

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Clarence Stevenson Unit			
Physical address: 1525 FM 766, Cuero, TX 77954			
Date report submitted: 12/26/2015			
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Date of facility visit: 12/16 through 12/18/2015			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: (361) 275-2075			
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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Governing authority or parent agency: State of Texas <i>(if applicable)</i>			
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AUDIT FINDINGS

NARRATIVE:

On September 30th, 2015, Standards and Accreditation Specialist Mr. Robert Brooks appointed this DOJ Certified PREA auditor to be the Chair for Stevenson Unit PREA audit. There is no other team member assigned to conduct this audit. The auditor contacted Program Supervisor ACA/PREA Ms. Stacey Thompson. Senior Warden Jimmy Smith and the auditor were in touch with one another mapping the process of PREA audit several times prior to actual beginning of the audit. The auditor received the flash drive on November 19th, 2015. Immediately, the auditor began the process of reviewing the supporting documentation and the policies.

On December 16th, the auditor arrived on the facility and met with the Senior Warden, Regional Director regional staff, and facility staff including Assistant Warden, Major, Captains, Food Service Manager, Grievance Coordinator, Human Resources Representative, Industry Supervisor, Security Threat Sergeant, Facility PREA Manger, etc. During the initial meeting, a random sample of staff and offenders was selected and handed to concerned staff to start offender and staff interviews and to conduct document reviews. The Senior Warden notified the auditor that the facility was staffed at 80% due to shortage and provided documentation for overtime approval and recruiting efforts. During the audit period, the same two cards of correctional staff were working.

A total of 56 staff members including medical, mental health, a volunteer, department heads and other specialized staff were interviewed over two days. All staff were found to be very experienced and knowledgeable. Staff were able to adequately describe correct course of actions, definitions, and requirements based on their training and experience. A total of 44 offenders were interviewed, a sample drawn from all housing areas including segregation and also paying attention to the special needs inmates.

Overall, inmates who were newly admitted to the facility were more knowledgeable about their rights in relation to PREA than those inmates who had been housed at the facility for extended periods of time. All inmates regardless of current incarcerated time were familiar with "Safe Prisons" and reporting options. The tour of the facility included all the housing areas, administrative areas, industries building, food service department, medical services building, vocational and Windham School areas, maintenance area and the back gate. The facility is very clean and the grounds are maintained and are in excellent condition. The Senior Warden and the line staff worked very hard for the ACA audit followed by PREA audit. At the entrance to the main compound behind the control center, there is a sign of PREA standard 115.15 regarding privacy of offenders posted. In each of the housing areas, there are signs posted regarding the PREA matters. The auditor reviewed strip searches and pat searches being conducted in various departments and during mass movements. The movements of inmates is orderly and methodical. It is a great tribute to the unit leadership that the Stevenson Unit is performing at optimum level. The auditor out briefed the senior warden on 12/18/2015.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Unit Opened:	April 1994
Total Employees :	272
Security Employees :	191
Non-Security Employees :	59
Windham Education Employees :	8
Contract Medical/Mental Health Emp.:	Medical = 14; Mental Health = shared with John Connaly Unit.
Offender Gender:	Male
Maximum Capacity :	1,384
Custody Levels Housed:	G1, G2, G4
Approximate Acreage:	464
Agricultural Operations:	Contract Grazing, Security Horses, Security Pack Canines, Unit Garden, Texas Second Chance Program
Manufacturing and Logistics Op.:	Modular Furniture Factory
Facility Operations:	Unit Maintenance
Medical Capabilities:	Ambulatory medical and dental services. Telemedicine and Digital Medical Services (DMS) available. All services on a single level, including CPAP accommodating housing. Managed by UTMB.
Educational Programs:	Literacy (Adult Basic Education/GED), CHANGES/Pre-Release, Cognitive Intervention Programs, Electrical Trades; Piping Trades/Plumbing
Additional Programs/Services:	Faith Based Dormitory, Adult Education Program (upon availability), Reentry Planning, Peer Education, Chaplaincy Services, and GO KIDS Initiative
Community Work Projects:	Services provided to city and county agencies, area school districts, the area food bank, Habitat for Humanity, and the Texas Department of Transportation
Volunteer Initiatives:	Substance Abuse Education, Life Skills, Support Groups, Religious/Faith Based Studies and Activities.

The Stevenson Unit is a minimum/medium custody facility, located in Cuero, Texas. There are twelve buildings within the double fenced compound. Two pickets are located outside the fences on opposite corners of the perimeter all the employees and visitors walk through a gate house. The entrance to the facility is electronically monitored and controlled by an officer located in the front picket. The sidewalk from the gatehouse leads to the administrative building which contains the Wardens' Office, Human Resources office, mail room, inmate records, the visitation area, Central control room and pedestrian gate to the compound. There is a vehicle gate on the backside of the perimeter. Five of the twelve buildings are inmate housing. Four are comprised of three separate pods containing double bunked single cells. The fifth unit has open bay dormitory style living. The segregation unit is part of the Line Building which also houses the classification department and consists of seven cells. An independent building houses the class rooms for the Academic programs, vocational programs and Library. Another standalone building includes the laundry, kitchen and dining room and medical. Maintenance is located behind the laundry, kitchen and medical building. There is modular Furniture Factory inside the secure perimeter and a gym/hobby craft is housed in another building. The recreation yard is located in the middle of the compound and surrounded by the twelve buildings. Kennel operations are outside the perimeter. The unit capacity is 1384 and the population ranged from 1341 to 1381 over the last 12 month period; range of inmates age varied from 22 years to 75 years. The facility housed G2 and G4 inmates. During the audit period, there were no G1 offenders at the facility. The nature of offenses range from DWI to Aggravated assaults. The unit is involved in various community projects. The auditor noticed that the facility has adopted the highway, this is one of several project the facility is engaged in.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 3
Number of standards met: 38
Number of standards not met: 0
Non-applicable: 2

§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)

The facility meets this standard. The standard is stated in the noted in the following policies: Executive Directive Safe Prisons/PREA Program, ED-03.03 and TDCJ Organizational Chart. The agency employs an agency wide PREA Coordinator, State-wide PREA Ombudsman’s Office, Regional PREA Program Manager and facility PREA coordinators.

§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)

The facility is managed by State of Texas.

§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)

The requirements to meet this standard are stated in AD-11.52 Security Staffing, several Post Orders, Safe Prison/PREA Plan. The Unit staffing plan, along with staff rosters were reviewed. During the days of audit, the staffing rosters were reviewed. Shift Lieutenants and Sergeants were interviewed. During the interview, Senior Warden stated that there are 41 Correctional Officers position open. He presented the facility’s efforts to recruit new employees by having job fair recently. Even though the facility has a shortage of correctional staff, Senior Warden presented information regarding approved over time for staff to fill the necessary slots to maintain the needs of security and staff of the facility. In addition, the audit included an examination of all video monitoring systems, inmate access to phones, staff interviews, and a review of documentation of unannounced checks. The announced checks are documented in the shift rosters along with a sign book in each of the housing areas.

§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)

This standard is not applicable as the facility does not house youthful offenders.

§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)

AD-03.22,Knock and Announce Policy, Safe Prison/PREA Plan and several Post Orders address Cross-Gender Viewing and Searches. The training curriculum addresses staff training in cross gender searches. There have been no exigent circumstances where cross-gender strip searches or visual body cavity searches have been conducted during this report period. However, as part of on-the-job training, seven new hire employees conducted cross gender strip searches authorized by the Major of the facility. The Human Resource office has maintained documentation of these searches and those documents were verified by the auditor. During the tour, the auditor noticed cross gender viewing barriers in the inmate showers, bathrooms and various places such as food services department, and vocational buildings. In addition, prior to entering the compound behind the control room, there are postings regarding compliance with this standard along with all housing areas.

§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)

AD-04.25 and AD-06.25, address interpreter services, American Sign Language services and offenders with special needs. The agency has established procedures to provide inmates with limited English proficiency an equal opportunity to participate in, and benefit from the agency's efforts to prevent and respond to sexual abuse and sexual harassment. The facility has ten (10) Spanish interpreters available. The auditor interviewed several Spanish speaking offenders in the random sample and all the offenders showed competence in understanding the PREA relevant information.

§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)

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. Documentation supporting compliance to this standard was reviewed and the human resource staff member stated that the central office was responsible for upkeep of the documentation.

§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)
- Does Not Meet Standard (requires corrective action)

The facility has video monitoring in very few areas. SOPM 07.02 and SM01.14 addresses this standard. The facility is attempting to install video technology in additional housing areas.

§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)

The facility and the agency is responsible for administrative and criminal sexual abuse investigations. SPP0M-05.01, outlines that all investigators must follow a uniform evidence protocol through the use of this operational memorandum and the Sexual Abuse Checklist. The facility and agency have sent several solicitation letters to victims advocate agencies in the community and posted notices in offender housing, about the agencies that provide such services in Cuero and Victoria, Texas. SANE/SAFE examinations are conducted either in Victoria, Texas (22 miles away) or in San Antonio, Texas (50 miles away) based on the recommendation of the medical/mental health staff. The Offender Victim Representative (OVR) for Stevenson unit are Mr. Cellum, Regional Chaplain Supervisor and Ms. Marrow, Count Room Supervisor. The auditor interviewed Ms. Marrow extensively and she is knowledgeable of the services that are being provided.

§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)

AD-02.15, AD-16.20, BP-01.07, OIG-04.05, Safe Prisons PREA Plan are policies that pertain to this standard. The agency has an effective system of tracking all allegations, especially sexual abuse and harassment incidents. All the incidents are reported to the Office of Inspector General for investigation. The OIG investigator was interviewed along with other staff and offenders. Each of the individuals are very knowledgeable of the process involved in reporting, investigating these types of incidents. For the auditing period, there are three incidents involving sexual abuse and harassment. All administrative investigations of allegations were unsubstantiated. One OIG investigation was ongoing at the time of the audit. During the interview, Grievance Coordinator reported no new grievances other than four (4) reported. Of those four grievants, one was available and was interviewed. The offender was complimentary of the facility staff, especially the PREA Coordinator regarding the way he reports and resolves any PREA issues .

§115.31 – Employee Training

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

All staff interviewed are very knowledgeable of the agency's Zero tolerance of policy. All staff are provided with a handout and a card with PREA Zero tolerance. The auditor reviewed a random sample of training records for correctional officers, which showed that they were trained in all necessary elements of PREA standards. Staff were fully aware of evidence collection techniques.

§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)

Policies AD-02.46, AD-07.35, and PD-29 are relevant policies pertaining to this standard. A special video has been developed for volunteers. All volunteers have been well trained. The documentation was reviewed. The auditor interviewed a volunteer to confirm compliance with this 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)

Policies SPPOM-02.03, SPPOM-06.02, UCPM-05.00, AD-04.25, AD-06.25, CMHC G-51.1 along with several policies support this standard. During the intake process, the classification staff provide information regarding ZERO tolerance policy along with their right to be free from sexual abuse and sexual harassment. All the interviewed inmates acknowledge receipt of such information. The relevant information is posted in several areas such as housing areas, work areas and other common areas such as Food Service Department, Law Library, etc.

§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)

Training records were reviewed and investigative staff were interviewed. The interviewees explained to the auditor in detail the process involved in a PREA-related investigation. The agency maintains documentation showing that investigators have completed the required training as outlined in the OIG, OPM-02.15, and PD-97.

§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)

Interviewed medical staff and the mental health coordinator. The auditor reviewed the training records of these personnel which indicate compliance with this 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)

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 indicates compliance with the standard. All the inmates stated that they received educational video instruction. In addition, during the intake process, an objective assessment tool is utilized that include ten (10) items of the relevant standard. Also, the information is shared on a need to know basis only.

§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)

AD04.17, AD-04.18, IPM-4.01, Safe Prisons PREA Plan, SPPOM-03.01 and several other policies address compliance with this standard. During the intake process, the facility makes housing, job and educational assignments while giving serious consideration to the safety and security of the offender on an individual basis. There were no transgender or intersex inmates housed at this facility.

§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)

The Safe Prisons PREA Plan and the Administrative Segregation Plan, prohibits placing vulnerable inmates for sexual victimization in involuntary segregated housing unless there was no other alternative to keep the inmate safe. There were no inmates in segregated housing for sexual abuse and harassment investigation.

§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)

AD 14-09, BP-03.91, Safe Prisons PREA Plan, TBCJ PREA Brochure, and ED-02.10 support compliance with this standard. Offenders may confidentially report allegations of sexual abuse and harassment allegations directly to either the Unit PREA coordinator, Major or the PREA Ombudsman Office. Interviews with inmates and staff indicated their knowledge regarding reporting procedures.

§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)

AD-03.82, BP-03.77, AD-15.52, and Offender Grievance Operations Manual-1.04 addresses compliance with the standard. There were four (4) alleged sexual abuse grievances in last 12 months.

§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)

RCC solicitation letters, BP-03.91, Safe Prisons PREA Plan, and SPPOM-02.02 support compliance with the standard. Mailing addresses and telephone numbers, as well as toll-free hotline numbers have been provided to the inmate population. There was no Memorandum of Understanding with local rape crisis centers. The Chaplain, medical and mental health staff are trained to provide these services.

§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)

ED-02.03, ED-2.10, A General Information Guide for Families of Offenders, the Safe Prisons PREA Plan, and SPPOM-04.02 indicate compliance with the above standard. The agency policy requires that all staff must report immediately any knowledge, suspicion, information regarding an incident of sexual abuse /sexual harassment, retaliation against offenders or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It also states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. The agency established the PREA Ombudsman Office to investigate or cause such complaints to be investigate. Most inmates interviewed verified that they were aware of this process. The PREA brochure contained the website address, and a phone number for the public to report allegations.

§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)

The Safe Prisons and PREA Plan, AD-16.20, PD-29, and PD-22 and several policies indicate compliance with the above standard. All staff and volunteers are required to immediately report any allegation, suspicion or knowledge of sexual abuse incidents. Staff interviews and training records indicate compliance with the 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)

AD-02.15 and the Safe Prisons PREA Plan confirms compliance with the standard. The facility staff are well trained in protection duties and responsibilities. All line staff and the investigative staff are fully aware of victim protection requirements in regards to sexual abuse or allegations of sexual abuse incidents.

§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)

Safe Prisons PREA Plan and AD-16.20 indicates compliance with the standard. The facility administration, along with the investigating authorities are knowledgeable of reporting to other facilities.

§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)

The Safe Prison PREA Plan along with AD-16.03 detailed the compliance with the standard. All facility staff are trained in first responder duties. During the interview of correctional and non-correctional staff, all were knowledgeable in the first responder duties. Each one of them had a card or paper detailing the responsibilities. Training documents were reviewed.

§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)

Interviews with Senior Warden, Major, Captains, shift supervisors, line staff along with mental health and medical staff are involved in planning the coordinating response if an incident occur. Such team meetings were documented.

§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)

The agency has Zero tolerance in all of their relevant policies outlining that alleged abuser and victim be separated during the investigative phase. During interviews, several offenders stated that facility PREA coordinator responds to their concerns in a timely manner.

§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)

PD22, PD29, PD-13, PD-31, SPPOM-05.08, the Safe Prisons PREA Plan, and SPPOM-02.04 indicate compliance with this standard. The Warden, Major, PREA Coordinator are aware of the 90 day monitoring period.

§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)

AD-03.50 and AD-04.63 and the agency's Administrative Segregation Plan, prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing. During the auditing period, there were not any inmates in the status.

§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)

AD-2.15, AD-16.03, AD-16.20, BP-1.07, Specialized Training, PD-29, the Safe Prisons PREA Plan along with other policies and procedures confirm compliance with the standard. The Major and Captains received specialized training to conduct sexual abuse allegation investigations. The OIG investigator during the interview confirmed receipt of such specialized training. All the investigation are conducted by the OIG office with timelines as outlined in the policies.

§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)

Specialized Training, Safe Prisons PREA plan and relevant policies indicate compliance with the standard. All the investigators interviewed regarding their knowledge of preponderance of evidence requirement and reporting requirements.

§115.73 – Reporting to Inmate

- 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 Safe Prisons PREA Plan, and its operational manual policies SPPOMs 05.05, 05.10 and 05.11 indicate that the agency has policies and procedures in place to confirm compliance with the standard. During interviews with investigators and inmates, it was confirmed that the notification process is in practice. Documentation was reviewed.

§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)

AD16.20, PD-29, PD-13 and PD-22 support compliance with the standard. During the interview, the Senior Warden stated that no employees were subjected to disciplinary actions for the alleged sexual abuse and sexual harassment in the past 12 months.

§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)

Volunteer Training, PD-29, Volunteer Services Plan and Safe Prison PREA Plan supports compliance with this standard. Special training is required to become a volunteer in the agency. During the interview, the volunteer acknowledged the training he received.

§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)

Inmate Discipline Policy, Disciplinary Rules and Procedures for Offenders, Safe Prison PREA Plan outlines sanctions for sexual abuse and harassment rule violations.

§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)

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, SPPOM-05.05, CMHC I-70.1, and CPOM-02.05 indicate compliance with the standard. All the medical and mental health staff are aware of their responsibilities and requirements. In addition, during the intake process, the facility utilizes a tool identifying sexual victimization. Inmates who disclose prior sexual victimization are offered a follow-up with a mental health practitioner.

§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)

CMHC A-1.1, CMHC G57.1 and SPPOM-05.01 indicate compliance with the standard. The facility has an established procedure either to transport to the Hospital in Cuero or Victoria and/or San Antonio as per protocols. Locally, 911 service is also available along with immediate medical attention by the facility medical and mental health staff.

§115.83 – Ongoing medical and mentalhealth care for sexualabuse 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)

CMHC E 32.1, CMHC E-44.1 CMHC G-57.1, Safe Prisons PREA Plan, and SPPOM-05.01 indicate compliance with this standard. Healthcare employees interviewed at the facility are committed to provide appropriate health care to the inmates. During the intake process, several handouts, the inmate orientation handbook and the facility orientation package confirm the practice of providing appropriate health care to those victims and abusers.

§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)

AD-02.15, Instructions for Reporting Allegations of Sexual Abuse and Harassment, SPPOM-08.01, and the Safe Prisons PREA Plan indicate compliance with this standard. Interviews with the Warden, Assistant Warden and the Major indicate thorough involvement with the review team, the determinations made on each allegation with input from Health Services and Regional PREA Coordinator. The incident review team reviews for common denominators in areas of the facility, time of incidents, and other factors in the review process

§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)

Sexual Violence Survey 2014, Safe Prisons PREA Plan, AD-02.15, BP-02.09, OIG OPM-04.05 indicate compliance with the standard. The agency collects data annually regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility.

§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)

Safe Prison Program, BP-02.09, PREA Ombudsman Safe Prisons Program Annual Report, and the Safe Prison PREA Plan confirms compliance with the standard. Interviews with the Warden and higher intermediate staff substantiate this data collection and review for corrective action. The annual report is posted on the agency's website.

§§115.89 – Data Storage, Publication, andDestruction

- 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)

Record Retention Schedule mandates compliance with this standard. The agency maintains sexual abuse data for at least 10 years, pursuant to statute.

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.

Uendra Katragadda

12-27-215

Auditor Signature

Date