

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

**Date of report:** October 9, 2015

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> September 21, 22, & 23, 2015			
<b>Facility name:</b> Nathaniel J. Neal Unit			
<b>Facility physical address:</b> 9055 Spur 591, Amarillo, Texas 79107			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 806-383-1175			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Brad Livingston			
<b>Number of staff assigned to the facility in the last 12 months:</b> 1,367			
<b>Designed facility capacity:</b> 1,732			
<b>Current population of facility:</b> 1,712			
<b>Facility security levels/inmate custody levels:</b> Minimum/Medium			
<b>Age range of the population:</b> 21-77			
<b>Name of PREA Compliance Manager:</b> Luis Velarde		<b>Title:</b> Unit Safe Prisons PREA Manager	
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<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
<b>Physical address:</b> 861-B I-45 North, Huntsville, Texas 77342			
<b>Mailing address:</b> <i>(if different from above)</i> P. O. Box 99, Huntsville, Texas 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Name:</b> Brad Livingston		<b>Title:</b> Executive Director	
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## AUDIT FINDINGS

### NARRATIVE

The Texas Department of Criminal Justice, in conjunction with the American Correctional Association (ACA) scheduled a Prison Rape Elimination Act (PREA) audit for the Nathaniel J. Neal Unit 9055 Spur 591, Amarillo Texas 79107. The date of the audit visit was September 21st, 22nd and 23rd, 2015. Michael Radon Certified PREA Auditor was notified in August 2015 of this audit. This assignment was for a single certified PREA auditor.

The audit process started with contacts between the ACA auditor, the TDJC, PREA Coordinators Office, point of contact person was Cassandra McGilbra, Safe Prisons/PREA Program Manager.

Facility information was sent to the PREA auditor via USB thumb drive, contained was the necessary audit information: Pre-audit questionnaire, staff identification, current population and travel information including arrival time verification, hotel reservation and a meet and greet on Sunday evening, September 20th. Also included were 43 standard folders with policy procedures and secondary documentation. The PREA resource audit instrument for audit prisons and jails furnished by the National PREA Resource Center was used for the audit. In summary, there are seven sections including: the PAQ, the audit compliance tool, instructions for audit tour, interview protocols, auditor summary, facility map, and checklist of documentation.

Following the protocols, including posting of notices and making contacts, the auditor began reviewing the materials forwarded in the weeks prior.

Beginning with the questionnaire and all other information related to the upcoming audit on the thumb drive.

Upon arrival to Amarillo Texas the PREA auditor was met by Warden Jamie Baker.

Monday morning, September 21<sup>st</sup>, an initial meeting took place at the facility where the PREA auditor explained the audit process and schedule. Also at that time, all interviews were reviewed and scheduled times were discussed. At this time the PREA auditor explained to the group that he was there to observe and assess all areas of the facility in order to verify compliance with the 43 PREA Standards. The auditor focus would include how well inmates are supervised, security procedures and use of technology. In addition, emphasis would be placed on intake, reception, screening areas, housing, healthcare, recreation and any other locations on grounds of the facility.

The tour began about 8:30 a.m. and continued to early afternoon. The tour consisted of all facility buildings and structures on grounds. These included offender housing, kitchen and dining area, maintenance warehouse, canteen, administrative offices, all program services and the meat packaging plant.

The second part of the audit included a line by line review of the pre-audit questionnaire. The auditor reviewed all compliance and non-applicable findings in the PAQ and discussed any questions and discrepancies. After this review the interview process began and continued into the following day. Interviews conducted included Administrative Staff (Warden), Investigative Staff (OIG), Specialized Staff including Clinical and Medical Personnel, also included were First Responders, and Correctional Officers.

Inmate interviews included randomly selected inmates, disabled inmates, and self-disclosed inmates including a transgender inmate.

Completion of the interview process validated compliance with all PREA related standards. All staff and inmates were aware and knowledgeable of PREA and the Zero Tolerance Policy of sexual abuse.

Prior to the informal exit meeting the auditor met with administrative staff to review the PREA walk through and discussed observations and suggestions throughout the facility tour.

The auditor met with the administration and summarized preliminary observations and his assessment of the audit.

In conclusion, there were no red flags, issues, problems or concerns.

It is worthy to note that the existing TDCJ SAFE prisons program had already built and developed many of the PREA related issues in a correctional setting into policy, procedure, and practices.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The physical address of the Nathaniel J. Neal Unit is 9055 Spur 591, Potter County, Amarillo, Texas. The physical plant is located on approximately 592 acres. The Neal Unit is located jointly with the William P. Clements Unit.

Established in 1994, The Neal Unit housed female offenders; in 1999 it was converted to a male facility. The Unit is a minimum/medium unit with a capacity for 1,732 offenders within six housing areas, as follows:

J-1 is a 30,900 square foot two story building constructed of steel, concrete and stucco. J-1 houses G4 medium custody offenders, transient offenders (overflow) and overflow prehearing detention offenders. Within J-1 there is an officer station and three wings (A, B, and C). Each wing has six showers with a public toilet in the shower area. J-1 has a capacity of 260 with each cell having its' own toilet.

J-2, J-3, J-4 is a 30,900 square foot two story building constructed of steel, concrete and stucco. J-2, J-3, and J-4 houses minimum custody offenders. J-2, 3 and 4 has three wings and a control station. Each wing has six showers with a public toilet in the shower area. J-2, J-3 and J-4 building each have a capacity of 260.

J-5 is a 36,768 square foot two story building constructed of metal with cubicle style dormitories. J-5 houses G2 custody offenders. J-5 building has four wings (two small and two large) which have a safety office, chemical issue room, laundry storage area, weight room, barber shop, a control picket, a gymnasium, and an officers' restroom. Each wing has ample shower/bathroom facilities for the 358 total capacity of J-5.

J-6 is a 36,768 square foot two story building constructed of metal with cubicle style dormitories. J-6 houses G1 (Outside Trustee) and G2 custody offenders. J-6 has four wings (two small and two large) which have a gymnasium, class room, control picket, barber shop, officers' restroom and a necessities storage area. Each wing has ample shower/bathroom facilities for the total capacity of 334.

The Line Building holds administrative segregation, three solitary confinement cells and four prehearing cells. There is a common shower located within administrative segregation; each single occupant cells has a toilet and a lavatory.

There are two three story outside picket towers constructed of steel, concrete and stucco; these towers are designated as K1 and K2 pickets. The K1 towers' bottom floor houses the duplicate key board, K2 tower houses the primary armory.

The Neal Unit has a 12 foot high perimeter fence topped with six strands of barbed wire which is reinforced with razor wire. The Units interior fences are cyclone fence topped with three/six strands of barbed wire and reinforced with razor ribbon wire. There is a patrol vehicle provided by the Bill Clements Unit that continually patrols both units. The Neal Unit has a total count of 121 cameras monitoring areas throughout the Unit.

The Neal Unit general population has access to both outdoor and indoor recreation on a daily basis. However, the Texas Department of Criminal Justice does not permit disciplinary segregation offenders to participate in recreation outside of their cells. There is one main gymnasium and two smaller gyms. Outdoor recreation consists of volleyball, handball, basketball and weight lifting. Indoor recreation consists of television: one for sporting events and one for program choices, craft shop participation, and board games.

Health Care and Mental Health Services are offered through the medical unit which is staffed 16 hours a day, and 7 days a week by medical staff personnel employed by the Texas Tech University Health Science Center. Emergency care and hospitalization services are provided by the Northwest Texas Hospital. Pharmacy services are provided by the Central Pharmacy in Huntsville, Texas.

The Neal Unit has a large meat packaging plant where approximately 180 inmates are afforded the chance to work. There are also other areas for the offender population to participate in, such as maintenance/yard maintenance, commissary, library assistants, garden, food service, housekeeping and laundry area. Offender workers receive orientation and training in the area they work in.

The mission of the Texas Department of Criminal Justice – Correctional Institutions Division, Nathaniel J. Neal Unit is “To maintain a level of security to the degree that the public safety is insured, as well as, the safety of its employees and offenders; maintain a safe, clean environment for employees and offenders; to create an environment conducive to the rehabilitation of offenders; and to manage the facility based on constitutional and statutory standards.”

## **SUMMARY OF AUDIT FINDINGS**

Upon completion of the PREA audit it is this writers opinion that all forty three standards for the PREA adult prisons and jails are in place in this facility. This conclusion is based on review of all documentation, facility tour including site and sound observations and interview protocols.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The facility meets this standard. This standard is noted in the TDCJ Executive Directive Safe Prisons/PREA Program. In addition, this policy is identified in their PREA plan organizational chart. The agency also employs a full time agency PREA Coordinator.

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

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

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Non-Applicable. The facility is state operated.

**Standard 115.13 Supervision and monitoring**

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

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The facility meets this standard. The standard is addressed in the Safe Prisons PREA Plan, in addition, staffing rosters and annual staffing plans were provided and reviewed. Unannounced rounds were verified through observation of operations, interviews, staff and inmates, and appropriate documented sign-in sheets.

### Standard 115.14 Youthful inmates

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

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Non-Applicable. The facility does not house youthful offenders.

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

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

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Meets the standard. Safe Prisons PREA Plan identifies and addresses cross-gender viewing and searches. The training curriculum is mandated for cross-gender searches. No cross-gender searches were documented at the time of the audit. All staff interviewed were aware of the proper practice involved in these searches. All inmates interviewed stated they were able to shower and change clothes and use toilet facilities without female staff in sight. During the tour of the facility proper privacy accommodations were observed.

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

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

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

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

Meets the standard. Posters and inmate education material was available in English and Spanish. Bilingual inmates were interviewed as well as bilingual staff, all indicated no known incidents of inmate interpreters being used for PREA issues. In addition, the bilingual inmates confirmed that they had a clear understanding of PREA and the appropriate practices of reporting PREA incidences.

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

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

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Meets the standard. During the audit personnel files were reviewed and supported that background checks are being conducted. Five year checks were also in place. The HR staff member was interviewed, she was very knowledgeable of the process and provided several examples to support a compliance finding.

### **Standard 115.18 Upgrades to facilities and technologies**

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

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Meets the standard. This facility operates with multiple buildings and operational structures. The administration has implemented direct supervision upgrades, cameras, and position of staff which meets this standard. The department has plans to add more technology based on security levels, threat assessments and PREA concerns.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Meets the standard. The facility has a relationship with a local hospital that provides access to SANE trained medical staff. The agency provides training to victim advocates who are available to all inmates.

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

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

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

Meets the standard. Policies exist to ensure appropriate procedures of allegations related to PREA. All incidents all reported to the OIG's office. All incidents are investigated to the fullest extent.

#### **Standard 115.31 Employee training**

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

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Meets the standard. A review of the training records and interviews with staff supported and validated that all staff had been trained regarding PREA. It was also confirmed that staff were knowledgeable and understood expectations as it relates to reporting, investigation, and treatment of inmates related to PREA.

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

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

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Meets the standard. Training records were reviewed and interviews with volunteers which confirmed and supported that the necessary training was provided and sufficient to meet this standard.

#### **Standard 115.33 Inmate education**

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

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Meets the standard. All inmates interviewed indicated that upon intake they were provided educational information and video on the subject. The documentation reviewed supported this finding. In addition, posters and pamphlets were available.

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

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

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Meets the standard. Training records reviewed and investigative staff were interviewed which supported and validated compliance with this standard. The OIG's office provides trained investigators state wide.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Meets the standard. The letter of employee orientation and new employee checklist was provided and reviewed. Medical training records were also reviewed and were compliant. Staff interviews supported the process was in place.

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

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

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Meets the standard. The intake staff completed the initial review of inmates upon arrival. Documentation provided support for compliance with this standard. Intake personnel were knowledgeable of PREA concerns and expectations and very thorough in the completion of these duties.

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

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

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Meets the standard. The screening process was reviewed and observed in practice. Inmates interviewed acknowledged a concern for their safety.

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

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

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Meets the standard. The facilities segregation plan, Safe Prisons PREA Plan, guides for admin. seg. were all provided and reviewed. The unit has practices in place to protect alleged victims without punishment.

### **Standard 115.51 Inmate reporting**

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

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Meets the standard. The unit has various methods of reporting PREA offenses. Verbal, written, and third party methods are available. The facility also has an ombudsman office with the OIG where inmates, staff, and family can report PREA related concerns. This information was posted throughout and brochures were available to inmates. Most inmates interviewed were aware of the reporting process.

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

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

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Meets the standard. The unit has a process in place where PREA related complaints can be submitted as a emergency grievance and not subject to the standard guidelines for normal grievances and complaints.

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

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

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Meets the standard. The unit provides inmates access to a list of local community advocacy groups available in the community. Continued efforts to develop relationships with outside entity’s is ongoing.

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

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

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Meets the standard. The Safe Prisons PREA Plan includes a general information guide for families of offenders, including the appropriate avenues for reporting PREA issues. Most inmates interviewed verified that they were aware of this process, in addition, the phone contact information was tested during the audit and response was appropriate.

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

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

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Meets the standard. All staff were aware of reporting responsibilities. Training records reviewed supported training for reporting duties.

#### **Standard 115.62 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Meets the standard. All staff interviewed were knowledgeable of the appropriate practices for the safety of alleged victims. They articulated the practices necessary including: 1. Removal of alleged victim from danger, 2. Medical mental health intervention and 3. a completed investigation in a timely manner.

#### **Standard 115.63 Reporting to other confinement facilities**

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

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Meets the standard. The administration at the facility were well informed and aware of this standard and its’ requirements.

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

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

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Meets the standard. All staff interviewed were knowledgeable and familiar with first responder expectations of PREA related incidents.

#### **Standard 115.65 Coordinated response**

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

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

Meets the standard. The Safe Prisons PREA Plan and interviews including medical and mental health staff, supervisors and other support staff confirmed knowledge for appropriate response.

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

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

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Meets the standard. There is an existing policy in place that addresses separation of inmates and staff during the investigation. In addition, there exists an employee discipline process that directly relates to PREA identified cases.

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

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

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

Meets the standard. The Safe Prisons PREA Plan addresses a ninety (90) day monitoring requirement that ensures retaliation does not occur. The administration assigned to cases were aware of this requirement. Documentation validated compliance with this standard.

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

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

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

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

Meets the standard. Documentation reviewed for compliance were admin. seg. and the Safe PREA Plan. The plan articulates steps to avoid use of segregation. Potential victims housed at the facility were observed and steps were in place to supervise and protect with minimal restrictive measures.

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

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

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

Meets the standard. The Safe Prisons PREA Plan includes special investigations, OIG response and involvement. All investigators are trained in the special investigation training for PREA cases. All cases were investigated thoroughly and in a timely fashion.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

Meets the standard. Existing policy requires a preponderance of evidence in substantiating allegations. Interviews validated staff awareness of the requirement and demonstrated their knowledge during investigations. All supervisors interviewed at the facility were familiar with reporting and evidence expectations.

### **Standard 115.73 Reporting to inmates**

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

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

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

Meets the standard. Practice and process was in place to inform/follow-up with inmates as to the status of the investigation. The administration was aware of this practice and had in place a process of monitoring notifications. Documented notifications were provided for review.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Meets the standard. Policy exists which outlines disciplinary sanctions for staff if confirmed to have committed a PREA violation. This process included termination of staff.

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

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

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

Meets the standard. Volunteers are subject to viewing services training video and acknowledgment of orientation materials related to PREA. The Safe Prisons PREA Plan includes volunteer services and expectations. Policies exist that outline removal of volunteers and contractors for PREA violations.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Meets the standard. The facilities disciplinary rules and procedures for offenders who have been identified with potential PREA violations relates very clearly possible outcomes. In addition, the process also requires that mental capacity, and disability limitations be taken into consideration. There were no other concerns related to this standard during the audit.

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

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

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

Meets the standard. All specialized staff, and staff practioners who were interviewed were well aware of their responsibilities. Incidents reported of prior abuse were dealt with immediately and communicated appropriately. Inmates who reported prior sexual abuse were interviewed and felt their needs were met.

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

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

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

Meets the standard. The facility has practices in place to offer supportive mental health services to inmates reporting past abuse. Necessary time frames were in place.

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

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

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

Meets the standard. Policy exists that outline available services including mental health, and medical care at no charge.

**Standard 115.86 Sexual abuse incident reviews**

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

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

Meets the standard. There exists a sexual abuse review team which is conducted by the administration. Their review process includes areas of the institution, date and time of incidents, staffing, and any other pertinent information.

**Standard 115.87 Data collection**

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

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

Meets the standard. Data collection is system wide and submitted annually. Regional PREA coordinators verify the process, the agency uses this information for capital planning, security and staffing issues.

**Standard 115.88 Data review for corrective action**

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

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

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

Meets the standard. Data is collected specifically for allegations of sexual abuse which is used to make policy and practice improvements as necessary.

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

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

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

Meets the standard. Policies and procedures are in place that ensure that all PREA related data information are maintained per retention schedule.

**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.

Michael Radon

October 9, 2015

Auditor Signature

Date