

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Reynoldo V. Lopez State Jail and Manuel A. Segovia Unit			
Physical Address: 1203 El Cibolo Road, Edinburg, Texas 78542 and 1201 E. El Cibolo Road, Edinburg, Texas 78542			
Date report submitted: November 17, 2014			
Auditor Information Maggie L. Capel			
Address: P. O. Box 176, Fayetteville, AR 72701			
Email: Maggie.Capel@att.net			
Telephone number: 479-521-5142			
Date of facility visit: October 13 – October 17, 2014			
Facility Information			
Facility mailing Address: <i>(if different from above)</i>			
Telephone number: (830) 426-5325 / (830) 426-8030			
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	
Name of PREA Compliance Manager: Edgar Hinojosa		Title: Sergeant	
Email Address: edgar.hinojosa@tdcj.texas.gov		Telephone number: 956-316-2400	
Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: <i>(if applicable)</i> State of Texas			
Physical Address: 861-B I-45 North, Huntsville, Texas, 77320			
Mailing Address: <i>(if different from above)</i> P.O. Box 99, Huntsville, Texas, 77342			
Telephone number: (936)295-6371			
Agency Chief Executive Officer			
Name: Brad Livingston		Title: Executive Director	
Email Address: Brad.livingston@tdcj.texas.gov		Telephone Number: (936) 437-2101	
Agency-Wide PREA Coordinator			
Name: William Stephens		Title: Director, Correctional Institutions Division	
Email Address: william.stephens@tdcj.texas.gov		Telephone number: (936) 437-2170	

AUDIT FINDINGS

NARRATIVE:

Approximately two weeks prior to the audit, the facility provided a jump drive containing the pre-audit questionnaire and supporting documentation. The lead auditor began review of this material but noticed inconsistencies in the information. During the site visit, these discrepancies were discussed with the agency and regional PREA managers. It was discovered that information from another facility was inadvertently entered into the pre-audit questionnaire for the Lopez-Segovia complex. The PREA managers worked during the site visit to correct the information and provided a revised questionnaire at the end of the visit.

Two auditors accomplished the audit of this 2-unit prison complex over five days. The out-briefing with the facility management occurred midday Friday. Auditors were Maggie Capel and William Peck. The auditors toured both facilities in their entirety with emphasis on housing, work, food service, segregation, and medical areas.

All required staff interviews were conducted and additional staff were interviewed from the housing, first responder, medical and segregation supervisor areas.

Staff interviews conducted:

- All senior staff (Captain and above, to Senior Warden)
- Two levels of investigators (facility and external)
- Human Resource Staff
- Incident Review Team members
- PREA Compliance Manager
- Medical and mental health staff
- First Responders from all shifts
- Segregation housing officers
- General population housing officers
- Random staff from all shifts
- Intake and staff who screen for victimization
- Volunteers

A previous auditor conducted the following interviews. Copies of these interviews were provided to the auditors for review. The previous interview report was thorough. Additional interviews were not required:

- PREA Compliance Coordinator
- Agency Head

The auditors interviewed numerous offenders during the tours and scheduled an additional fourteen (14) offenders for specific interviews, including two bisexual offenders, a sexual assault victim, two offenders who identified as gay and one offender who identified as transgender. Although the facility does not house youthful offenders, the auditors randomly selected two offenders because of age (19 years old). Random offenders were also selected to ensure all housing units were represented.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The mission of the Texas Department of Criminal Justice (TDCJ) is to "provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime." The stated mission of the Lopez/Segovia Complex is to "protect the public through effective management of offenders in controlled environments which are efficient, safe, and humane and appropriately secure,

while providing meaningful work and self-improvement opportunities to assist offenders with community reintegration.” The Lopez-Segovia Correctional Complex is located near Edinburg, Texas in the southern tip of the state near the US-Mexico border.

A Senior Warden and two Assistant Wardens manage the Complex. The two adjacent facilities each have a 20-acre secure perimeter surrounded by double fences with razor ribbon and electronic intrusion devices. The Lopez State Jail maintains custody of transfer facility offenders for a maximum of two years pending transfer to a TDCJ Institutional Division Unit. It also maintains custody of state jail prisoners and processes their release upon completing their sentence. In Texas, a state jail is in reality a form of prison for shorter-term inmates. The local jails are under the authority of sheriffs as traditional local jail operations.

The Manuel Segovia Unit is a pre-release facility whose goal is to provide individual treatment programs designed to fulfill parole requirements and prepare the offender for re-entry into society. Most Segovia offenders are required to be within two years of release on parole or expiration of their sentence.

The design of the Segovia Unit (EN) provides for two dormitory style-housing structures. Within each structure, the offenders are provided three 204-bed dormitories with adjacent day rooms and a seven-bed segregation unit. The total number of beds is 1,224. Each 204-bed dormitory is segmented into 68 bed triangular sections, visible to and supervised by one officer in a fixed booth. One officer roves continuously. Two Rovers are assigned during the busier evening shift. During the tour, it appeared that the fixed post and rove posts had varying degrees of visibility of showers and toilets and urinals.

The design of the Lopez Unit (RL) provides for three dormitory style-housing structures but, in Lopez, the day room is integrated. Within two of the structures, the offenders are provided 400 bed dormitories (J and H building) with adjacent day rooms; Z building provides 192 beds; and K building has 84 beds- all in a dormitory setting; and a 30-bed segregation unit. The large units are further segmented, as in Segovia, and supervised by a single officer in a fixed pod, with Rover posts provided similar to Segovia and with an additional rove during the busiest periods. The 400 bed dormitories, for example, are divided into 50-bed segments surrounding the fixed posts. The 84-bed unit always has two Rovers due to its design that impedes some views by the fixed post. The total bed capacity is 1,106. Female officers are afforded access to every correctional job in the facility, excluding non-emergency cross-gender searches.

Two chain link fences with razor wire surround each of the units and there is a 24/7 roving patrol to service both perimeters. Other structures included are education spaces, medical services, food service, maintenance, recreation, chapel, and central control. Each unit has two perimeter sally ports, one at the front entrance for pedestrians and one at the rear for vehicles.

Control centers are located in each unit with electronic equipment to monitor the facilities. Each unit has its own visitor-processing center located at the front gate that provides control for all staff /visitor entry and exit. The units also offer educational programs sponsored by the Windham School System that includes academic and vocational opportunities to eligible offenders.

SUMMARY OF AUDIT FINDINGS:

The auditor noticed some discrepancies in the original pre-audit questionnaire. Upon further discussion with PREA staff, it was discovered that information from other facilities was submitted on the pre-audit questionnaire for the Lopez-Segovia Complex. Agency staff corrected many of these errors during the audit and returned a revised questionnaire to the auditor before the end of the facility audit. Further errors were found on the revised pre-audit questionnaire. The auditor worked with the agency to correct these errors and a third and final version of the pre-audit questionnaire was submitted to the auditor.

During the tour, the auditors noted several living areas, which did not provide privacy for toileting, undressing or showering. The facility modified the toilet and shower areas in each facility to afford privacy when in use. The facility staff made modifications to one area in each facility during the site visit. The auditor confirmed the modifications met the requirements of the standard. Facility staff modified all remaining areas following the audit.

Female staff did not consistently knock and announce when entering the living areas. When the knock and announce occurred, it was completed so quickly that the inmates did not have time to cover themselves before the female staff entered the area. Following the site visit all staff was trained again in knock and announce procedures. The agency forwarded verification of this training to the auditor.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not 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 Texas Department of Criminal Justice is committed to maintaining a zero tolerance of sexual abuse or sexual harassment as evidenced by the well-developed Safe prison program, revised in August 2014. The agency PREA Compliance Coordinator is Mr. William Stephens, Director of the Correctional Institutional Division. The Safe Prison/PREA manager reports to the Deputy Director of Management Operations. The Safe Prison/PREA manager supervises regional managers who assist Unit PREA Managers at each facility in their assigned region. The Safe Prison/PREA Manager also supervises a training specialist and program specialist.

This auditor was provided a copy of a previous PREA audit interview with Mr. Stephens. The interview was well done and thorough and addressed all questions adequately. An additional interview was not necessary.

The PREA Compliance Manager for the facility is Sergeant E. Hinojosa. CO V Dull assists him. Both individuals have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Sgt. Hinojosa reports directly to the Senior Warden.

Compliance was determined by review of Executive Directive 03.03, Safe Prisons/PREA Plan, review of a previous interview with PREA Coordinator and interviews with the PREA Manager. Staff interviews also indicated every employee interviewed was aware of the agency's zero tolerance policies.

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 Pre-Audit Questionnaire indicated this standard was not applicable, in that, the Lopez/Segovia Complex is a state run facility and not a contract facility.

The standard is addressing "public agencies that contract for the confinement of inmates." This standard is applicable. The agency does contract with other entities. The auditor reviewed a sample contract, which includes a requirement that contractors comply with the PREA standards and report all reports of sexual assault or harassment to the agency. The agency provided the job description for the contract monitor and copies of a site visit by the contract monitor to assess compliance with PREA standards. There has been one contract renewal during the audit period.

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 staffing plan is well developed. Staffing is increased in the housing area during evening hours when the majority of inmates are present. There have been no judicial finds of inadequacy, or findings of inadequacies from federal investigative agencies. Staffing posts are divided into priority one and priority two positions. If priority one positions cannot be filled, the regional director must be contacted to approve overtime for staff or make other appropriate adjustments. All deviations from the staffing plan are well documented and provide sufficient justification for the deviation. Annual reviews of the staffing plan are conducted and additional reviews are conducted if there is any significant change in the mission of the facility or change in the housing scheme. These reviews are forwarded to the agency PREA coordinator.

Medical transports, inmate supervision requiring direct observation and off unit transports are the most common reasons for deviation from the staffing plan.

Shift supervisors and intermediate and upper level supervisors conduct unannounced rounds regularly. Staff documents these rounds, which cover all areas and all shifts. The agency prohibits staff from alerting other staff of these rounds. Facility supervisors consistently enforce this requirement.

Compliance was determined by review of Administrative Directive 11.52, the PREA Plan, Post Orders, the unit-staffing plan, staffing rosters, staffing plan reviews and documentation of unannounced rounds. In addition, interviews with the Warden, PREA Coordinator, PREA Compliance Manager, staff interviews, and observations and questions during the facility tours were considered in determining compliance with this 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)
- Not Applicable

Offenders under the age of eighteen are not housed at these facilities.

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)

The agency has policies that limit cross gender viewing. Cross gender strip searches and body cavity searches are only conducted in exigent circumstances. There have been no cross gender strip searches or cross gender searches in the past twelve (12) months. Female inmates are not housed at this complex, so sections of this standard referring to females do not apply.

The facility has policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, as outlined in the standard.

During the facility tour, the auditor noted that inmates were not afforded privacy while performing bodily functions at the Lopez and Segovia facilities. The Segovia facility did not provide privacy in the shower area. Facility staff made modifications in one living area at the Lopez facility, which was reviewed by the auditor and found to provide sufficient privacy for inmates while performing bodily functions. At the Segovia facility, staff designed a small curtain for the shower area that afforded the needed privacy to meet this standard. During the corrective action period, the facility made these modifications to the remaining housing areas.

The agency has implemented policies that prohibit staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The complex is in full compliance with this section of the standard.

There are policies in place that require opposite gender announcements when entering the housing area. During the tour and through interviews it was noted these policies are not followed routinely. When announcements are made, staff should pause allowing a brief time for inmates to cover themselves, except in emergencies. The facility provided verification that procedures have been developed that requires staff to "Knock, Announce and Pause." This allows time for offenders to cover themselves. This new procedure has been reviewed with all staff whose duties may require entrance into the housing area.

Employees receive pre-service training and annual refresher training in conducting proper cross gender pat down searches. Staff training records and random interviews with staff confirm the complex is in full compliance with this section of the standard.

Review of Administrative Directive 03.22, Safe Prison PREA Plan and Operations Manual, Correctional Training and Staff Development Pre-Service training Curriculum Contraband and Shakedowns, Post orders, Correctional Managed Health Care policy, and determined compliance. In addition, auditor observations during the facility tours, inmate and staff interviews, a review of new "Knock, Announce and Pause" procedures, and a review of documentation verifying this new procedure has been discussed with staff.

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)

This facility does not house disabled inmates. The agency does have excellent policies to provide services to inmates with disabilities. Certified American Sign Language interpreters are available for hearing impaired inmates through the Assisted Disability Services Department within TDCJ.

The complex does house a significant number of monolingual Spanish speaking inmates. The Texas Department of Criminal Justice provides qualified interpreters for both facilities. Interpreters demonstrated exceptional proficiency while assisting the auditors during interviews with non-English speaking inmates. The agency has Spanish versions of all PREA related materials for inmates. Interviews revealed inmates feel interpreter services are readily available and effective. Non-English speaking inmates have an equal opportunity to participate in all aspects of the Safe prisons program. Inmate interpreters have not been used during the past twelve months.

Compliance was determined by a review of Administrative Directive 04.25, 06.25, Correction Managed Health Care policy G-51.5, and Security Memorandum 5.50. In addition, interview notes for the Agency Head, random staff interviews, interviews with limited English proficient inmates, tour observations verified compliance with this 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)

Agency policy prohibits the hiring or promoting of any employee or contractor who has engaged in sexual abuse in a correctional setting or who has been convicted of all applicable sexual violations. The agency makes every effort to contact former institutional employers to determine if the applicant has substantiated allegations of sexual abuse or resigned during an investigation of sexual abuse.

As part of the Safe Prisons/PREA Training, employees are required to sign a form acknowledging their continuing responsibility to disclose prohibited behaviors in this standard. Providing false information or material omissions are grounds for termination.

The agency provides information to state institutional agencies about former employees with substantiated allegations of sexual abuse or sexual harassment.

During the corrective action period, the agency clarified the process for criminal background checks. The TDCJ conducts background checks for all employees, to include contract employees. The employee's information is entered into the Criminal Justice Information System (CJIS) and a response is sent back by the Texas Department of Public Safety (DPS). The DPS also immediately provides a notification to the agency through email, if any criminal charges are brought against any employee or contractor during their employment. Additionally, the agency performs warrant searches during the employee's birth month and six months after their birth month. The disciplinary record is reviewed for all employees considered for promotion.

Compliance was determined by review of Human Resource directives, the Safe Prisons PREA Plan employment application supplements, and staff interviews.

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)

There has not been any substantial expansion or modification to either facility since August 2012. A video monitoring system was installed in each housing area of the Lopez facility, which significantly improved the facility's ability to protect inmates from sexual abuse. There are no immediate plans to add a video monitoring system to the Segovia facility.

Compliance was determined by a review of the video monitoring system, Agency Head interview notes, Warden and staff interviews, and the facilities tour.

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 TDCJ is responsible for investigating allegations of sexual abuse. The Office of the Inspector General conducts criminal investigations. Each facility has several trained investigators on staff to complete administrative investigations and to begin initial investigations under the direction of the Office of the Inspector General.

When the facility receives an allegation of sexual abuse, the Office of the Inspector General is immediately contacted and instructs staff in evidence handling and crime scene preservation.

Several nearby hospitals provide forensic medical examinations by trained staff at no cost to the inmate. SANE/SAFE examinations are provided.

The TDCJ sent letters to all Rape Crisis Advocacy Centers in Texas requesting MOU's to provide

advocacy services for state correctional facilities. Many centers refused to provide services because this would disqualify their programs from obtaining certain grant monies, which specifically restricted services for incarcerated individuals. The Lopez/Segovia complex did not receive a response to this solicitation letter. TDCJ trained victim advocates from staff within the agency. Inmates who were victims of sexual assault are offered victim advocacy services.

Compliance was determined by a review of Administrative Directive 16.03, Safe Prisons/PREA Operations Manual-05.01, Safe Prisons/PREA Plan, Senate Bill #1191, Correctional Managed Health Care G-57.1, RCC Solicitation Letter, Listing of State Rape Advocacy Centers, MOU's from other facilities, and interviews with the PREA Compliance Manager and random staff.

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)

The agency reported three allegations of sexual abuse/harassment at the Lopez facility and one allegation at the Segovia facility. During the audit, it was discovered that an OIG investigation was not initiated for one of the sexual abuse allegation at the Lopez facility. The auditor discussed this finding with OIG staff and an investigation was immediately initiated. This investigation is still on going.

The agency took steps to ensure this oversight is prevented in the future and provided documentation to this effect for the auditor. The agency now requires all OIG Regional Supervisors to review the Daily Alleged Sexual Assault report. This additional review should ensure allegations that require an OIG investigation are completed.

The Office of Inspector General has the legal authority to conduct criminal investigations. The purpose of the Office of Inspector General is published on the agency website. This office documents all referrals to prosecutors.

Compliance was determined by review of Administrative Directive 16.20, 02.15, Safe Prisons/PREA Plan and Operational Manual, Board Policy 01.07, Offender Orientation Handbook (being revised), PD-29, Office of the Inspector General 04.05, investigation reports; staff interviews; discussions with Office of the Inspector General staff and Agency head Interview Notes.

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)

The agency trains all employees who may have contact with inmates in all areas required by the standards. To this end, the agency produced an excellent training video, which addresses each of these requirements and clearly informs employees of the agency's commitment to provide an environment safe from sexual abuse or harassment.

Additional training is provided to employees who work with female offenders.

This training is provided during pre-service and refresher training, at least annually, which exceeds the requirement of this standard.

The auditors reviewed training attendance logs but found employees did not acknowledge understanding of the training they received. During the corrective action period, the agency provided a revised training acknowledgement form (PERS 632, implemented September 1, 2014) which requires employees and contractors to acknowledge understanding of the training they have received. This revised form is being implemented system wide.

Compliance was determined by review of Safe Prisons/PREA Plan and Operations Manual, Unit Safe Prisons/PREA Program Awareness Training; Gender Specific Training – Safe Prisons Initiative, Safe Prisons/PREA in Texas – Video Script, Correctional Training and Staff Development - Safe Prisons PREA Program In-service Curriculum, revised training acknowledgement form and random staff interviews.

115.32 Volunteer and contractor training.
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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)

From the information provided by the agency, there are 20,873 volunteers and contractors trained to enter TDCJ facilities. Of these volunteers and contractors, 8,426 were trained on their responsibilities under the agency's sexual abuse and sexual harassment, prevention, detection and response policies and procedures. The auditor requested information about the training provided to the remaining volunteers.

The agency has verified that 40% of the volunteers have received PREA training in the past 12 months and 60% received training prior to this time. During the corrective action period, the agency stated the revised training acknowledgement form (PERS 632 implemented September 1, 2014) would be used for contract staff.

Over 90% of the volunteers and contractors interviewed during the audit indicated they had received training and signed acknowledging their understanding of the agency policy.

Compliance was determined by review of Volunteer Services Plan; Volunteer Training Curriculum (being revised); Volunteer Video Training Script – 2014; Safe Prisons/PREA Plan, Acknowledgement of Volunteer/Orientation Training Sheet and volunteer and contractor interviews.

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)

This correctional complex is not a reception center. Inmates receive timely PREA orientation at the reception center and receive training upon transfer to these facilities. Inmates who are deaf, visually impaired or who suffer from psychiatric symptoms that prevent integration into the general population are not housed at these facilities. Non-English speaking inmates receive training and handouts in their native language. As mentioned earlier, these services are exceptional. This information is being revised in the Inmate Orientation Handbook and is available through numerous posters in the housing area.

Compliance was determined by review of Administrative Directive 04.25, 06.25; Offender Orientation Handbook (being revised); Offender SAA Video Script; Safe Prisons/PREA Plan and Operations Manual, Postings and Brochures; Offender Sexual Abuse Awareness Training; Unit Classification Procedure Manual 05.00, Unit Orientation Attachment A; Attachment B (Spanish); Offender Sexual Abuse Awareness Video Script; Offender Video Instruction Letter, Correctional Managed Health Care Policy G-51.1, G-51.5, Review of inmate education materials, tour observations, staff and inmate interviews.

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)

The agency provides training in specialized investigations, which includes techniques for interviewing victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation of this training is maintained.

Compliance was determined by review of BP-01.07, Administrative Directive -16.03, Office of the Inspector General OPM-02.15, 04.05, Correctional Training and Staff Development - Specialized Investigation Training Lesson Plan, Office of Inspector General Lesson Plan 2029, 3201, Investigator Interviews and review of training records.

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)

Agency policies state medical and mental health care staff receives training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse, how to report allegations or suspicions of sexual abuse. Staff interviews and training attendance logs reflect this training has been received.

During the corrective action period, the agency provided verification medical and mental health staff had received the required PREA training. This training was provided prior to the implementation of the revised training acknowledgement form. This revised form ensures employees and contract staff acknowledges understanding of the training they have received.

Review of Health Care Policy, Medical and Mental Health Orientation Checklist, Medical and Mental Health Safe Prisons/PREA Course Curriculum, training attendance logs, revised training acknowledgement forms, and medical and mental health staff interviews determined compliance.

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)

All incoming inmates receive an objective assessment for risk of being sexually abused or abusive within 72 hours of arrival at the facility. The screening instrument includes all of the required criteria for this standard. The original pre-audit questionnaire indicated that of the inmates who entered the facility through intake or transfer whose length of stay was for 72 hours or more, only 52% of the inmates assigned to the Lopez facility, and 47% of the inmates assigned to Segovia facility were screened. A review of facility records and interviews with staff and inmates revealed over 99% of the inmates at both facilities were screened upon arrival and reassessed within 30 days.

Compliance was determined by review of the Safe Prisons PREA Plan and Operations Manual, Health Care policies A-9.01, E-35.1, H-61.1, IPM-CL-69, IPM-5.06, completed risk assessments, interviews with staff, random inmates, review of the interview with the PREA Coordinator and tour observations.

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 information obtained from the screening instrument is used to determine appropriate housing, bed, work, education, and program assignments. This information is provided to the unit

classification committee, who is comprised of upper level management staff and the unit classification officer. They meet individually with the inmate to discuss appropriate placement and safety and security concerns.

Agency policies state transgender and intersex inmates will be afforded the opportunity to shower separate from other inmates. The agency does not place LGBTI inmates in dedicated housing areas as evidenced by a review of housing assignments for LGBTI inmates at the facility and inmate and staff interviews. The classification committee reviews transgender inmates every six months to determine if housing and program assignment is appropriate and to review any threats to safety to the inmates. This was confirmed by examining the classification committee reviews.

Compliance was determined by review of the Safe Prisons PREA Operations Manual 3.01, Offender Assessment, 3.02 Special Population Review, classification committee reviews, among other documents.

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)

Inmates who are determined to be at high risk for sexual victimization are not placed in protective custody unless other measures are not adequate to protect the inmate. Staff considers bed, housing, program and facility changes as options for protecting at-risk offenders.

Inmates who report a sexual abuse may be placed on transient status in the segregation housing area, typically for 72 hours, while the investigation is conducted. These inmates are provided all privileges allowable in this housing area to include access to commissary, leisure and religious reading material, educational material, and visitation. There have been no incidents in which inmates were placed in this status over 30 days but the agency has policies that ensure regular review as required by this standard.

Compliance was determined by review of the Safe Prisons/PREA Plan and Operations Manual, Administrative Segregation Plan I-169, Administrative Segregation Initial Placement & Notification, Guidelines for Administrative Segregation Committee Members, Administrative Segregation Committee Review Decisions, Warden, staff and inmate interviews.

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)

The agency provides several internal ways for inmates to report sexual abuse, sexual harassment, or retaliation. These options include writing the Office of the Inspector General, PREA Ombudsman,

contacting Safe prison staff at the facility, reporting to any staff member or reporting through a third person. This information is provided at orientation and is posted in the hallway entrance to each building that houses inmates.

It should be noted that most inmates were well aware of the Safe Prisons staff and most indicated they would feel comfortable discussing PREA related matters with them. It is obvious these staff frequently visit the housing areas and converse with inmates.

Reports are accepted verbally, in writing, anonymously and from third parties. Staff is aware that verbal reports are to be documented. Staff is aware of methods for private reporting of sexual abuse or harassment of inmates.

During the corrective action period, the agency clarified the process for inmates to correspond with the Office of the Inspector General and the PREA Ombudsman. This correspondence is considered special correspondence, is not inspected, and may be sealed by the inmate. Writing material and postage is provided for indigent inmates.

Compliance was determined by review of Board Policy 03.91, Executive Directive 02.10, Safe Prison PREA Plan and Operations Manual, random staff and inmate interviews and informal discussions with inmates.

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)

Inmates are allowed to use the inmate grievance procedure to submit complaints of sexual abuse or harassment, without time limits. Inmates are not required to submit grievances to a staff member who is the subject of the complaint and these grievances are not referred to a staff member who is the subject of the complaint. There were no grievances filed in the 12-month period that alleged sexual abuse.

During the corrective action period, the agency corrected an error on the pre-audit questionnaire indicating inmates are NOT required to submit an informal grievance for matters related to sexual contact, sexual abuse, sexual harassment, or voyeurism. Grievances of this nature are considered emergencies and are not subject to the informal grievance process.

Compliance was determined by review of Administrative Directive 03.82, and OGOM-1.01, 1.04, 4.00, 7.00, 9.00

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)

The agency has made its best effort to arrange outside support services through a statewide request for advocacy and support services for inmates. There was no response from rape crisis centers in this area of the state. The agency has provided documentation of their attempts to secure these services for inmates. Nonetheless, addresses for Rape crisis centers are available to inmates in the unit law library. The agency trained victim advocates within the agency to provide these services. Trained staff is on-call on a rotating basis to respond to incidents of sexual assault.

Compliance was determined by review of Safe Prisons/PREA Plan and Operations Manual, Offender Orientation Handbook – being revised, RCC Solicitation Letter, RCC MOU, and inmate interviews.

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)

The PREA Ombudsman website provides information to families and friends of offenders, encouraging them to report sexual assault. They are assured these reports will be referred to the Office of the Inspector General for criminal investigation. The staff interviewed was aware of the inmate's option to utilize third party reporting. Most inmates were aware of this option.

Compliance was determined by review of Executive Directive -02.03, 02.10, General Information for Families of Offenders brochure, Safe Prisons/PREA Plan and Operations Manual, review of the Ombudsman website and interviews with staff and inmates.

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 Prison PREA Plan defines the employee reporting responsibilities, confidentiality of the sexual abuse report and medical and mental health staff duty to report and to inform inmates of this requirement. All allegations of sexual abuse and harassment are referred to the facility investigators and to the Office of the Inspector General.

If the alleged victim is under the age of 18, the agency will report to the Department of Family Protective Services.

Compliance was determined by review of Safe Prisons/PREA Plan, COURAGE YOP Operations Manual-02.05, warden, and staff interviews, and review of the PREA Coordinator interview.

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)

Facility staff is well aware of their responsibility to protect an inmate who is significantly at risk of sexual abuse. Random interviews with staff revealed 100% of those interviewed fully understood their responsibility to take immediate action to protect the inmate.

Compliance was determined by review of Safe Prisons PREA Operations Manual 05.01, 05.03, Administrative Directive 2.15, Interview notes of Agency Head, warden, and staff interview.

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)

This complex has not received any allegations of sexual abuse from inmates while confined at another facility. Staff is well aware of their responsibility to notify the facility head where the alleged abuse occurred, within 72 hours, and to document this notification. Agency Directives and the Safe Prison PREA Plan address the response when allegations of abuse are received.

Compliance was determined by review of Administrative Directive 16.20, Prisons/PREA Plan and Operations Manual, Interview Notes of Agency Head and warden interview.

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)

If an allegation is received, the agency directives and policies clearly outline steps for staff to address the allegation. All staff, security and non-security, has been trained and understand the process, as evidenced in random interviews with employees. There have been no allegations that required evidence collection but staff are knowledgeable about how to preserve evidence.

Compliance was determined by review of Administrative Directive 16.0, Safe Prisons PREA Operations Manual 05.01, Office of the Inspector General OPM 04.05, staff interviews.

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)

The PREA Plan outlines the requirements for addressing an allegation of sexual abuse for each department involved in the process. The Sexual Abuse Investigation Checklist has been implemented to ensure coordinated notification and response from all departments to include facility security staff, the Emergency Action Center, Office of the Inspector General, medical and mental health staff and victim advocates.

Compliance was determined by review of the Safe Prisons PREA Operations Manual 05.01, Sexual Abuse Investigation Checklist, interviews with security and medical and mental health staff, intermediate and higher level supervisors.

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)
- Not applicable

The agency does not have unions and does not participate in collective bargaining.

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)

The Safe Prisons PREA Manual clearly outlines procedures for protection against retaliation. These procedures include a minimum monitoring period of 90 days. The complex utilizes the warden, assistant wardens, majors, and PREA managers to monitor retaliation. Monitoring activities are documented on the Staff 90-day Monitoring form or Inmate 90-day Monitoring form. Monitoring is provided for victims, witnesses, staff who reported or cooperated with the incident investigation.

In addition to face-to-face interviews, staff monitoring includes review of negative performance reviews, job or shift reassignments. A notice is posted in the Human Resource department to notify the warden of any transfers or employment terminations. If the employee transfers, the 90-day monitoring responsibility continues under the new facility head. If a staff member expresses fear of retaliation, support services are provided, in addition to remedial action.

Inmate monitoring includes face-to-face interviews, review of disciplinary reports, requests for or refusal of housing assignments, requests for or refusal of job or program changes. The facility provides support services if the inmate expresses fear of retaliation. The monitoring responsibilities continue to the new facility, if the inmate transfers.

Safe Prisons PREA Plan and Operations Manual, interview notes for the Agency Head, interviews with the facility warden, staff, and inmates, determined compliance.

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)

The Safe Prison PREA Plan states, "offenders at high risk of sexual victimization will not be placed in protective housing unless all available alternatives have been considered and no alternative is available to protect the inmate." The facility documents this assignment and the offender will remain in protective custody only until other arrangements can be made to assure his safety.

There were no offenders at risk for sexual victimization placed in protective custody at this complex.

Compliance was determined by review of the Safe Prisons/PREA Plan, interviews with the facility warden, staff and inmates.

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)

The agency conducts its own investigations into allegations of sexual abuse or harassment through the Office of the Inspector General. The agency initiates investigations for all complaints received to include anonymous and third party complaints. The investigation is conducted promptly, thoroughly and objectively. Investigators are knowledgeable about evidence collection and preservation.

Victim credibility is determined on an individual basis and victims are not required to take polygraph examinations to determine the validity of their complaint. Administrative investigations address

whether staff action or failure to act contributed to the abuse. The written report of the investigation includes the facts of the investigation, reason for assessing credibility to the victim or witnesses and the findings. Criminal investigations are documented in a similar fashion.

During the corrective action period, the agency provided sexual abuse investigation training verification for the following staff: Lt. M. Hernandez, Andrea Gallegos, and Sgt. E. Hinojosa.

Compliance was determined by review of the Safe Prisons/PREA Plan and Operations Manual, Administrative Directive 02.15, 16.03, 16.20, Correctional Training and Staff Development Specialized Investigation Training, Office of the Inspector General OPM, staff training records, interviews with staff, inmates and the facility warden. Interview notes for the PREA Coordinator were also reviewed.

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)

The preponderance of the evidence is the standard for determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigators were aware of this standard and how to apply it to agency investigations.

Compliance was determined by review of Safe Prisons/PREA Plan and Operations Manual, Correctional Training and Staff Development: Specialized Investigation Training and interviews with staff and investigators

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)

The agency conducts its own criminal and administrative investigations. The Safe Prison PREA Operations Manual requires the Safe Prison PREA Manager to obtain OIG case information monthly and inform the inmate if the allegations were substantiated, unsubstantiated or unfounded, if the abuser was indicted or convicted. A log is maintained of all notifications and attempted notifications.

The facility was unable to provide verification that inmates had been notified of the outcome of the investigations. As a result, this standard required corrective action. The agency revised policies in July 2014 to require inmate notification. The investigations at the facility occurred prior to this date and inmates were notified verbally. This requirement is met through Safe Prison/PREA Operations Manual 05.10. The new notification requirements should provide the required notification to meet this standard.

Compliance was determined by review of the Safe Prisons/PREA Plan and Operations Manual, interviews with the facility warden, staff, and inmates.

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
- Does Not Meet Standard (requires corrective action)

Dismissal is the recommended action for Level One violations. Level One violations include sexual misconduct with an offender, harassing or retaliating against an offender for participating in an official investigation or inquiry.

The agency indicated there were no dismissals or resignations in lieu of dismissal during this audit period. There is one allegation (mentioned previously in this report) that was not investigated by OIG. OIG has opened an investigation into these allegations. During the corrective action period, the auditor requested a review of the investigation. The Office of the Inspector General reports the investigation is still active and a finalized report is not available.

Compliance was determined by review of Administrative Directive -16.20 and review of facility investigations.

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)

Volunteers or contractors who engage in sexual misconduct with an offender are prohibited from providing services to or entering TDCJ facilities. The Safe Prison PREA Plan states, volunteers, or contractors who engage in sexual abuse with an inmate are reported to law enforcement agencies for criminal behavior and reported to relevant licensing bodies. The agency reports there have been no incidents of this type during this audit period.

Compliance was determined by review of the Volunteer Services Plan, Acknowledgment of Volunteer Training Orientation, 2014 Volunteer Services Training Video Script, Safe Prisons/PREA Plan, and interview with the facility warden.

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)

The agency disciplinary policy for offenders includes formal disciplinary action for inmate-on-inmate sexual abuse and exceeds the standards by also including sexual harassment as a punishable offense. This process considers if the inmate's mental disabilities or mental illness contributed to the offense, when determining sanctions.

Inmates are disciplined for sexual misconduct with staff only if it is determined the staff member did not consent to the contact. Inmates are not disciplined for making a report of sexual abuse in good faith.

The agency reports there have been no incidents of substantiated inmate-on-inmate sexual abuse or harassment during this audit period. This is supported by random interviews with inmates who largely indicated this behavior is not tolerated by staff and is promptly addressed and review of investigations.

Compliance was determined by review of the Safe Prisons/PREA Plan, Disciplinary Rules and Procedures for Offenders, April 2012, facility investigations for the past 12 months, and interviews with the facility warden and staff.

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)

If an inmate indicates prior sexual victimization or has sexually abused others in the past, the agency offers a follow-up meeting with mental health staff within 14 days of the intake screening. Interview staff will make a referral to mental health staff, if an inmate admits to forcing another offender to engage in sexual acts or if an inmate was disciplined in another institution for sexual abuse or harassment of another offender. A mental health evaluation will be conducted within 14 days of the referral.

Information related to sexual abuse or abusiveness is strictly limited to medical and mental health staff, the Safe Prison PREA Manager and the Unit Classification Committee. Medical and Mental health staff obtain informed consent before reporting prior victimization that occurred outside of the institution.

Compliance was determined by review of the Safe Prisons PREA Plan and Operations Manual, Correction Managed Health Care policies and interviews with staff and inmates.

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)

Medical staff is not present at the facility 24 hours per day, 7 days per week. Medical and mental health staff are on-call and available to staff for consult. Staff will report to the facility if needed to provide services, after normal working hours. Inmates are not financially responsible for these services, regardless of whether the victim names the abuser or cooperates with the investigation.

Compliance was determined by review of Correction Managed Health Care policies, Safe Prison PREA Operations Manual, I-214 Referral to Mental Health Services, and interviews with staff and inmates.

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)

The facility offers medical and mental health evaluation and treatment to inmates victimized in an institutional setting. Services are provided at no cost to the victim, even if the victim refuses to name the abuser or cooperate with the investigation. Victims are offered tests for sexually transmitted infections. The level of care meets or exceeds the level of community care.

The standards require that staff attempt to provide a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment to the offender, when deemed appropriate by mental health practitioners. The auditor questioned the mental health policies regarding this standard and the services provided. During the corrective action period the agency clarified that, all referrals to mental health are assessed and services provided if deemed necessary by mental health staff. The auditor requested review of evaluations of referred inmate-on-inmate abusers but discovered there were no referrals of this type during the audit period. Specialized sexual offender treatment programs are not offered at this facility, but can be provided upon transfer to another facility.

Compliance was determined by review of the Safe Prisons/PREA Plan and Operations Manual, Correction Managed Health Care policies, staff and inmate interviews, discussions with the agency PREA Manager.

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)

The original pre-audit questionnaire indicated there were no incidents of criminal or administrative investigations of alleged sexual abuse at the facility within the past 12 months, and no sexual abuse incident reviews. This information was incorrect.

During the corrective action period, the pre-audit questionnaire was revised to reflect that there were four investigations during this period. One investigation is still on going. The facility conducted sexual abuse incident reviews in accordance with the agency policy at that time. The incident reviews were conducted within the 30-day period as required by this standard.

The last review was April 2014. Since that time, Lynne Sharp, then agency Safe Prisons PREA Manager, issued revisions to the incident review procedures. These changes improved compliance with this standard.

The incident review procedures require a review at the facility level within 10 days after the incident is reported to the EOC. The Regional Director, PFCMOD Deputy Director of Operations or department head, then conducts a review. A 90-day follow-up report is required for any recommendations or corrective action noted in the incident review. All incident reviews as available to the PREA Ombudsman and Safe Prisons/PREA personnel.

Compliance was determined by review of the Safe Prisons/PREA Plan and Operations Manual, Memorandum from Lynne Sharp dated October 21, 2014 referencing revisions to the sexual abuse administrative reviews, warden, and staff interviews, review of completed sexual abuse incident reviews.

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)

The PREA Ombudsman collects statistical information regarding the total number of sexual assault, sexual contact, and staff sexual misconduct investigations conducted by the agency. This report includes the outcome of the investigations and disciplinary action taken. This information is provided to the public and other state agencies.

A similar report is also provided by January 1 of each year to the Governor, Lieutenant Governor, Speaker of the House of Representatives, presiding officer of each House and Senate committee having jurisdiction over the agency, the Texas Board of Criminal Justice, the Executive Director and State Auditor.

The Texas Board of Criminal Justice reviews the reports and uses the information provided to implement policy changes and make recommendations to aid in lowering the rate and incidence of sexual assault, sexual contact, or staff sexual misconduct against offenders within the correction facilities.

The pre-audit questionnaire indicated 115.87 (e) was not applicable. This standard is applicable as it is referring to the agency and the agency does contract for confinement of some inmates in the system. During the corrective action period, the agency confirmed that data from the private facilities are included in the annual report. The pre-audit questionnaire was corrected.

Compliance was determined by review of Board Policy-02.09, PREA Ombudsman Policy Statement, Office of the Inspector General OPM 04.05, Safe Prisons/PREA Plan and Operations Manual. The Safe Prison Program report for fiscal year 2013 was reviewed on the public website.

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)

The agency uses the data collected annually to assess and improve the effectiveness of the agency's Safe Prison Program. Reports from previous years are compared as required by the standard. These reports are available to the public.

Compliance was determined by review of Board Policy 02.09, PREA Ombudsman Safe Prisons Program Annual Report SOP, and Interview Notes for Agency Head, Interview notes for PREA Compliance Coordinator

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)

Data is made available to the public, excluding personal identifiers. Investigations, Offender protection investigation summaries, sexual abuse investigation checklists are all maintained permanently through microfiche. Statistical information is made available to the public through the Office of the PREA Ombudsman. This information includes the total number of investigations of allegations of sexual assault, sexual contact, and staff sexual misconduct, and the outcome of the administrative investigations to include any disciplinary action resulting from the investigations.

Compliance was determined by review of Board Policy 02.09, the agency records retention schedule, interview notes for the PREA Compliance 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.

Maggie Capel

Auditor Signature

February 17, 2015

Date