt comfortable reporting to the PREA Compliance Manager or PREA Coordinator and such report being held in confidence.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.52: Exhaustion of administrative remedies

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

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes    No    NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

#### 115.52 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.01
3. Inmate Grievance Request

### Interviews:

1. Inmates who Reported a Sexual Abuse

### Site Observation:

1. Inmate handbook to determine that relevant information is provided
2. Any grievance that alleged sexual abuse and their final decision.
3. Documentation of emergency grievances filed pursuant to this standard.

### Findings: Exhaustion of administrative remedies.

115.52 (a) The FBCSO has adopted administrative procedures to address inmate grievances regarding sexual abuse and therefore is not exempt from this standard.

The administrative procedures for addressing inmate grievances related to sexual abuse is outlined in the agency policy. Inmates are permitted to submit a grievance related to sexual abuse without having to submit it to the staff member who is the subject of the complaint. Inmates are permitted to submit grievances related to sexual abuse at any time regardless of when the incident is alleged to have occurred.

115.52 (b) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Nor does the agency apply otherwise applicable time limits to any portion of agreement that does not allege an incident of sexual abuse. Agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section restrict an agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

The agency's administrative procedures for addressing inmate grievances, contained in their policy, do not impose a time limit on when an inmate may submit a grievance regarding to an allegation of sexual abuse. The PREA Compliance Manager and the PREA Coordinator confirmed that a grievance related

to sexual assault or sexual abuse would receive regardless of the date on which the incident was alleged to have occurred, relative to the date that grievance was submitted by an inmate.

115.52 (c) The FBCSO ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is a subject of the complaint, and such grievances not referred to a staff member who is a subject of the complaint.

Information in the image Handbook confirmed That inmates are made aware that they may submit a grievance without submitting it to a staff member who is the subject of the complaint.

115.52 (d) The agency also issues 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. The computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. The agency reserves the right to claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency is required to notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate can consider the absence of response to be a denial at that level.

The agency reported 8 grievances filed in the last 12 months that were related to sexual abuse. A final decision was reached within 90 days for all 8 grievances reported in the last 12 months; no extensions were filed. A review of sample grievances and information obtained during interviews with inmates who filed grievances confirmed the agency's adherence to this standard. They stated they were told in writing of the investigation's outcome (as confirmed by the presence of signed notification) and that notification was made soon after completion of the investigation according to investigators. The notification signed by the inmate is signed and dated.

115.52 (e) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates and finally request for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of inmates. If such a request is filed by a third-party on behalf of an inmate, the agency may require as a condition of processing the request that the alleged victim agreed to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency is required to document the inmate's decision.

Number of grievances filed by inmates in which sexual abuse was alleged and inmates declined third-party assistance was reported by the agency as zero.

During the onsite audit, PREA Auditors reported an allegation that was discovered during interviews to the PREA Compliance Manager and PREA Coordinator. The PREA Compliance Manager immediately initiated the investigation into the allegation.

115.52 (f) The FBCSO has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. When an emergency grievance received alleging an inmate is subject to a substantial risk of imminent sexual abuse, the FBCSO requires the grievance to be immediately forwarded to a level of review at which immediate corrective action may be taken, and provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and outlines the action taken in response to the emergency grievance.

An inmate may file an emergency grievance about their own, or another inmate's substantial risk of imminent sexual abuse, by notifying any staff member or by calling the Fort Bend County Women's Center. In such cases, an initial response will occur within 48 hours; and an agency decision rendered within 5 days. The agency reported no emergency grievances received by them in the last 12 months alleging a substantial risk of sexual abuse.

115.52 (g) The FBCSO may discipline an inmate for filing a grievance related to alleged sexual abuse only when the agency is able to demonstrate that the inmate has filed the grievance in bad faith. No inmates were reported as receiving discipline reports under this standard by the agency in the last 12 months.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. Facility Policy #06.05
4. Inmate Handbook
5. PREA Poster (English/Spanish)
6. MOU with Fort Bend County Women's Center

### Interviews:

1. Random Sample of Inmates
2. Inmates who Reported a Sexual Abuse

### Site Observation:

1. Facility Tour Observation/Questions

### Findings: Inmate access to outside confidential support services.

115.53 (a) The FBCSO provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving the inmates mailing addresses and telephone numbers, including toll-free hotline numbers were available, of local, state, or national victim's advocacy or Rape Crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The agency enables reasonable communication between inmates and these organizations and agencies, and as confidential manner as possible.

The Fort Bend County Women's Center is utilized to provide inmates with outside confidential support services. This resource is advertised in the inmate Handbook and contained on posters that are posted throughout the facility. Additionally, a hotline to the Fort Bend Women's Center is provided to the inmates and they are notified that the information provided to this hotline is confidential.

115.53 (b) The agency informs inmates, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Notification is provided in a posted document called "Confidentiality Claus" and is in all housing areas and in the intake area. Notification of access to outside reporting mechanisms is outlined in the agency's PREA education curriculum and in the zero-tolerance poster throughout the facility.



115.53 (c) The FBCSO maintains or attempts to enter into memoranda of understanding or other agreements with community service providers that can provide inmates with confidential emotional support services related to sexual abuse. The agency maintains copies of agreements or documentation showing attempts to enter into such agreements.

An MOU signed by the FBCSO and the Women’s Center was presented for review. The MOU was signed by both parties October 22, 2019 and outlines the responsibilities of each agency and the services agreed upon as part of the MOU.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Inmate Handbook
3. PREA Poster (English/Spanish)

### Interviews:

1. PREA Coordinator

## 2. PREA Compliance Manager

### **Findings: Third-party reporting.**

155.54 (a) The FBCSO has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate held in their custody.

The agency clearly displays the method by which friends and family (and other members of the public) can report allegations of suspected sexual abuse, sexual harassment, or retaliation. The instructions include notifying the PREA Compliance Manager, Sergeant Callie, at 281-341-8505 or via email at [renee.callie@fortbendcountytexas.gov](mailto:renee.callie@fortbendcountytexas.gov).

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## **OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

### **Standard 115.61: Staff and agency reporting duties**

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

#### **115.61 (a)**

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

#### **115.61 (b)**

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

#### **115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #06-05

#### Interviews:

1. Jail Administrator
2. PREA Coordinator
3. PREA Compliance Manager
4. Investigators
5. Random Sample of Staff

#### Site Observation:

1. Sample of reports to investigators

#### Findings: Staff and agency reporting duties.

115.61 (a) The FBCSO requires all staff to immediately report according to their established policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency; 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.

The detention bureau chief, division commander, Jail Administrator, and PREA Coordinator are all required to be notified of any incidents reported. The bureau chief is responsible for notifying the Chief Deputy. This chain of notification is outlined in established agency policy. All reports are first made to an immediate supervisor through the established chain of command, and then to the PREA Coordinator and PREA Compliance Manager. A random sample of staff interviews confirmed that coordinated notification process is followed when an allegation of sexual abuse or sexual harassment is received. Staff were also able to clearly describe their reporting duties and the immediate action required of them as first responders. Staff reported, during interviews, that agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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.

115.61 (b) Apart from reporting to designated supervisors or officials, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy, to make treatment, investigation, and other security and management decisions.

The agency's policy establishes the prohibition of staff from revealing any information related to an incident except where permitted. Staff interviewed indicated they understood that all information received related to a complaint of sexual abuse or sexual harassment is to be held in the strictest of confidence. As noted, staff indicated during interviews that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; 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.

115.61 (c) Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph a of this section and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.

115.61 (d) If an alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable person statute, the FBCSO is required to report the allegation to the designated state or local Services Agency under the applicable mandatory reporting laws. The FBCSO indicated that all inmates held in their custody are adult offenders or have been certified as adults. Therefore, they have not had a need to report to an outside agency. Should an instance arise where notification would be required to an outside entity of an incident involving a vulnerable adult, notification would be facilitated by the agency's medical or mental health department.

115.61 (e) The FBCSO is required to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facilities designated investigators.

The process which employees are required to follow when receiving an allegation of sexual abuse or sexual harassment requires them to immediately notify a supervisor regardless if the information received is from a third-party or from an anonymous source. The same policy then requires supervisors to notify the PREA Coordinator and PREA Compliance Manager. The PREA Coordinator is required to ensure that all allegations of sexual abuse or sexual harassment are referred for proper investigation. Interviews with the Jail Administrator, PREA Compliance Manager, PREA Coordinator, and designated investigators confirmed that all allegations received, regardless of the way they were made or received, are referred for investigation, stating Are all allegations of sexual abuse and sexual harassment

(including those from third-party and anonymous sources) are reported directly to designated facility investigators.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #02-22
4. Facility Policy #06-05

### Interviews:

1. Agency Head – Chief Deputy
2. Jail Administrator
3. Random Sample of Staff

### Findings: Agency protection duties.

115.62 (a) When the FBCSO learns at an inmate is subject to a substantial risk of imminent sexual abuse, it is required to take immediate action to protect the inmate.

The agency uses a practice called "Post Allegation Protective Custody" which requires that the use of separation housing units to protect an inmate who is alleged to have suffered sexual abuse, be subject

to the protective custody elements found in policy #02-22; *Inmate Classification*. Additionally, each staff member has their duties outlined in the coordinated response plan which requires the immediate separation of the victim from the abuser. In the past 12 months, the facility has had no reported instances where they determined that an inmate was at risk for imminent sexual abuse. Therefore, there was no documentation available to review pursuant to this standard. However, the Jail Administrator, agency head, and random sample of staff interviews confirmed the requirement to separate an inmate who is at substantial risk of imminent sexual abuse for their protection. The Jail Administrator and Chief Deputy both stated during their interviews that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**Document Review:**

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06-05
3. Victim of Sexual Abuse Form
4. Victim of Sexual Abuse Notification Letters

**Interviews:**

1. Agency Head – Chief Deputy
2. Jail Administrator
3. PREA Coordinator
4. PREA Compliance Manager

**Site Observation:**

1. Documentation of allegations that an inmate was abused while confined at another facility.
2. Additional documentation of notifications, to verify they occurred within 72 hours of receiving allegation.
3. Documentation of allegations from other facilities and documentation of responses (i.e., evidence that allegation has been investigated in accordance with the standard).

**Findings: Reporting to other confinement facilities.**

115.63 (a) When the FBCSO receives an allegation that an inmate was sexually abused or confined at another facility, the agency head that received the allegation is required to notify the head of the facility or appropriate office

The agency reported 20 incidents where an inmate notified FBCSO that they had been victimized while confined at another facility. Copies of all Victim of Sexual Abuse Notification (VSN) letters with notification to that agency where the alleged incident was reported to have occurred for review. The letter contains the inmate's name and date of birth, inmate race, gender, reporting requirement under this specific PREA standard, a summary of the allegation made, PREA Compliance Manager's contact information, and the Jail Administrator's signature.

115.63 (b) The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The VSN letter notifying the head of an agency where an alleged sexual abuse incident was reported to have occurred, includes the date the letter was generated for notification. Cross referencing these letters with the booking information (booking date) confirmed that notification was made within 72 hours as required by the standard.

115.63 (c) The FBCSO documents that it has provided such notification via VSN letters. Copies of all Victim of Sexual Abuse Notification (VSN) letters with notification to that agency where the alleged incident was reported to have occurred for review.

115.63 (d) The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with the standards. The FBCSO reported receiving no notification from other agencies of allegations of sexual abuse or sexual harassment that occurred while an inmate was

in an FBCSO facility. The agency head and Jail Administrator were interviewed and confirmed that if information was received from another agency it would be investigated in the same manner as if the allegation were received by an inmate while in FBCSO custody.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05

### Interviews:

1. Security Staff and Non-Security Staff First Responders
2. Inmates who Reported a Sexual Abuse
3. Random Sample of Staff

### Site Observation:

1. Documentation of responses to allegations
2. Investigative files

### Findings: Staff first responder duties.

115.64 (a) When the FBCSO learns of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 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 action 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.

In the past 12 months, the FBCSO received 17 allegations involving an inmate being sexually abused. Of the 17 allegations, all 17 incidents were responded to in accordance with the agency's Coordinator response plan which requires the alleged victim and abuser to be immediately separated. The 17 reports were received by staff in a time period that allowed for the collection of physical evidence. The agency also reported that the protocol outlined in their policy requiring separation of victim and abuser and preservation of evidence was complied with in 100% of the cases. Staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as first responders and all were able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence.

115.64 (b) If the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Of the 17 incidents reported in the past 12 months where an inmate alleged sexual abuse, 2 of the incidents had non-security staff members serve as first responders. In both instances, the non-security staff members followed the established protocol and instructed the victim not to take any action that could destroy evidence and immediate notification to a security supervisor was made. Interviews with first responders, both in security and non-security positions, were conducted to confirm their knowledge

of their duties, including (but not limited to) the preservation of physical evidence and instructions given to inmates to aid in the preservation of evidence. Investigative files were reviewed to evaluate the documented response by staff.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05

#### Interviews:

1. Jail Administrator

#### Site Observation:

1. Coordinate response to allegation received onsite (third party)

#### Findings: Coordinated response.

115.65 (a) The FBCSO has developed 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, a facility leadership.

The coordinated response plan is outlined in facility policy. This policy requires that an allegation of a sexual nature be treated with discretion and confidentially, and only shared with those who need to know in order to provide treatment, investigate, and make security and management decisions. The Jail Administrator advised during interview that the coordinated response plan is outlined in facility policy and describes the role and responsibilities of first responders and protocol for handling sexual abuse allegations.

The agency's coordinated response plan outlines the process to be followed when an allegation of a sexual nature is received. The policy requires allegations of a sexual nature to be treated with discretion and confidentiality, and shared only with those who need to know in order to provide treatment, investigate, and make non security and management decisions. Further the coordinated response outlines the responsibilities and duties for non-security staff, security staff, shift supervisors, on duty watch commanders, the prior Coordinator and prior Compliance Manager, medical and mental health staff, the detective dispatched to the scene, the ID technician dispatched to the scene, the transport officer, The Fort Bend Women's Center, and the jail chaplain and mental health staff.

The coordinated response plan was observed during on-site audit; As the auditors reported information obtained during random inmate interviews. Auditors witnessed the response taken by the facility immediately once the report was made.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

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

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

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

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Collective Bargaining Provision Letter

### Interviews:

1. Agency Head – Chief Deputy

### Findings: Preservation of ability to protect inmates from contact with abusers.

115.66 (a) Neither the agency nor any governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that legacy agencies ability to remove allege 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.

The FBCSO does not currently have collective bargaining. In the event the FBCSO entered into a collective bargaining agreement, it would do so in a manner that complies with this provision. A letter, dated April 19, 2020, was provided to auditors and reviewed reflecting their commitment to comply with this standard should they enter into a collective bargaining agreement. Interview with Chief Deputy validated information provided in this letter.

115.66 (b) Not applicable.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with

victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #07-01 Appendix #1
4. Facility Policy #06.05

#### Interviews:

1. Agency Head – Chief Deputy
2. Jail Administrator
3. Designated Staff Member Charged with Monitoring Retaliation
4. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)
5. Inmates who Reported a Sexual Abuse
6. PREA Compliance Manager

#### Site Observation:

1. Documentation of any protective measures taken
2. Documentation of monitoring efforts
3. Documentation of reports of retaliation and agency response
4. Documentation of monitoring of inmates

#### Findings: Agency protection against retaliation.

115.67 (a) The FBCSO has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and have designated which staff members or departments are charged with monitoring retaliation.

The agency designated staff member who has been tasked with monitoring for retaliation is the PREA Compliance Manager. This responsibility is outlined and described in the agency policy.

115.67 (b) The FBCSO employs 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, an emotional support services for inmates or staff who fear retaliation for reporting sexual abuse sexual harassment or for cooperating with investigations.

Agency policy indicates that protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse and or sexual harassment or for cooperating with investigations may be utilized to ensure the safety of the inmate and staff. The PREA Compliance Manager is tasked with monitoring the conduct and treatment of inmates or staff who report the sexual abuse, and of inmates who are reported to have suffered sexual abuse, to see if there are changes which may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. Items monitored by the PREA Compliance Manager according to policy include any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The PREA Compliance Manager must continue such monitoring beyond 90 days of the initial monitoring indicates a continuing need.

The Jail Administrator and PREA Compliance Manager confirmed during their interviews that they monitor for retaliation in accordance with the established policy. Additionally, during interviews with inmates who reported sexual abuse confirmed ongoing follow-up measures were taken where they were asked and evaluated for any potential retaliation. Action taken includes separation of the inmate, referral to medical or mental health if needed, and reassignment of staff when appropriate.

115.67 (c) For at least 90 days following a report of sexual abuse, the agency 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 act promptly to remedy any such retaliation. The FBCSO PREA Compliance Manager monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The FBCSO continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Jail Administrator and PREA Compliance Manager confirmed during their interviews that they monitor for retaliation in accordance with the established policy. The agency reported no instances of retaliation in the last 12 months.

115.67 (d) In the case of inmates, such monitoring also includes periodic status checks by the PREA Compliance Manager.

115.67 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. Action, as outlined in policy, requires the PREA Compliance Manager to notify the Jail Administrator, or to protect the individual against retaliation. The agency head, Jail Administrator, and PREA Compliance Manager were interviewed and reflected the practice outlined in the policy is followed.

115.67 (f) Not applicable.

**Corrective Action:**

Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22

#### Interviews:

1. Jail Administrator
2. Staff who Supervise Inmates in Segregated Housing
3. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

#### Site Observation:

1. Facility Tour Observation/Questions
2. Records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse
3. Documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose.

#### Findings: Post-allegation protective custody.

115.68 (a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of standard 115.43.



Facility policy indicates that inmates at high risk for sexual victimization shall not be placed in involuntarily segregated housing unless an assessment of all available alternatives have been made, and a determination has been made that there is not available alternative means of separation from likely abusers. If staff cannot conduct such an assessment immediately, the inmate may be housed in an involuntarily segregated housing for less than 24 hours while completing the assessment. Any use of separation housing units to protect an inmate who is alleged to have suffered sexual abuse, shall be subject to the protective custody elements found in policy 02.22; *Inmate Classification*.

No inmates who alleged to have suffered sexual abuse were held in involuntarily segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Note inmates were held in involuntary segregation for longer than 30 days awaiting alternative placement. The classification policy affords each inmate who is housing involuntary segregation eh review every 30 days to determine whether there is a continued need for separation or alternative housing is available.

Interviews with the Jail Administrator, staff who supervise inmates in segregated housing, and inmates assigned in segregated housing supported the practice outlined in this policy and in the provisions of the standard. The Jail Administrator stated agency policy prohibit placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers and that inmates at high risk for sexual victimization or who have alleged sexual abuse placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged.

Staff who supervise inmates in segregated housing confirmed during their interviews that inmates who are segregated for protection retain access to all rights, privileges, and program opportunities (when offered) as inmates in the general population. Any limitation placed on an inmate's access to privileges or privileges are documented and reviewed by an appropriate supervising authority.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.71 (i)

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

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #13.02

#### Interviews:

1. Investigative Staff
2. Inmates who Reported a Sexual Abuse
3. Jail Administrator
4. PREA Coordinator
5. PREA Compliance Manager

**Site Observation:**

1. Sample of investigative records/reports for allegations of sexual abuse or sexual harassment
2. Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse
3. Sample of administrative investigation reports
4. Sample of cases involving substantiated allegations to ensure that they were referred for prosecution
5. Sample of criminal investigation reports
6. Sample of cases referred for prosecution

**Findings: Criminal and administrative agency investigations.**

115.71 (a) When the FBCSO conducts its own investigation into sexual abuse and sexual harassment allegations, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Criminal allegations of sexual abuse will be forwarded to the Criminal Investigations Division. Administrative investigations involving sexual harassment and non-criminal allegations of sexual abuse shall be conducted by either the internal affairs division or the Detention Bureau Investigations Unit, at the discretion of the Chief Deputy. Investigations are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

A sample of investigative records reports were reviewed to verify compliance. Interviews with both criminal and investigative staff supported practices outlined in the policy and applicable standard have been adopted by the agency.

115.71 (b) Where sexual abuse is alleged, the FBCSO uses investigators who have received special training in sexual abuse investigations pursuant to standard 115.34.

Facility policy, interviews with criminal and administrative investigative staff, and training documents support it that the agency requires that all investigators receive specialized training in sexual abuse investigations pursuant to standard 115.34.

115.71 (c) Investigators are required to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Are required to interview alleged victims, suspected perpetrators, and witnesses; And are required to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

A sample of investigative reports reviewed by the auditors confirmed that all circumstantial evidence including any physical and DNA evidence and any available electronic monitoring data was reviewed as part of the investigation. Additionally, investigators interviewed alleged victims, suspected perpetrators, and witnesses and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator as part of their investigation.

Information gathered from interviews with the two members of the Detention Bureau Investigations Unit include a summary of their responsibilities in responding to allegations and collecting evidence.

They stated they gather and preserve all evidence. This may include DNA, footage, clothing. They will review all available reports (discipline reports and facility reports). If there is a criminal element, they will contact CID and are out of the process at that point.

They have been assigned in this role for 4 and 2 years respectively and report directly to the PREA Compliance Manager.

They stated when they are notified of an allegation, they immediately begin an investigation. They are looking for any wrongdoing of an inmate or staff. If an incident involves staff, they will collect all information and refer it to a supervisor or IAD for further investigation.

They play no role in issuing or recommending employee discipline. They make the final determination of the investigation finding and facilitate notification to the inmate. They will generate a cover letter for all reports and an incident by including a summary of findings and interviews/actions taken. This is forwarded to a supervisor.

115.71 (d) When the quality of evidence appears to support criminal prosecution, the FBCSO are required to conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Investigators confirmed that when the quality of evidence appears to support criminal prosecution the case is referred for criminal prosecution. The agency reported having no substantiated cases which were referred for criminal prosecution since their last PREA audit.

115.71 (e) The credibility of an alleged victim, suspect, or witness who is assessed on an individual basis and is not determined by the person's status as an inmate or staff. The FBCSO does not require 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 allegation. This was verified through interviews with investigative staff and inmates who reported sexual abuse. Staff indicated that each case is evaluated on a case by case basis without consideration to the person's status as an inmate or staff member.

115.71 (f) Administrative investigations include an effort 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.

Interviews with the investigative staff confirmed that these requirements are outlined in agency policy and are followed during administrative investigations.

115.71 (g) Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and has copies of all documentary evidence attached where feasible.

Interviews with the investigative staff confirmed that these requirements are outlined in agency policy and are followed during administrative investigations.

115.71 (h) Substantiated allegations of conduct that appeared to be criminal are referred for prosecution. The agency reported no substantiated allegations of conduct that appeared to be criminal has been referred for prosecution. Interviews with the investigative staff confirmed that this requirements is outlined in agency policy and is followed In the event that a substantiated allegation appears to be criminal.

115.71 (i) The FBCSO retains all written reports reference in paragraph f and g of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A copy of all 17 written reports were provided for review. The reports are maintained by the PREA Compliance Manager and are stored under lock and key in her office for the required retention period.

115.71 (j) The departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. Policy confirmed this requirement in the agency and interviews with investigative staff confirmed that the investigation continues even if the abuser or victim departs the agency.

115.71 (k) Not applicable.

115.71 (l) Not applicable.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Facility Policy #13.02

#### Interviews:

1. Investigative Staff

#### Site Observation:

1. Documentation of administrative finding for proper standard of proof

#### Findings: Evidentiary standard for administrative investigations.

115.72 (a) The FBCSO does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All investigators interviewed confirmed their knowledge and adherence to this requirement. The FBCSO policy clearly states, "The evidentiary standard used when determining whether allegations of sexual abuse or sexual harassment shall be sufficient evidence (this is below the standard of preponderance of evidence in keeping with general actions associated with civil service proceedings in the state of Texas as specified under PREA rules)."

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #13.02
3. Notification Letter
4. Investigative Files

#### Interviews:

1. Jail Administrator
2. PREA Compliance Manager
3. Investigative Staff



#### 4. Inmates who Reported a Sexual Abuse

##### **Site Observation:**

1. Additional sample of alleged sexual abuse investigations completed by agency
2. Additional sample documentation of founded complaints
3. Additional sample documentation of notifications
4. Logs or other documentation of notifications to confirm number provided

##### **Findings: Reporting to inmates.**

115.73 (a) Following an investigation into an inmate allegation that he or she has suffered sexual abuse in the agency facility, the agency is required to inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The agency reported completing 17 investigations into inmate allegations of sexual abuse in the last 12 months. A review of all investigative files contained written notification, signed by the inmate, which reflects that the inmate was notified of the outcome of the investigation. This requirement is further outlined in the agency policy. In instances where the inmate refused to sign the acknowledgement of notification of the outcome, this is noted in the report and the inmate's refusal is witnessed by a staff member.

Confirmation of notification was verified through interviews with the Jail Administrator, investigative staff, and inmates who reported sexual abuse during interviews.

115.73 (b) When the investigation is not conducted by the FBCSO, the FBCSO is required to request the relevant information from the investigative agency in order to inform the inmate. However, all investigations are conducted by the FBCSO and therefore this standard is not applicable.

115.73 (c) Following inmate's allegation that a staff member has committed sexual abuse against the inmate, The FBCSO subsequently informs the inmate unless the agency has determined that the allegation is unfounded. Subsequent notification to the inmate is required whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; Or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The agency reported completing 17 investigations into inmate allegations of sexual abuse in the last 12 months. A review of all investigative files contained written notification, signed by the inmate, which reflects that the inmate was notified of the outcome of the investigation. This requirement is further outlined in the agency policy. In instances where the inmate refused to sign the acknowledgement of notification of the outcome, this is noted in the report and the inmate's refusal is witnessed by a staff member. Of the 17 investigations conducted, 16 were unfounded or unsubstantiated and 1 was substantiated. Of the 17 investigations reviewed, three of them were for staff on inmate incidents, 2 were unfounded and 1 was substantiated; 14 were for inmate on inmate incidents, 5 were unsubstantiated and nine were unfounded. The PREA Compliance Manager indicated that the officer was discipline for violating policy. However, her actions were not found to have been meant to sexual arouse and the PREA portion of the complaint was unfounded.

The notification, which is signed and dated by the inmate, may include the following information: notification that the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency has learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or that the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; Or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

However, there were no substantiated or founded allegations of inmate on inmate sexual abuse that would facilitate notification required by this standard. Interview with investigators and the PREA Compliance Manager confirmed that notification would be made to a victim of a founded or substantiated case as a matter of practice and policy. The notification, which is signed and dated by the inmate, may include the following information: notification that the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency has learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or that the agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (e) All notifications or attempted notifications are documented. Documentation is part of the investigation report packet and consists of a document signed by the inmate acknowledging they have been notified of the investigation outcome. All files reviewed contained the notification document. In the past 12 months, the number of notifications to inmates provided pursuant to this standard was reported as 1, and that 1 was documented. This investigative file was reviewed and the notification to the inmate was confirmed to be present.

115.73 (f) N/A

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #07-01
3. Verbal Counseling Form
4. Investigative Files

#### Interviews:

1. Jail Administrator
2. Agency Head
3. PREA Coordinator
4. PREA Compliance Manager
5. Staff Interviews

#### Site Observation:

1. Additional sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policies
2. Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months.
3. Reports to law enforcement for violations of agency sexual abuse or sexual harassment policies

#### Findings: Disciplinary sanctions for staff.

115.76 (a) The FBCSO staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Policy reflects that staff found in violation of the agency policy are subject to disciplinary action up to and including termination. Interviews with agency administration confirmed that staff are subject to disciplinary action if found to have violated the policy. A review of the investigative files confirmed that one staff member was issued disciplinary action (letter of counseling) for violating the agency's policy related to strip searches.

115.76 (b) Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The number of staff from the facility who were found to have violated the agency's sexual abuse or sexual harassment policies was reported as one (1). A copy of the counseling report was submitted by the agency and reviewed by the auditors. No staff have been terminated or resigned from the agency for violating agency sexual abuse or sexual harassment policies.

115.76 (c) 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 members disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, one (1) staff member was disciplined, short of termination for violating the agency's sexual abuse or sexual harassment policies. Documentation reviewed was verbal counseling, which was part of the investigative file for a substantiated complaint of sexual abuse.

115.76 (d) 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.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agencies sexual abuse or sexual harassment policies was zero.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #11.07

#### Interviews:

1. Jail Administrator

#### Site Observation:

1. Documentation of referrals to law enforcement and/or relevant licensing bodies
2. Investigative reports if relevant.

#### Findings: Corrective actions for contractors and volunteers.

115.77 (a) Agency policy requires any contractor or volunteer who engages in sexual abuse be required to be prohibited from contact with inmates and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The FBCSO reported no incidents in which a contractor or volunteer was reported to a law enforcement agency or relevant licensing body for engaging in sexual abuse of inmates. The agency policy prescribes the prohibition of contact with inmates for any contractor or volunteer who is found to have engaged in sexual abuse or sexual harassment of any inmate.

115.77 (b) The FBCSO 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 contractor or volunteer. The agency policy prescribes the prohibition of contact with inmates for any contractor or volunteer who is found to have engaged in sexual abuse or sexual harassment of any inmate.

During interview with Jail Administrator, he indicated in cases of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, that remedial measures are taken. Such remedial measures include revoking the contractor or volunteer access to enter the facility. He also indicated that the facility always prohibits further contact with inmates.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Facility Policy #04.01
4. Inmate Handbook

#### Interviews:

1. Jail Administrator
2. Medical and Mental Health Staff
3. Investigative Staff
4. Random Staff Interviews

#### Site Observation:

1. Investigative reports and documentation of sanctions imposed.
2. Additional records of disciplinary actions against inmates for sexual conduct with staff.

#### Findings: Disciplinary sanctions for inmates.

115.78 (a) Inmates are subject to disciplinary sanctions only 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.

In the past 12 months, the number of administrative and criminal findings of inmate-on-inmate sexual abuse to have occurred at the facility was zero. Inmates are advised that they are subject to disciplinary sanctions pursuant to a formal disciplinary process in the inmate Handbook where specific acts are identified as major disciplinary infractions. These acts include, but are not limited to, engaging in sexual acts with others, making sexual proposals or threats to another, or indecent exposure to staff member or another inmate.

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

Interview with the Jail Administrator confirms that sanctions imposed on inmates will include a review of the history of disciplinary and sanctions imposed for comparable offenses by other inmates with similar histories. He also indicated that inmates with a mental disability or mental illness is taken into consideration when determining sanctions.

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

Facility policy indicates that 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, is imposed. An interview with the Jail Administrator confirmed that this consideration is programmed into the agency's policy and the disciplinary board's practices.

115.78 (d) Therapy offered by the FBCSO, to include counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, will be consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff confirmed that counseling or therapy would be offered to correct underlying reasons or motivations for abuse if therapy or counseling was included as part of the sanctions or as a condition to access programming or other benefit as stated in the standard. During interview with the PREA Coordinator she used screening and selection of participation in the inmate work program as an example. She stated that MHMR, medical, and security work in coordination to screen inmates and share information on the suitability of an inmate for any program. If, for example, an inmate is determined to be at high risk for sexually victimizing other inmates, they would not be approved for the inmate work program. Mental health staff would evaluate their need for programming to address their risk and programming would be coordinated by them.

115.78 (e) The FBCSO disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Facility policy indicates that an inmate may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. The inmate Handbook classifies indecent exposure to staff or engaging in sexual acts with others as a major rule violation. Sanctions for a major rule violation include loss of good time credit, loss of privileges for a period not to exceed 30 days, loss of commissary, loss of visitation, lock down, loss of phone privileges, loss of library privileges, or loss of group activity privileges.

115.78 (f) The FBCSO prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation.

Information obtained during interviews with investigative and classification staff verified that no disciplinary action would be taken against an inmate who reported an incident of sexual abuse in good faith even if the outcome of the investigation was that insufficient evidence was available to substantiate the allegation.



115.78 (g) The FBCSO prohibits all sexual activity between inmates and disciplines inmates for such activity. It does not however deem such activity to constitute sexual abuse if it is determined that the activity is not coerced.

The agency policy reads that all sexual activity among inmates is prohibited and inmates may receive disciplinary action for such activity. Such activity is deemed to constitute sexual abuse only if it is determined that the activity is coerced. The inmate Handbook further outlines sexual activity as prohibited conduct and lists it as a major rule violation. Interviews with facility staff confirmed that inmates would be issued disciplinary action for engaging in any sexual activity.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work,

education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #02.22
3. Facility Policy #06.05
4. Informed Consent for Information Disclosure
5. Initial PREA Screening within 72 hours and Rescreening within 30 days

### Interviews:

1. Inmates who Disclose Sexual Victimization at Risk Screening
2. Staff Responsible for Risk Screening
3. Medical and Mental Health Staff
4. Intake Staff

### Site Observation:

1. Facility Tour Observation/Questions
2. Additional medical/mental health secondary materials.
3. Additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the inmate's medical record that document compliance with the provisions of this standard).
4. Additional sample of inmate confinement records/other records available to custody staff or non-health personnel.

### Findings: Medical and mental health screening; history of sexual abuse.

115.81 (a) Not Applicable

115.81 (b) Not Applicable

115.81 (c) All inmates at the facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials documenting compliance with the above required services.

The follow up meeting with medical or mental health practitioners for inmates who have experienced prior sexual victimization is built into the agency's intake process. During the on-site audit, auditors were walked through the entire intake booking process and asked staff to process the auditors in the same fashion as an inmate who was booked into the facility. Auditors tested the system by reporting that they had experienced prior sexual victimization and were immediately referred to medical and mental health practitioner. The agency reported that 100% of inmates booked into the facility that reported prior sexual victimization were referred to medical and mental health practitioners within the 14-day requirement set forth in this standard. This was further confirmed during inmate interviews with inmates who reported prior victimization and staff responsible for risk screening. The agency provided a comprehensive log documenting all referrals to medical and mental health of inmates who reported prior victimization.

115.81 (d) 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.

All information collected related to an inmate's history of sexual victimization or abuse, or history of abusiveness, is collected at intake by security, medical or mental health staff and is used to determine housing assignments, work assignments, and education or program assignments. Information is securely stored in an inmates medical or intake file.

115.81 (e) Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless that inmate is under the age of 18.

All inmates who report prior victimization are provided an information disclosure form. The form reads, *"Except for patients under the age of 18, medical and mental health practitioners must obtain informed consent from patient before reporting information about prior sexual victimization of the patients that did not occur in institutional setting. I understand that I am not required to disclose to staff at the facility where I am being held or to any other persons information about any sexual abuse or sexual harassment I may have experience outside of an institution, and that no action may be taken against me if I indicate that I do not consent to disclose that information. If I consent to allow that information to be reported to correctional authorities, it may be used by them to make decisions about security and management issues, including my housing, bed, work, education, and program assignments."* Inmates are then asked to provide consent or not consent to disclosing information regarding any sexual abuse or sexual harassment they may have experienced outside of an institution. This consent is signed and dated by both the inmate and the medical practitioner. The form is securely maintained in the inmate files. Interviews with medical and mental health practitioners confirm the agencies attempts to seek consent. Also, the *Informed Consent for Information Disclosure Form* was present in the inmate files for inmates who disclosed prior sexual victimization.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

#### 115.82 (a)

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

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Document Review:**

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Facility Policy #05.02

**Interviews:**

1. Medical and Mental Health Staff
2. Inmates who Reported a Sexual Abuse
3. Security Staff and Non-Security Staff First Responders

**Site Observation:**

1. Facility Tour Observation/Questions
2. Additional medical/mental health secondary materials describing access to services.
3. Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners.
4. Additional medical/mental health secondary materials describing access to services

**Findings: Access to emergency medical and mental health services.**

115.82 (a) Inmate victims of sexual abuse will 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.

Medical and mental health staff maintain secondary materials documenting the timelines of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. While the copies of the secondary documentation are not included in the completed investigation file, they are maintained in medical and mental health's data base which is accessible to the PREA Compliance Manager. All documents have controlled access to protect the sensitive nature of information contained in them and are only shared and accessed with authorization and on a "need to know basis."

Interview with Medical and Mental Health staff indicated inmate victims of sexual abuse immediately receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Further provided that the nature and scope of these services are determined according to professional medical judgement.

115.82 (b) If no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse, security staff first responders take preliminary steps to protect the victim pursuant to standard 115.62 and immediately notify the appropriate medical and mental health staff practitioners.

Interviews with security and non-security staff first responders confirmed during interviews that as part of their duties as a first responder, they are required to immediately notify a supervisor of any inmate who alleges sexual abuse or sexual harassment. The supervisor is then required to seek appropriate medical and mental health services for the inmate making the allegation. Additionally, supervisors are required to forward all reports, statements, and the summary of allegation to the Detention Bureau Investigations Unit, attention PREA Coordinator and PREA Compliance Manager.

115.82 (c) Inmate victims of sexual abuse while incarcerated will be 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.

Medical and mental health staff maintain secondary materials documenting the timelines of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Interviews with medical staff confirmed medical that inmates are offered timely access to emergency contraception and sexually transmitted infections prophylaxis where appropriate. Inmates who reported sexual abuse also confirmed, during interview, that they were offered Access to emergency contraception and sexually transmitted infections prophylaxis.

115.82 (d) Treatment services are provided to every victim without financial costs and regardless of whether the inmate names the abuser or cooperates with any investigation arising out of the incident. This was verified through interviews with medical staff and review of facility policy.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

### **115.83 (a)**

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

### **115.83 (b)**

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

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.)  Yes  No  NA

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05

### 3. Facility Policy #05.02

#### **Interviews:**

1. Medical and Mental Health Staff
2. Inmates who Reported a Sexual Abuse

#### **Site Observation:**

1. Facility Tour Observation/Questions
2. Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody.
3. Medical records or secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care.
4. Medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests.
5. Medical records or secondary documentation that demonstrate victims were offered tests for sexually transmitted infections as medically appropriate.
6. Mental health records or secondary documentation that demonstrate evaluations of inmate-on-inmate abusers.

#### **Findings: Ongoing medical mental health care for sexual abuse victims and abusers.**

115.83 (a) The FBCSO offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility.

Interviews with medical and mental health practitioners confirmed that treatment would be offered to any inmate who has been sexual abuse in jail facility. During the onsite audit, auditors were able to see the different medical areas where such services would be offered or conducted.

115.83 (b) Evaluation and treatment of such victims includes, 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. This was confirmed during interviews with medical and mental health staff, along with interviews inmates who had alleged to be sexually victimized.

115.83 (c) The FBCSO provides such victims with medical and mental health services consistent with the community level of care. Interviews with medical and mental health staff describe the level of care provided to inmates in FBCSO custody and confirmed that the level of care was consistent with community standards.

115.83 (d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. This is required in accordance with facility policy.

115.83 (e) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services. This was verified during interview with medical staff.

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

115.83 (g) Treatment services are provided to the victim without financial costs and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined in the coordinated response plan of the agency's policy. Interviews with jail



administration and medical and mental health staff also confirmed the victims are provided treatment without financial costs regardless if they cooperate with any investigation or not. Inmates who reported sexual abuse also confirmed that services would be provided at no cost.

115.83 (h) Not Applicable

**Corrective Action:**

Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager?  
 Yes  No

### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Critical Incident Review
4. Verbal Counseling Form

### Interviews:

1. Jail Administrator
2. PREA Compliance Manager
3. Incident Review Team

### Site Observation:

1. Additional documentation of completed criminal or administrative investigations of sexual abuse.
2. Documentation of review team minutes or reports.
3. Additional reports of findings from sexual abuse incident reviews.

### Findings: Sexual abuse incident reviews.

115.86 (a) The FBCSO 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.

The facility indicated on the Pre-Audit Questionnaire that there was one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, in the past 12 months.

This was verified by reviewing the Critical Incident Review Form for this incident along with disciplinary action taken.

115.86 (b) The facility ordinarily conducts a sexual abuse incident within 30 days of the conclusion of criminal or administrative sexual abuse investigation.

The facility indicated on the Pre-Audit Questionnaire that there was one (1) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that was followed by a sexual abuse incident review within 30 days, in the past 12 months.

Documentation of this incident review was reviewed by auditors and supports that reviews are conducted within 30 days.

115.86 (c) The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Review of documentation provided by the facility on the *PREA Critical Incident Review Form*, indicates staff present during this review. Facility documented Jail Administrator, PREA Coordinator, PREA Compliance Manager, Investigative Sergeant, Health Services Administrator, and Mental Health Coordinator were present during this incident review.

Jail Administrator confirmed that the facility has an incident review team and that the team includes upper-level management. He also indicated that input from frontline supervisors, investigators, and medical or mental health practitioners is provided during incident reviews.

115.86 (d) The facility prepares a report of its findings from sexual abuse incident reviews, including but not limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and agency PREA Compliance Manager. The review team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race; Ethnicity ; Gender identity; Lesbian, gay, bisexual, transgender, or intersects identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility 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; and prepare a report of his findings, including but not limited to determinations made pursuant to paragraphs D1 through D5 of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

This information was supported during interviews with Jail Administrator, PREA Compliance Manager and members of incident review team. Both the Jail Administrator and PREA Compliance Manager confirmed that they are part of all incident reviews and that all reports are forwarded to them.

Auditors reviewed incident review report submitted with Pre-Audit Questionnaire, which supports what agency policy states and information provided during on site audit during and interviews with staff specified above.

115.86 (e) The FBCSO implements the recommendations for improvement or documents its reasons for not doing so.

PREA Critical Incident Review Form/Report indicates review team's recommendation for a change in policy or practice to improve prevention, detection, or response to sexual abuse. The form also indicates whether the recommendation was adopted, if not, then the reasons why are documented.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

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

#### **Document Review:**

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Aggregate Incident-Based Sexual Abuse Data
4. Completed SSV Forms
5. Signed Annual Report for Allegations of in Custody Sexual Abuse/Sexual Harassment

#### **Site Observation:**

1. Sample of aggregated data
2. Sample of incident-based and aggregated data from private facility, if applicable

#### **Findings: Data collection.**

115.87 (a) The FBCSO collects accurate, uniform data for every allegation of sexual abuse in its facility using a standardized instrument and set of definitions.

The FBCSO uses the Survey of Sexual Victimization (SSV-3) form and definitions provided on the form developed by the Department of Justice to collect accurate, uniformed data for every allegation of sexual abuse in its facility. This is outlined in agency policy.

115.87 (b) The FBCSO aggregates the incident based sexual abuse data at least annually.

Facility policy requires that aggregate data of sexual abuse incidents be collected on an annual basis. This is required to assess and improved the agency's effectiveness of sexual abuse prevention, detection, response policies and training.

Auditors reviewed a sample of aggregated data the agency made available in Pre-Audit Questionnaire and through review of agency website [www.fortbendcountytx.gov](http://www.fortbendcountytx.gov).

115.87 (c) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The FBCSO uses the Survey of Sexual Victimization (SSV-3) form developed by the Department of Justice to collect accurate, uniformed data for every allegation of sexual abuse in its facility. The data collected by the agency provides the necessary information to answer all questions form the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

115.87 (d) The FBCSO maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The FBCSO uses all information collected to compile agency annual report, which is completed by PREA Coordinator and PREA Compliance Manager, signed by Sheriff, and published on its website.

A copy of the most recent annual report was submitted to auditors and reviewed. Auditors also reviewed data on agency website [www.fortbendcountytexas.gov](http://www.fortbendcountytexas.gov).

115.87 (e) The FBCSO obtains incident based and aggregated data from every private facility which it contracts for the confinement of its inmates when applicable .

This provision is not applicable, FBCSO has not contracted for the confinement of its inmates, in the past 10 years.

115.87 (f) When requested , the FBCSO will provide all such data from the previous calendar year to the Department of Justice no later than June 30th.

The most recent request by the Department of Justice for agency data on sexual victimization was for 2018. The FBCSO provided a copy of the most recent completed Survey of Sexual Victimization for 2018, submitted to the Department of Justice upon its request.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

1. PREA Pre-Audit Questionnaire
2. Facility Policy #06.05
3. Agency Website
4. Aggregate Incident-Based Sexual Abuse Data
5. Signed Annual Report for Allegations of in Custody Sexual Abuse/Sexual Harassment

### Interviews:

1. Agency Head – Chief Deputy
2. PREA Coordinator
3. PREA Compliance Manager

### Site Observation:

1. Additional documentation of corrective action plans

### Findings: Data review for corrective action.

115.88 (a) The FBCSO reviews data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Auditors reviewed the most recent Annual Report for Allegations of In Custody Sexual Abuse and Sexual Harassment within the Fort Bend County Jail, provided by facility with Pre-Audit Questionnaire and reviewed on website. The report indicated problem areas and provided areas for corrective action. The corrective action outlined in this report included; upgrading aging components in the facility's camera system; increase staff, contractor, and inmate awareness of zero-tolerance for sexual abuse and sexual harassment; and to institute the practice of internal audits regarding safeguarding PREA compliance.

The Chief Deputy was interviewed and indicated that the agency uses incident-based sexual abuse data to identify problem areas and take corrective action as needed on a continual basis.

The PREA Coordinator explained during interview that the agency uses the information on the Department of Justice Survey of Sexual Victimization to collect data and uses this data to determine the need for corrective action. He confirmed that all data collected is securely retained in locked files and that the PREA Compliance Manager is the only one who has access to them. In collaboration with the PREA Compliance Manager, an annual report is prepared of findings from data review and outlines corrective action.

The PREA Compliance Manager corroborated the information obtained during interviews with Agency Head and PREA Coordinator during interview. She also confirmed that once the annual report is completed then it is reviewed and signed by agency head.

115.88 (b) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The annual report published January 2020 includes a summary and comparison of the current year's data and corrective action with those from prior years. The following data was provided:

- Passed the DOJ-Certified PREA Audit in 2017 – Next PREA Audit to be conducted mid-2020
- Designated a new Jail PREA Compliance Manager and two additional jail administrative investigators
- Verified computerized criminal history, warrants, and identification status of all staff supervising inmates
- Established an agreement with Texas Forensic Nurse Examiners (TXFNE) to provide faster processing of SAFE/SANE services to alleged victims of sexual abuse
- Established an auto-renewing agreement with Fort Bend Women's Center to provide victim advocate services to alleged victims of sexual abuse
- Data analysis indicates a slight increase in Inmate-on-Inmate Sexual Abuse/Sexual Harassment due to increased PREA zero-tolerance awareness
- Facility has a reported rate of less than 1% regarding substantiated in custody sexual abuse or sexual harassment for an average daily population of over 900 incarcerated individuals

115.88 (c) The report is approved by the agency head and made readily available to the public through its website.

During Specialized Interviews staff stated that once the annual report is completed, then it is submitted to the Sheriff to be reviewed and signed. A signed copy of the annual report was provided to auditors and reviewed.

115.88 (d) The FBCSO will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of facility but includes a list of the material redacted.



**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Document Review:

- PREA Pre-Audit Questionnaire
- Facility Policy #06.05

**Interviews:**

- 1. PREA Coordinator

**Site Observation:**

- 1. Website or other means for publicly available aggregated sexual abuse data
- 2. Sample of publicly available sexual abuse data to check that personal identifiers have been removed

**Findings: Data storage, publication, and destruction.**

115.89 (a) The FBCSO ensures that incident-based and aggregate data collected pursuant to standard 115.87 is securely retained.

During interview with PREA Coordinator, he indicated that data is collected, and hard copies are stored in locked files. He also indicated that PREA Compliance Manager maintains a log of all incidents and only she has access to this information. This was also observed during facility tour.

115.89 (b) The FBCSO makes all aggregated sexual abuse data from facilities under its direct control and any facilities which it may contract with, readily available to the public at least annually through its website.

This information is made available to the public through agency website [www.fortbendcountytexas.gov](http://www.fortbendcountytexas.gov) on its annual report.

115.89 (c) Before making aggregated sexual abuse data publicly available the FBCSO removes all personal identifiers.

Auditors verified this information while reviewing data on annual report and agency website. All personal identifiers were removed prior to making report publicly available.

115.89 (d) The FBCSO maintains sexual abuse data collected pursuant to standard 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

The annual report generated and made publicly available through agency website, provides historical data since 2013. This report was provided to auditors through Pre-Audit Questionnaire and was reviewed by auditors on agency website [www.fortbendcountytexas.gov](http://www.fortbendcountytexas.gov).

**AUDITING AND CORRECTIVE ACTION**

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

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

**115.401 (a)**

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

#### 115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.)  Yes  No  NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Document Review:**

1. PREA Pre-Audit Questionnaire
2. 2017 PREA Audit Report
3. Agency Website

**Site Observation:**

1. Audit Notification
2. All areas of facility

**Interviews**

1. Sample of random staff
2. Sample of random inmates

**Findings: Frequency and scope of audits.**

115.401 (a) During the three-year period starting on August 20th, 2013, and during each three year thereafter, the FBCSO ensured that all facilities operated by the agency were audited at least once. The agency's last audit was conducted on April 3-5, 2017. A copy of the audit was provided to the auditors for review and verification. A copy of the audit is also posted on the agency's website for review.

115.401 (b) During each one-year period, starting on August 20th, 2013, the FBCSO has ensured that at least 1/3 of each facility type operated by its agency is audited. The FBCSO operates only one facility and completion of this audit satisfies this standard.

115.401 (h) During the audit, the auditors have access to, and can observe, all areas of the audited facilities. Auditors were provided unlimited access to all areas of the facility. This includes all inmate housing areas, areas where programs are delivered, storage areas, administrative offices located in the jail, all medical areas, all areas where mental health services are delivered, all parts of the booking intake area, and all other areas as requested by the auditors. Auditors were able to observe day-to-day operations during the onsite visit over four days.

115.401 (i) The auditors are permitted to request and receive copies of any relevant documents including electronically stored information. Orders were provided unlimited access to all image files, employee files, investigative files, and other relevant documents to include those that were electronically stored information.

115.401 (m) The auditors are permitted to conduct private interviews with inmates, residents, and detainees. Over the course of the four day on site visit, orders were provided private interview rooms where inmates and staff were interviewed and were also provided a work area to review documents in private.

115.401 (n) Inmates, residents, and detainees are permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Confidential correspondence Between inmates and the auditors, and staff and the auditors, was facilitated by the posting of a PO Box address provided to the agency by the auditors. Any correspondence received at the designated PO Box was controlled by the auditors. The PO Box address provided was "National PREA auditing and consulting, LLC PO Box 761536 San Antonio, Texas 78245." No correspondence from staff or image was received. Auditors requested the agency

keep the mailing address and audit notification posted for an additional 30 days post audit pending completion of the final audit report. The PREA coordinator provided verification that the until notification remained posted until September 18, 2020.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Document Review:

1. PREA Pre-Audit Questionnaire
2. 2017 PREA Audit Report
3. Agency Website

#### Findings: Audit content and findings.

115.403 (f) The FBCS ensures that the auditor's final report is published on its website and made readily available to the public. This was confirmed by reviewing the agency website and following the appropriate links to review the 2017 PREA audit report.

**Corrective Action:** Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Monica Lugo

October 01, 2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.