

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		J. W. Hamilton Unit	
Physical address:		200 Lee Morrison Lane Bryan, Texas 77807	
Date report submitted:		09/03/2015	
Auditor Information American Correctional Association Jeffrey B. Noble			
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Date of facility visit:		August 19-21, 2015	
Facility Information			
Facility mailing address: (if different from above)		Same as above	
Telephone number:		(979)779-1633	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Title: Correctional Officer			
Email address: Jennifer.Blake@tdcj.texas.gov			Telephone number: (979)779-1633
Agency Information			
Name of agency:		Texas Department of Criminal Justice	
Governing authority or parent agency: (if applicable)		State of Texas	
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Agency Chief Executive Officer			
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AUDIT FINDINGS

NARRATIVE:

On August 19-21, 2015, an audit was conducted at the J.W. Hamilton Unit in Bryan, Texas to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted August 19, 2015. The following areas of the operation were visited and observed for PREA compliance: inmate living areas, chapel, law library, recreation area, intake unit, gym, commissary, laundry, infirmary, segregation isolation, food service, programming areas, property vault, supply room, human resources office, records office, education area, and yard.

The documents reviewed for this audit included department policy, institution policy, contracts, staff training records, personnel records, volunteer training records, sexual abuse and harassment complaints, and training curriculms. Formal interviews were conducted with the Warden, PREA Compliance Manager/Coordinator (facility/departmental), three medical staff, one human resources staff, corrections officers (7 1st 2nd), six correctional supervisors, five first responders, two investigative staff, two intake staff, two volunteers, four incident review team members, two retaliation monitors, and one segregation staff. Interviews were conducted with eleven randomly selected inmates and nine inmates deemed vulnerable at intake. There were no transgender inmates identified at the facility. Thirty eight inmates were interviewed informally throughout the tour and visit at the facility. The agency head was not interviewed due to the finding of 100% of prior audits as it relates to the Agency head interview.

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

DESCRIPTION OF FACILITY CHARACTERISTICS:

The J.W Hamilton Unit is located outside the city limits of Bryan, Texas. The facility opened in 1995 and the physical address of the facility is 200 Lee Morrison Lane Bryan, Texas 77807. The facility was transferred to the Texas Youth Commission in 1996. It was returned to the Texas Department of Criminal Justice control in 2003

The J.W. Hamilton Unit is an all male, adult facility. The facility consists of 11 buildings on the complex. The facility has 19 housing areas with 7 segregation beds.

The facility has a design capacity of 1,119 offenders and currently houses 1,099 offenders. Offenders range in age from 18 to 68. The average length of stay is nineteen years. Offenders arrive at the facility from reception centers and other facilities from within the Texas Prison System. J.W. Hamilton Unit houses inmates of G1-G2 security level.

The J.W. Hamilton Unit employs 237 staff members to include security, non-security, contract medical, and contract treatment providers.

SUMMARY OF AUDIT FINDINGS:

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

Number of standards exceeded: **5**

Number of standards met: **36**

Number of standards not met: **0**

Number of Non-Applicable Standards **2**

115.11 Zero tolerance of Sexual Abuse and Sexual Harassment; PREACoordinator

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.12 Contracting with Other Entities for the Confinement of Inmates

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

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

115.13 Supervision and Monitoring

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

The facility meets this standard. The standard is addressed in AD-11.52, PO-07.002, PO-07.003, PO-07.005, SM01.14, AD11.52, SOPM 08.01, SOPM 08.04, SOPM 08.06, PD-22, and Safe Prisons PREA Plan. The staffing rosters were reviewed, along with the annual staffing plan. Unannounced rounds were verified via interviews with staff, inmates, and supervisors on all shifts. Written sig-in sheets of housing units were reviewed and demonstrated unannounced rounds.

115.14 Youthful Inmates

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

The facility doesn't house youthful offenders.

115.15 Limits to Cross-Gender Viewing and Searches

XX Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies AD-03.22, PO-07.026, PO-07.132, SPPOM 02.05, Knock and Announce Policy, PO 07.015, PO-07.20, PO-07.023, PO-07.024, PO-07.027, PO-07.133, CMHC G 51.11, and Safe Prisons PREA Plan addresses cross-gender viewing and searches. The CTSD training curriculum addresses staff training in cross gender searches. No cross gender searches were documented but all staff interviewed were aware of the proper protocol involving cross gender searches. All inmates questioned indicated that they were able to shower, change clothes, and use the toilet without female staff viewing them. A walk-through of the units demonstrated proper privacy accommodations. Training records indicated proper training in this area. All females knocked and announced prior to entering the housing units and restroom/shower areas. There were no concerns noted. It was obvious in touring the institution that cross gender viewing barriers in the showers, bathrooms, recreation, and work areas were taken seriously. Barriers were in place and constructed in a manner that allowed security oversight while maintaining modesty concerns.

115.16 Inmates with Disabilities and Inmates who are Limited English Proficient

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies AD-04.25, CMNCG 51.5, AD-06.25, SM-05.50, AG-51.1, AG51.5, and SPPOM 02.03 addresses this standard in policy. Several staff were fluent in Spanish and a list was available for all staff. Posters and inmate education material was available in English and Spanish. 2 bilingual inmates were interviewed, with bilingual staff assistance and all indicated that there were no known incidents of inmate interpreters being used for PREA investigations. There were several bilingual staff employed at the facility. Both bilingual inmates indicated that there were no issues understanding PREA reporting procedures and Safe Prisons. They were familiar with the staff interpreters and it was obvious the inmates had interacted with them in the past.

115.17 Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies PD-71, PD-73, PD-75, and PD-27 addresses this standard in policy. A review of random personnel files were reviewed and supports that background checks are being conducted prior to offering a position. 5 year checks were in place. The human resources staff member was interviewed and demonstrated the procedure for processing of new employee application, background check, and hiring. She was very knowledgeable of the process and explained the employee processing to maintain compliance with the PREA standard. Several examples were provided to support this standard.

115.18 Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Non-Applicable

Does Not Meet Standard (requires corrective action)

Policies SOPM 07.02 and SM01.14 addresses this standard in policy. The facility was constructed as a direct supervision prison and has very good site lines for inmate and staff safety. Cameras were limited at the facility, but the department has plans in place to add cameras based on security levels and threat assessments.

115.21 Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.22 Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies AD-02.15, AD-16.20, Safe Prisons PREA Plan, BP-01.07, PD29, OIG-04.05, SPPOM-05.05, and SPPOM-05.01 address this standard in policy. The facility had 6 incidents of alleged abuse and/or harassment at the facility. All incidents were reported to the OIG. All incidents were investigated to the fullest extent at the facility.

115.31 Employee Training

XX Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies PD29, SPPOM 06.01, AD12.20, ED12.10, and PD97 address this in policy. A review of the training curriculum, training records and interviews with staff support that staff have been trained regarding the requirements of PREA. All interviewed institution staff were knowledgeable of PREA requirements and expectations as it relates to reporting, investigations, and treatment of inmates reporting PREA related issues. The institution should be commended on their training efforts. Staff were experienced and well versed in evidence collection and reporting expectations.

115.32 Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies AD 02.46, AD 07.35, and PD29 address this standard in policy. The reference material entitled "A Handbook for Volunteers" supports this in policy. The training records reviewed and interviews with volunteers supported that volunteer training was provided sufficient to meet this standard. 1 volunteer was interviewed in person and acknowledged the training and issues discussed in the training. 1 volunteer was interviewed via phone and acknowledged the training. Training records for both volunteers was provided upon request.

115.33 Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policies SPPOM-02.03, SPPOM-06.02, UCPM-05.00, AD-04.25, AD-06.25, CMHC G-51.1, and CMHC G-51.5 support this standard in policy. All of the inmates interviewed indicated that they had been interviewed and provided educational videos on the subject. Most inmates were aware of the staff member who provided education on the subject. The documentation reviewed supported this process was in place.

115.34 Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.35 Specialized Training: Medical and Mental Health Care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies, procedures, and legislative bill supports compliance with this standard: AD-16.03, CMHC C-19.1, CMHC C-15.1, CMHC G-57.1, SB 1191, TDCJ-Letter of Orientation, and New Employee Orientation Checklist. Medical training records were provided and were in compliance. Interviews with staff also supported this process was in place.

115.41 Screening for Risk of Victimization and Abusiveness

XX Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: CMHC E 35.1, SPPOM-03.01, Safe Prisons PREA Plan, IPM-CL-69, IPM-5-06, CMHC A-09.01, and CMHC H-61.1. The intake staff member and PREA Coordinator completed the initial review of inmates upon intake. All documentation provided supported compliance with this standard. The intake personnel were very knowledgeable and thorough in reviewing files, statements, etc. Ms. Blake was extremely knowledgeable of the PREA expectations and was very thorough in the completion of these duties.

115.42 Use of Screening Information

XX Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD04.17, AD04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01, CMHC E 35.1, CMHC G 51.11, SPPOM-03.02, and GNCCPM-04.00. It was clear that the screening process was in place. Several inmates were interviewed who identified prior victimization in the community. All knew Ms. Blake and acknowledged that she was concerned for their safety. Several expressed appreciation for the screening process and the level of concern that was provided to them.

115.43

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Administrative Segregation Plan, A1-169, A1-203, Safe Prisons PREA Plan, SPPOM 05.05, Guidelines for Administrative Segregation, E1-204SV. There were plans in place to readily investigate an issue if it were to arise. The institution has identified transient status areas to protect alleged victims without punishing them for reporting issues. This has been consistent in the Texas prisons audited.

115.51 Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD 14-09, BP 03.91, Safe Prisons PREA Plan, TBCJ PREA Brochure, and ED02.10. The facility has numerous methods of reporting PREA related offenses. This can be done through verbal, written, and 3rd party methods at the facility. Each inmate is provided free envelopes and postage if they are indigent, which can be utilized for reporting. The Texas Department of Criminal Justice has an Ombudsman office set up with the Office of Inspector Generals Office where inmates and outside staff, family, etc can report PREA related concerns. The office contact information was posted throughout the units and brochures were available to inmates with contact information. Most inmates interviewed were aware of the reporting process. The Texas Ombudsman phone contacted information was tested during this visit and the agency responded appropriately. The PREA Coordinator should be commended, due to here adding her picture to the notification posters.

115.52 Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD-03.82, BP-03.77, 493.014, 501.008, 115.52, Offender Grievance Operations Manual, and G OGOM 1.01. The TCDJ has a process in place whereby a PREA related complaint can be filed as an emergency grievance and not be subject to the standard grievance and informal complaint guidelines. Inmates were aware of the grievance process.

115.53 Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: BP03.91, List of Rape Advocacy Centers, Safe Prisons PREA Plan, and SPPOM 02.02. The facility provides inmates access to a list of advocacy groups available in the community via the law library. The Hamilton Unit did not have an MOU in place with a local advocacy group. Several letters have been sent to various advocacy groups attempting to develop a working agreement to assist in this area.

115.54 Third Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: ED 02.03, ED 02.10, A General Information Guide for Families of Offenders, A Safe Prisons PREA Plan, and SPPOM 04.02. The Texas Department of Criminal Justice established a PREA Ombudsman in 2008. Inmate families may contact the office by writing, calling or e-mailing the office. The department publicly provides this information in their Guide to Families of Offenders and post the phone number and address of the PREA Ombudsman throughout their facility including the visiting room. Most inmates interviewed verified that they were aware of this process. The phone contact information was tested by calling the number provided and the Texas Ombudsman system employees responded appropriately.

115.61 Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: A Safe Prisons PREA Plan, SPPOM 05.01, CMHC E-35.2, CMHC G-57.1, AD.16.20, PD29, and PD22. All staff were aware of reporting responsibilities. Training records supported their training in this area. This institution had several experienced staff, who were very competent on this requirement

115.62 Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard:

AD02.15(Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents), and SPPOM05.01. Staff interviewed were very knowledgeable of the need to remove a victim or alleged victim from danger, the need for medical/mental health intervention, and the need to do a complete investigation in a timely manner. All line staff and supervisors interviewed were aware of victim protection expectations and had demonstrated them in reported incidents. Staff were well versed in their expectations as it relates to this standard.

115.63 Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD16.20, BP01.07, Safe Prisons PREA Plan, SPPIM04.01, SPPOM05.01, and SPPOM05.05. The Warden, Major and PREA Coordinator demonstrated familiarity with this requirement.

115.64 Staff Responder Duties

XX Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD16.03, OIG OPM-04.05, and SPPOM 05.01. All staff were trained as 1st responders. All staff interviewed were familiar with the expectations of 1st responders on PREA incidents. The department provides all staff with a reference card on its expectations in PREA incidents. I thought this was a best practice. Staff at this facility were very knowledgeable of PREA 1st responders responsibilities.

115.65 Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Safe Prisons PREA Plan and SPPOM05.01. Interviews with nurses, mental health staff, and supervisors confirmed they were knowledgeable of their responsibilities during a response.

115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: PD29, PD22, and PD35. The department has zero tolerance language in their personnel policies. The policy addresses separation of inmates and employees during the investigation process, and the employee discipline process as it relates to PREA identified cases.

115.67 Agency Protection Against Retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.68 Post-Allegation Protective Custody
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD03.50, AD04.64, Administrative Segregation Plan, ASC Review Decisions, Guidelines for Administrative Segregation, and Safe Prison PREA Plan. The facility had a plan in place to avoid housing victims in segregation. There were potential victims housed at the facility and steps were in place to supervise them with minimal restrictive measures. All interviewed indicated that follow-up interviews had been completed by staff to monitor their safety.

115.71 Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD16.20, Safe Prisons PREA Plan, CTSD Specialized Investigations, OIG LP3201, AD16.03, BP01.07, OIG OPM-04.05, OIG OPM 05.10, OIG OPM 05.15, SPPOM- 05.05, SPPOM-05.11, AD02.15, OIG OPM-03.72, Records Retention Schedule, and PD29. Investigators at the facility are trained in the special investigation training for PREA cases. Cases were investigated timely and thoroughly.

115.72 Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.73 Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.76 Disciplinary Sanctions for Staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: PD29, PD13, PD22, and AD16.20. The agency policy outlines that an employee is subject to discipline up to termination if deemed to have committed a PREA identified violation. There were no incidents at this facility.

115.77 Corrective Action for Contractors and Volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Volunteer Services Training Video, Acknowledgement of Volunteer Training, PD29, Safe Prisons PREA Plan, and Volunteer Services Plan. Agency policies outline removal of volunteers and contractors for PREA identified violations. There were no incidents at this facility.

115.78 Disciplinary Sanctions for Inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.81 Medical and Mental Health Screenings; History of Sexual Abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.82 Access to Emergency Medical and Mental Health Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: CMHC A01.01, CMHC G57.1, SPPOM 05.01, and I-214: Referral to Mental Health. The facility had protocol in place. Inmates reporting past abuse reported being offered mental health services with follow-up in the required time frames.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: CMHC G57.1, Safe Prisons PREA Plan, SPPOM05.01, SPPOM05.05, CMHC E32.1, CMHC E44.1, and CMHC G57.1. The agency policy outlined the availability of follow-up mental health and medical care at no cost, if needed or requested. No incidents were noted at the facility.

115.86 Sexual Abuse Incident Reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Instructions for Reporting Allegations, AD02.15, Safe Prisons PREA Plan, SPPOM-08.01, and AD02.15. The incidents reported at this facility had after action review processes in place and follow up. Reviews are conducted by the Warden, Major, PREA Coordinator, and any other pertinent staff. It was obvious in interviewing the incident review team that review processes were in place at the facility. The incident review team reviewed for commonalities in areas of the institution, time of incidents, etc. in the review process.

115.87 Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

115.88 Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: A20.3-Safe Prisons Program, BP02.09, PREA Ombudsman Annual Report, Texas Correctional Code 501. The agency collects data on all allegations of sexual abuse in order to make physical and policy improvements as necessary. This was confirmed with the regional PREA Coordinator.

115.89 Data Storage, Publication, and Destruction
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Exceeds Standard (substantially exceeds requirement of standard)

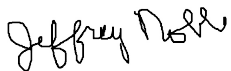
XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

AUDITOR CERTIFICATION:

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



09/03/2015

Auditor Signature Jeffrey B. Noble

Date