

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



# BJA

Bureau of Justice Assistance  
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

<b>Name of facility:</b>	Mark W. Stiles		
<b>Physical address:</b>	3060 FM 3514 Beaumont, TX 77705		
<b>Date report submitted:</b>	October 20, 2014		
<b>Auditor Information</b>	<b>Wynnie Testamark-Samuels</b>		
<b>Address:</b>	P.O.Box 694415		
<b>Email:</b>	wynnie@wtsconsultant.com		
<b>Telephone number:</b>	786-258-4951		
<b>Date of facility visit:</b>	September 8 <sup>th</sup> -10 <sup>th</sup> , 2014		
<b>Facility Information</b>	Mark W. Stiles Texas Department of Criminal Justice		
<b>Facility mailing address: (if different from above)</b>	P.O. Box 99□ Huntsville, TX 77342		
<b>Telephone number:</b>	936-295-6371		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	xx <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	xx Prison	
<b>Name of PREA Compliance Manager:</b>	Carrier, Sally	<b>Title:</b> Sergeant	
<b>Email address:</b> sally.carrier@tdcj.texas.gov		<b>Telephone number:</b>	409-722-5255 ext 3176

<b>Agency Information</b>			
<b>Name of agency:</b>	Texas Department of Criminal Justice		
<b>Governing authority or parent agency: (if applicable)</b>	State of Texas		
<b>Physical address:</b>	861-B I-45 North, Huntsville, Texas 77320		
<b>Mailing address: (if different from above)</b>	P.O. Box 99, Huntville, Texas		
<b>Telephone number:</b>	936-295-6371		
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Brad Livingston	<b>Title:</b>	Executive Director
<b>Email address:</b>	Brad.livingston@tcdj.texas.gov	<b>Telephone number:</b>	936-437-2101
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	William Stephens	<b>Title:</b>	Director, Correctional Institutions Division
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## AUDIT FINDINGS

### NARRATIVE:

The PREA audit of the Mark W. Stiles Unit- Beaumont, Texas was conducted on September 8-10, 2014 by Wynnie T. Samuels (Lead Auditor) and Isaiah Dennard (Team Auditor). During the three days, the auditors toured the institution and conducted formal staff and inmate interviews. Sixty (60) random inmates from all of the housing units, 8 specialized staff and 50 Correctional Officers, and 25 support staff to include volunteers and contractors, were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. During the conduct of the audit the following were present: Regional Director Mr. Echessa, Warden Mr. Carter and his Command Staff. All specialized staff were interviewed to include Ms. Garrison, SANE/SAFE Nurse Examiner. All SANE/SAFE exams are performed at the Baptist Hospital, in Beaumont, Texas.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The auditors found the staff and inmates to be aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The Medical and Mental Health staff did an exceptional job providing additional educational training to all staff on how to identify signs of sexual assault/harassment and specialized staff on how to deal and treat victims of sexual assault and or sexual harassment.

## **SUMMARY OF AUDIT FINDINGS:**

The Facility has had no accusations of staff sexual harassment or sexual abuse. Stiles did conduct 11 investigations of sexual abuse (inmate on inmate). All eleven of these accusations came to the attention of the institution in anonymous notes to the Administration. In each case the OIG conducted extensive interviews with the alleged victim and the alleged perpetrator. The eleven cases were all found to be unsubstantiated. In each case the investigation followed the Agency policy/guidelines of handling sexual assault/abuse accusations. It should be noted that the Warden, Command Staff, Compliance Manager, and Medical/Mental staff continued to monitor the alleged victims and alleged abusers long after the conclusion of the investigation(s) concluded.

On September 8 - 10, 2014, an onsite visit was completed at Mark W. Stiles Facility in Beaumont, Texas. The results indicate:

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

**§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 comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet 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-** No one under 18 years of age at this facility.

**Auditor comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet standard**

### §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

**Auditor comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with HR and the Warden the 5 year rechecks on criminal backgrounds, as required under section (e) of this standard, are to date.

## §115.18 – Upgrades to Facilities and Technology

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

**Auditor comments, including corrective actions needed if does not meet standard**

## §115.21 – Evidence Protocol and Forensic Medical Examinations

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided, indicated that OIG investigators have had PREA training.

## §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 comments, including corrective actions needed if does not meet standard**

OIG conducts criminal investigations for the Stiles Facility.

## §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 comments, including corrective actions needed if does not meet standard**

Training is a primary concern and focus at the Stiles Unit. Training curriculum, training bulletins and sign in sheets, were reviewed ; as well as through interviews with random staff. Its apparent , the Executive staff focus is to provide a safe environment for both staff and inmates.

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Reviewed lesson plans and sign in sheets for volunteers and contractors. As well as through interviews with volunteers and contractors.

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Review of Orientation material and Inmate Handbook and interviews with intake staff and random inmates. Additionally, reviewed limited English speaking paperwork and interviewed inmates. No deaf or blind inmates as of 9/10/2014.

**§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 comments, including corrective actions needed if does not meet standard**

Office of Inspector General (OIG) conducts investigation for Stiles facility. Mr. Carl Plock (OIG), articulated Miranda, Garrity , evidence collection and interviewing sexual assault victims processes .

### §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 comments, including corrective actions needed if does not meet standard**

All forensic exams are performed at the hospital. The interviews conducted with the specialized staff reflects agency commitment to PREA and the safety of inmates in general.

### §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 comments, including corrective actions needed if does not meet standard**

Reviewed re-classification meeting minutes, and interviews with random inmates, PREA Compliance Manager, screening staff and medical staff.

### §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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Discussions with staff indicated placement of transgender inmate is done based on genitalia. Transgender inmates receive a program reassessment as required by section (d) of this standard. (e) When conducting interviews, staff and transgender inmates indicated that input from inmates (transgender) is considered when making housing/program assignments.

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with the Warden, PREA Compliance Manager and the Command staff.

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with random staff and inmates and PREA Compliance Manager and Warden.

### **§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)

#### **Auditor comments, including corrective actions needed if does not meet standard**

They have not had any administrative remedies as a result of sexual abuse.

### **§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Inmate Handbook and inmate , medical staff , and Warden 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)

**Auditor comments, including corrective actions needed if does not meet standard**

Review of notice on website and posters in facility, as well as interviews with inmates who confirmed they were aware of 3<sup>rd</sup> party reporting.

**§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)

**Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with random staff; Warden and Medical/mental health staff.

**§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 comments, including corrective actions needed if does not meet standard**

Based on interview with the Warden and random staff.

### **§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)

**Auditor comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet 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)

**Auditor comments, including corrective actions needed if does not meet 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 comments, including corrective actions needed if does not meet standard**

### **§115.67 – Agency protection against retaliation**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with Warden, PREA Compliance Manager and random staff.

### **§115.68 – Post-Allegation Protective Custody**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Based on review of segregation housing documents and interview with Warden and Command Staff. At the time of audit, there were 2 inmates in voluntary segregation for risk of sexual victimization.

### **§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 comments, including corrective actions needed if does not meet standard**

Based on interviews with OIG investigators. The investigators has over 20 years of experience as a Special Victims investigator. Documentation was presented to demonstrate training of OIG.

## §115.72 – Evidentiary Standard for Administrative Investigations

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Based on interviews with OIG investigators.

## §115.73 – Reporting to Inmate

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Staff interviews indicated that whenever sexual misconduct by staff is substantiated, inmate is notified.

## §115.76 – Disciplinary sanctions for staff

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Agency policy does indicate presumptive sanction (termination) for violation of Agency zero tolerance. Based upon the documentation reviewed, no staff have been accused of sexual abuse or harassment.

### **§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 comments, including corrective actions needed if does not meet standard**

No contractor or volunteer has been accused of engaging in sexual abuse. Interviews with Warden, PREA Compliance Manager, confirmed policy.

### **§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 comments, including corrective actions needed if does not meet standard**

Based upon agency policy as well as confirmed procedure through interviews with Warden and PREA Compliance Manager.

### **§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 comments, including corrective actions needed if does not meet standard**

Based on PREA screening form , medical log as well as interviews with intake staff, medical and mental health staff.

### **§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 comments, including corrective actions needed if does not meet standard**

Reviewed policy as well as interviews with medical and mental health staff.

**§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 comments, including corrective actions needed if does not meet standard**

Reviewed policy and and interviews with medical and mental health staff.

**§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 comments, including corrective actions needed if does not meet standard**

Based on interviews with Warden, Command Staff and , PREA Compliance Manager.

**§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 comments, including corrective actions needed if does not meet 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 comments, including corrective actions needed if does not meet standard**

Data was submitted and reviewed as required by 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 comments, including corrective actions needed if does not meet standard**

**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.

Wynnie T. Spurts

Auditor Signature

October 20, 2014

Date