

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

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

<b>Auditor name:</b> Michael Radon			
<b>Address:</b> 6 Summit Drive P.O. Box 892 Bondsville, MA 01009			
<b>Email:</b> michaelradon@yahoo.com			
<b>Telephone number:</b> 413-250-7778			
<b>Date of facility visit:</b> September 23, 24, 25, 2015			
<b>Facility name:</b> Tulia Transfer Facility			
<b>Facility physical address:</b> 4000 Highway 86 West Tulia, Texas 79088			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 806-995-4109			
<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> 15			
<b>Designed facility capacity:</b> 606			
<b>Current population of facility:</b> 573			
<b>Facility security levels/inmate custody levels:</b> G1, G2, Transient			
<b>Age range of the population:</b> 18-74			
<b>Name of PREA Compliance Manager:</b> Capt. Troy Crutchfield		<b>Title:</b> Unit Safe Prisons PREA Manager-Temporary	
<b>Email address:</b> Troy.Crutchfield@tdcj.texas.gov		<b>Telephone number:</b> 806-995-4109	
<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Texas Department of Criminal Justice			
<b>Physical address:</b> 861-BI-45 North, Huntsville, TX 77320			
<b>Mailing address:</b> <i>(if different from above)</i> Box 99 Huntsville, TX 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Name:</b> Brad Livingston		<b>Title:</b> Executive Director	
<b>Email address:</b> brad.livingston@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2101	
<b>Name:</b> William Stephens		<b>Title:</b> Director Correctional Institutions Division	
<b>Email address:</b> william.stephens@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2170	

## **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 Tulia Transfer Facility 4000 Highway 86 West, Tulia, Texas 79088. The date of the audit visit was September 23rd, 24<sup>th</sup> and 25<sup>th</sup>, 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 Gregory David.

Wednesday afternoon, September 23rd, 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 2:00 p.m. and continued to late 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 outside recreational area.

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. Also interviewed were volunteers who were providing spiritually based recovery programs.

Inmate interviews included randomly selected inmates, disabled inmates, and self-disclosed inmates.

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 Tulia Transfer Facility (Tulia Unit) is 4000 Highway 86 West, Tulia, Texas. The facility rests on approximately 25 acres of land. The Tulia Unit is a single structure, minimum security facility which is comprised of 72,293 square feet with 41,320 square feet of living space.

The following is a breakdown of the living units at the Tulia Transfer Facility:

A-P dormitories have a capacity of 28 inmates each;

T1 dormitory has a capacity of 26 inmates;

T2 dormitory has a capacity of 18 inmates;

T3-T5 dormitory has a capacity of 10 inmates each;

T6 dormitory has a capacity of 8 inmates;

T7 and T8 has a capacity of 6 inmates each;

X1 and X2 housing areas have an inmate capacity of 12 each, (6 two person cells); and

W1-W20 are double occupancy cells used for prehearing and transient inmates.

The mission of the Tulia Transfer Facility is “to maintain a level of security to the degree that the safety of the public is insured, as well as the safety of its employees and offenders; to create an environment conducive to the rehabilitation of offenders, and to manage the facility based on constitutional and statutory standards.”

The Tulia Unit has a perimeter fence which is 12’ high and topped with razor wire. The fencing area also includes a 10’ high Israeli style inner fence. Security at the facility is twenty four/seven with an armed patrol officer making vehicular rounds of the outer perimeter as well as adjacent grounds.

Medical care at the Tulia Unit is provided by staff employed by the Texas Tech University Health Center (TTUHSC). Medical services are provided to inmates 8 hours each day and 7 days a week. Services include sick call, treatments, annual assessments and chronic care clinics. Chronic care clinics include HIV, hepatitis, cardiovascular and hypertension. Emergency care is provided for inmates 24 hours a day. Offenders are transferred to the Montford Unit if they need isolation care or an infirmary. Swisher Memorial Hospital or Northwest Texas Hospital provides emergency care as well as in-patient hospitalization. Texas Tech University Health Sciences Center as well as mental health staff supplies mental health services at the Tulia Unit.

Recreation for inmates is provided through a full-time staffed recreation department. Indoor activities consist of board games. There is a recreation yard equipped with areas for basketball, handball, volleyball and weight lifting.

## **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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Not 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 the standard. The supervision and monitoring standard is addressed in the Safe Prisons PREA Plan. Staffing rosters and annual staffing plan review were reviewed during the audit, unannounced rounds were observed during the facility tour.

**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 has no youthful inmates.

### **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. The Safe Prisons PREA Plan addresses cross-gender viewing and searches. There exists a training curriculum for these searches, all staff members interviewed were aware of proper searches regarding this special population. In addition, inmates interviewed indicated they were able to perform personal hygiene including use of toilet and change of clothes without female staff observing. Privacy accommodations were appropriate throughout the facility. There were no concerns noted.

### **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)

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Meets the standard. Several staff were fluent in Spanish and assisted with non-English speaking inmate interviews. Interviews confirmed that there were no incidents of inmate interpreters being used for PREA investigations and that they understood PREA including reporting procedures and being familiar with the SAFE Prisons Plan.

### 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. Personnel files were reviewed and background checks were being conducted. In addition, the five (5) year checks were also in place. Human resource staff interviewed confirmed knowledge of processing PREA expectations with background checks, hiring and employee applications.

### 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. The facility constructed has direct supervision site lines for inmate and staff safety, cameras were limited but in place at select areas of the facility. Recommendations were made to increase the utilization of cameras for more improved safety and security.

### 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)

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Meets the standard. The facility has a relationship with a local hospital to provide access to SANE trained medical staff. The agency provides training to victim advocates. The facility continues to reach out to other community groups to enhance the needs of the facility.

### **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, procedures and practices are in place which include reporting, investigating and documenting all incidents by the OIG's office.

### **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)

**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. A review of the training curriculum records and interviews with staff confirmed compliance with this standard. All staff were knowledgeable of the requirements, expectations and practices as they 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. Volunteer training was in place which was verified through review of the volunteer handbook and interviews with volunteer groups who provided spiritual and religious support within the facility.

### 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 of the inmates interviewed indicated that they had been provided educational videos on the subject of PREA. All inmates interviewed were aware of PREA and the staff who provided the education.

### 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)

**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. Training records were reviewed and investigative staff were interviewed which confirmed compliance with this standard. The agency provides this training to all OIG investigators statewide and additional staff at the facility.

### 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. Policies and procedures and legislation support compliance. Letters of orientation and new employee orientation checklist also supported evidence of compliance. Medical records and interviews with medical and mental health staff also addressed the standard.

### 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)

**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. Intake staff who completed review of inmates upon intake were interviewed which provided confirmation of compliance with this standard. Intake personnel were very knowledgeable and thorough for screening risk of PREA issues.

### 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 use of the screening process was in place and observed during the audit. In addition, inmates were interviewed who were aware of the use of screening information.

### 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 SAFE Prisons PREA Plan addresses policy, procedure and the guidelines for administrative segregation. Plans and practices exist to readily investigate issues reported. The plan focuses on protection of 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. Policies and procedures were reviewed by this auditor and supported compliance with this standard. Numerous methods of reporting PREA related offences exist, these are: verbal, written, and third party methods. There exists a ombudsman’s office within the OIG’s office where reporting from inmates and external staff and family can be utilized to report PREA related concerns. Postings existed throughout the units and brochures were available. The ombudsman’s phone contact information was tested during the visit and the response was appropriate.

**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. Evidence of administrative remedies were found to be compliant with existing documentation in standard 115.52. In addition, confirmation of compliance was validated in staff and inmate interviews.

**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. There exists policies and procedures which support compliance with this standard including rape advocacy centers, SAFE Prisons PREA Plan, and practices at the facility. The facility continues to reach out to local advocacy groups to develop more formal relationships to assist in this area.

### 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 TDCJ established a PREA ombudsman in 2008. This office can be contacted by writing, calling, or emailing. The ombudsman's phone number and address is posted in the facility. 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 the reporting responsibilities; training records supported the finding of compliance. The facility had experienced staff who were very confident in this area.

### 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. Facility staff interviewed were very aware and knowledgeable of the process to remove a victim or alleged victim from danger; also including the need for medical, mental health involvement and the timeliness to complete the investigation. All staff including supervisors who were interviewed were well aware of the facilities victim protection expectations.

### 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. SAFE Prisons PREA Plan supports compliance with this standard. All administrative staff were familiar with this requirement and process.

### 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 familiar with first responders expectations and duties concerning PREA incidents. Staff at this facility were very knowledgeable of first responder duties.

### 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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Meets the standard. The Safe Prisons PREA Plan was in effect and addressed established policies and procedures which supported compliance with this standard. In addition, interviews with specialized staff (nurses, mental health staff, and supervisors) confirmed their awareness and knowledge during a 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)

**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 that address separation of inmates and abusers during the investigative process.

**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)

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Meets the standard. The Safe Prisons PREA Plan documents the agency has a ninety (90) day monitoring requirement to ensure against retaliation. The administration who potentially could be assigned to PREA cases were aware of this requirement.

**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)

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Meets the standard. There exists a documented plan to avoid housing victims in segregation. Those identified potential victims were housed in general population with procedures in place to observe and supervise them with minimal restrictive measures. Follow-up interviews with inmates had been completed by administrative staff to continue to monitor inmate safety.

### 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 documents policies and procedures and practices that support compliance with this standard. All investigators are trained with special investigation training. All reported cases were investigated in a timely fashion and thoroughly.

### 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. Safe Prisons PREA Plan document policies and procedures which support compliance with this standard. The policy in place requires a preponderance of evidence to support allegations. All pertinent staff including administrative and investigative staff were aware of that requirement.

### 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. The Safe Prisons PREA Plan clearly documents the practice that supports compliance with this standard. There exists a process for follow-up with inmates as to the status of investigations. Staff were aware of this standard and had practices in place to monitor the notification requirement. These notifications were documented and signed.

### 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. Existing policy outlines the subject of disciplinary sanctions for employees if determined to have committed a PREA violation.

### 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. The agency and facility both had in place volunteer training video, documented training sessions, including Safe Prisons PREA Plan and a volunteer service plan. These plans clearly outlined removal of volunteers for PREA identified 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. Disciplinary rules for offenders were reviewed. Safe Prisons PREA Plan that related to PREA clearly outlines possible outcomes. The plan also identified mental capacity and disability limitations be reviewed and considered during this process.

**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. Policies and procedures were reviewed which supported compliance with the standard. Medical and mental health practioners who were interviewed were aware of their responsibilities and the requirements for consent. The alleged incidents at the facility were dealt with immediately and appropriately. Medical and mental health staff were very knowledgeable. Interviewed inmates were satisfied with facility response and had no concerns.

**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. Existing policies and procedures were reviewed during the audit and supported compliance with this standard. Practices were in place for referrals to mental health and emergency medical staff.

**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. Existing policies and procedures were reviewed which supported compliance with this standard. Policy outlines the availability of mental health and medical care follow-up if needed or requested. This service was provided at no cost to the inmate.

### 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. The Safe Prisons PREA Plan clearly outlines the expectation of reviewing PREA incidents at the facility. This practice is in place and is conducted by administrative staff and any other identified pertinent staff. The review team looked for commonalities, vulnerable areas of supervision, facility plant issues, time of incidents and staffing placement in the review process.

### 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 is collected system wide and reported annually. This process reviewed by the administration. This data is utilized for capital planning, camera funding and potential staff increases.

### 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. The policies and procedures documented in the Safe Prisons Program ombudsman’s annual report is reviewed to make physical and policy changes if needed.

**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. Existing policies and procedures are in place, records retention, assessments, investigations and training records are stored and maintained as required.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Michael Radon

October 9, 2015

Auditor Signature

Date