

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



<b>Name of facility:</b> Walker Sayle	
<b>Physical address:</b> 4176 FM 1800 Breckenridge, Texas 76424	
<b>Date report submitted:</b> 02/16/2015	
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<b>Date of facility visit:</b> February 2-4, 2015	
<b>Facility mailing address:</b> (if different from above) Same as above	
<b>Telephone number:</b> (254)559-1581	
<b>The facility is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
<b>Facility Type:</b>	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
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## **AUDIT FINDINGS**

### **NARRATIVE:**

On February 2-4, 2016, an audit was conducted at the Walker Sayle Unit in Breckinridge, Texas to determine compliance with the Prison Rape Elimination Act standards finalized August 2012.

A complete tour of the facility was conducted February 2-4, 2016. The following areas of the operation were visited and observed for PREA compliance: inmate living areas, inmate programming areas, education area, chapel area, medical area, reception area, food service area, maintenance area, warehouse area, and commissary area.

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), four medical staff, two contract staff (education/recovery services), human resources staff, corrections officers (4 1<sup>st</sup>/5 2<sup>nd</sup>/2 3<sup>rd</sup>), correctional supervisors, investigative staff, intake staff, and segregation staff. Interviews were conducted with 11 randomly selected inmates and 1 inmate deemed vulnerable at intake. There were no transgender inmates identified at the facility. Several 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 Walker Sayle Substance Abuse Felony Punishment Facility is located outside the city limits of Breckenridge, Texas in Stephens County. The facility opened in August 1994 and the physical address of the facility is 4176 FM 1800 Breckinridge, Texas 76424.

The Walker Sayle Unit is an all male, adult, Felony Treatment Facility (Therapeutic Community). The facility consists of 9 buildings within a fenced compound. The site plan consists of a central walk surrounded by unit buildings. Each dormitory houses 204 inmates.

The facility has a design capacity of 632 offenders. Offenders average in age from 21-23 years of age. The average length of stay is six months. Offenders arrive at the facility directly from County Jails and through the Byrd Reception Unit. The offenders are released to a Transitional Treatment Center for a 90 day period.

The Walker Sayle Unit employs 183 staff members to include security, non-security, contract medical, and contract treatment providers.

### **SUMMARY OF AUDIT FINDINGS:**

During the visit, the auditor interviewed random inmates, an inmate identified as a potential victim, 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: **3**

Number of standards met: **37**

Number of standards not met: **0**

Number of Non-Applicable Standards **3**

<b>115.11</b> Zero tolerance of Sexual Abuse and Sexual Harassment; PREACoordinator
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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 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 also reviewed and the staffing plan review. It was very clear through staff and inmate interviews that unannounced rounds were being made very frequently throughout the facility.

**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

- 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-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 addressed staff training in cross gender searches. There were no female or

transgender inmates housed at this facility. 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. Training records indicated proper training in this area. All females knocked and announced prior to entering the housing units, restroom/shower areas.

**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. Several bilingual inmates were interviewed and all indicated that there were no known incidents of inmate interpreters being used for PREA investigations.

**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.

**115.18** Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

**XX** Non-Applicable

Does Not Meet Standard (requires corrective action)

The facility has had no construction upgrades or technology upgrades since 2012.

**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 a list of qualified victims advocates was readily available to all staff. The institution and agency have sent several solicitation letters to victims advocate agencies in the community and have yet found 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 SPPOM-05.05 and SPPOM-05.01 address this standard in policy. The facility had no incidents that rose to the level of criminal prosecution. All incidents were reported to the OIG. All incidents were investigated to the fullest extent at the facility, none identified abuse.

**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. The institution staff were very knowledgeable of this requirement.

**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 and sufficient to meet this standard.

**115.33** Inmate Education

**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 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, It was very obvious that inmates were educated immediately upon arrival to the facility on PREA standards, interviewed by medical personnel, and interviewed by intake staff. All inmates interviewed recalled the staff member who interviewed them, recalled watching a video on PREA concerns, and medical staff discussing PREA related concerns with them. The documentation reviewed also 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.

**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. All medical staff at the facility had been trained appropriately and evidence was provided at the time of the audit to support this.

**115.41** Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: CMHC E 35.1, SPPOM-03.01, Safe Prisons PREA Plan, IPM-CL-69, IPM-5-06, CMHC A-09.01, and CMHC H-61.1. The intake staff member and PREA coordinator completed the initial review of inmates upon intake. All documentation provided supported compliance with this standard. All inmates interviewed recalled who interviewed them upon entry into the facility . Most knew them by name. It was very obvious that the institution took this task very seriously and complete the task very professionally .

**115.42** Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: AD04.17, AD04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01, CMHC E 35.1, CMHC G 51.11, SPPOM-03.02, and GNCCPM-04.00. It was clear that the screening process was in place and inmates identified as potential victims or perpetrators were handled very discreetly and professionally by staff at the facility. I interviewed every inmate currently residing at the facility who were classified as a potential victim or perpetrator and found no concerns. There were no transgender inmates housed at the facility.

**115.43**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: Administrative Segregation Plan, A1-169, A1-203, Safe Prisons PREA Plan, SPPOM 05.05, Guidelines for Administrative Segregation, E1-204SV. There were no incidents of a victim or potential victim being housed in segregation at this facility. There were plans in place to readily investigate an issue if it were to arise.



**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 3<sup>rd</sup> 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 Bureau of Criminal Justice department 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. All inmates interviewed were aware of the reporting process.

**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.

**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. Although the Walker Sayle Unit did not have an MOU in place with a local advocacy group. It has sent a total of

206 letters 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. Inmate interviews verified that inmates were aware of this process.

**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 and training records supported their training in this area.

**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. Interviews with the Warden and random staff substantiated their knowledge 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.

**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 and PREA Coordinator demonstrated familiarity with this requirement and had an incident where this was necessary. The incident was handled within standard requirements.

**115.64** Staff Responder 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: AD16.03, OIG OPM-04.05, and SPPOM 05.01. All staff were trained as 1<sup>st</sup> responders. All staff interviewed were familiar with the expectations of 1<sup>st</sup> responders on PREA incidents. The department provides all staff with a reference card on its expectations in PREA incidents. I thought this was a best practice.

**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 specialized staff confirmed they were knowledgeable of their responsibilities during a response to a PREA related incident.

**115.66** Preservation of Ability to Protect Inmates from Contact with 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: PD29, PD22, and PD35. The department has zero tolerance language in their personnel policies. The policy addresses separation inmate-employee 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 and had a tracking mechanism in place to fulfill this obligation.

**115.68** Post-Allegation Protective Custody

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 all were interviewed and identified no issues with segregation placement in the past or future.

**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. It was obvious in reviewing the cases of

past abuse and harassment at the facility that cases were investigated immediately 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.

**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. It was clear through talking with the inmates who had reported issues that staff followed up on the status of investigations and action steps were taken when warranted.

**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 that were reported in good faith, but unsubstantiated.

**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 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. 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 to provide immediate medical/mental health services available.

**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.

**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. The facility has a tracking mechanism in place to identify any problematic areas or processes.

**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.

**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.

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

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

Does Not Meet Standard (requires corrective action)

The following policies and procedures support compliance with this standard: 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.

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

02/16/2015  
\_\_\_\_\_  
Date