

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: September 8, 2016

Auditor Information			
Auditor name: Kimbla Newsom			
Address: PO Box 1443, Cedar Park, TX 78630			
Email: kimblanewsom@yahoo.com			
Telephone number: 512-705-7316			
Date of facility visit: June 28-30, 2016			
Facility Information			
Facility name: Bastrop County Sheriff's Office			
Facility physical address: 200 S. Jackson Street, Bastrop, TX 78602			
Facility mailing address: (if different from above) same as above			
Facility telephone number: 512-549-5096			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Rosanna Abreo			
Number of staff assigned to the facility in the last 12 months: 106			
Designed facility capacity: 400			
Current population of facility: 240			
Facility security levels/inmate custody levels: maximum-min-med-max			
Age range of the population: 17+			
Name of PREA Compliance Manager: Jennifer Walters		Title: Jail Programs and Projects Coordinator	
Email address: jennifer.walters@co.bastrop.tx.us		Telephone number: 512-549-5090	
Agency Information			
Name of agency: Bastrop County Sheriff's Office			
Governing authority or parent agency: (if applicable) N/A			
Physical address: 200 S. Jackson Street, Bastrop, TX 78602			
Mailing address: (if different from above) same as above			
Telephone number: 512-549-5096			
Agency Chief Executive Officer			
Name: Rosanna Abreo		Title: Sheriff	
Email address: rosanna.abreo@co.bastrop.tx.us		Telephone number: 512-549-5000	
Agency-Wide PREA Coordinator			
Name: Jennifer Walters		Title: Jail Programs and Projects Coordinator	
Email address: Jennifer.walters@co.bastrop.tx.us		Telephone number: 512-549-5090	

AUDIT FINDINGS

NARRATIVE

Bastrop County Sheriff's Office (BCSO) entered an agreement with Kimbla Newsom, DOJ certified PREA auditor to conduct an assessment and determine compliance with the PREA Prison and Jail Standards established by the federal government. The notice of the audit was posted in areas of the jail accessible to inmates, visitors and employees on May 16, 2016. The BCSO had a change in the agency chief executive office position on June 1, 2016. Community-based organizations with knowledge of the jail's conditions and services were contacted on June 3, 2016. Information was provided by three (3) individuals [community-based groups] who indicated the environment was safe and secure for inmates, staff and volunteers. It was also shared that information on PREA had been discussed with them and that they had no knowledge of any incidents of sexual abuse or harassment at the jail. The PRE-Audit Questionnaire along with other documents were completed and submitted to the PREA auditor via a USB flash drive on June 10, 2016. Feedback was shared and discussed between the auditor and the BCSO PREA Coordinator throughout the pre-audit period. The auditor did receive correspondence via mail from one inmate during the pre-audit period regarding conditions at the jail.

The on-site audit portion of the assessment took place June 28-30, 2016. An entrance conference was held on 6/28/16 with the PREA Coordinator Jennifer Walters, Jail Administrator-Captain Miller, and Lieutenant Gomez and Lieutenant Reuther. The on-site audit plan was revisited and the staff and inmate roster was provided with random selections being made by the auditor. The audit facility tour took place immediately following the entrance conference. All areas of the jail and administration were toured to include: booking/intake, isolation, tanks (i.e. housing units), kitchen, medical, exercise areas, visitation, central control, records, laundry and training. BCSO had cameras throughout the jail with additional surveillance installed in 2014 to enhance supervision practices of inmates. A few blind spots were identified during the tour. Informal interviews took place with staff and inmates during the tour to include those in booking, isolation/segregation, medical, tanks, areas with surveillance monitors, and record keeping. During the tour the jail area was clean and orderly; and there appeared to be appropriate supervision of inmates by staff. Zero tolerance posters were visible throughout the facility along with the notice of the on-site portion of the audit.

Eighteen (18) formal staff interviews took place to include the agency head, PREA Coordinator, 2 Sergeants chosen at random, 1 Corporal chosen at random, 6 random staff, 2 medical staff chosen at random, 1 booking staff chosen at random, 1 staff in record keeping, 1 Investigator chosen at random, 1 volunteer chosen at random, and 1 human resources/ social services staff person. Ten (10) inmate interviews took place that included two youthful inmates, an inmate that disclosed sexual victimization during the risk screening, and an inmate that had been placed in isolation. The inmate who wrote the auditor during the pre-audit period was also selected for an interview. There were no transgender or intersex inmates detained at the time of the audit nor were any identified as disabled or limited English proficient. No inmates were detained at the jail solely for civil immigration purposes.

Interviews and additional documentation review continued thru June 30, 2016 followed by a final interview and debriefing with the Sheriff. Following the debriefing with the Sheriff the auditor met with the PREA Coordinator and shared some preliminary findings to include 24 standards identified for corrective action. The corrective action period began on July 29, 2016 and extended thru September 6, 2016 at which time a follow-up site visit was conducted by the PREA auditor to make a final determination of compliance with all applicable standards. It was determined on 9/8/2016 that BCSO had reached compliance in 41 of the 43 PREA Adult Prisons & Jails standards; with the remaining two (2) standards not being applicable.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Bastrop County jail was constructed in 1990 with renovations and additions occurring in 1993, 1998, 2004, 2005, and 2008. The current design capacity of the facility is 392 beds which consist of 8 separation cells, 23 individual cells, 23 Multi-occupancy cells, and a 48 bed low risk building. In addition, there are 8 beds available in the medical section in the event an inmate needs medical care. The intake or booking area of the jail contains 2 holding cells, 2 detoxification cells, and an isolation cell for violent inmates and inmates that desire to inflict harm upon themselves.

Bastrop County contracts with the US Marshal's Office and the Federal Bureau of Prisons to house federal inmates. This agreement generates close to \$2 million revenue annually. In 2013, the average daily population is 290 with 100 of those being Federal inmates.

The vision of BCSO is to provide quality law enforcement for the community. It's mission is to ensure safety by upholding integrity, honesty, loyalty, and diversity in partnerships with the citizens of Bastrop County. BCSO values include honesty, integrity, respect, accountability, and loyalty. Goals of BCSO include: providing progressive training to staff, continuing to maximize efficiency and cost savings through employee management and technology, providing safe and security in the jail, promoting community partnerships and quality service, improving communication and participation both externally and internally, and continuing to support community programs by increasing participation. BCSO objectives are to identify training and provide quarterly reports of training status to ensure minimum training requirements are met; to utilize internal resources to maximize training; upgrade hardware to maximize the use of current and new software; to improve and replace safety and security equipment with the jail; maximize resources through cross-training to improve efficiencies within the agency; provide opportunities to enhance the overall health and well-being of staff; evaluate current trends to identify needs for future growth; and develop and implement an employee recognition and performance appraisal program.

The Bastrop County Jail offers religious services, which are non-denominational, to all of the inmates twice a week with multiple services each time. There are also G.E.D. classes, Alcoholics Anonymous classes are offered to any inmate that requests such services.

SUMMARY OF AUDIT FINDINGS

Due to several standards requiring some form of corrective action an Interim PREA Audit Report was issued on 6/29/16. BCSO successful implemented a corrective action plan that addressed all deficiencies identified in the Interim PREA Audit Report. The agency has met all applicable PREA standards for Adult Prisons & Jails as of 9/8/16

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of BCSO zero tolerance policy [6.2.1]; review of sexual harrassment policy [1.2.4]; review of administration organization chart; review of PREA Coordinator policy [6.2.2]; review of job description for the Jail Programs & Projects Coordinator; interview with PREA Coordinator; and review of PREA definitions policy [6.1.1.].

Analysis and Reasoning: the BCSO does have a zero tolerance policy that prohibits all forms of “sexual misconduct;” however, sexual misconduct is not defined in the policy and sexual harassment is not included in the policy. There are separate policies that exist that speaks to sexual harassment and PREA definitions to include sexual misconduct; however, the standards require that sexual abuse and harassment be defined in the zero tolerance policy. The agency zero tolerance policy is included as part of agency PREA training; therefore, the definitions of sexual abuse and sexual harassment needs to be included. The agency has an upper-level employee as their PREA Coordinator who is tasked with agency programs and projects. The PREA Coordinator was interviewed and reported that more time should be allocated to perform her PREA coordinator duties. The BCSO has only one location; therefore, they do not have any PREA compliance managers.

Conclusions: corrective action measures are required for this standard. BCSO zero tolerance policy will need revisions to include the definition of both sexual abuse and harassment as defined in the PREA standards. Additionally, the PREA Coordinator will need to allocate a sufficient amount of time to perform her duties to help the agency come in full compliance with all the PREA standards for Adult Prisons & Jails, as well as to maintain compliance with these standards.

Final Determination: BCSO made the necessary edits to policy 6.2.1 and have removed all non-PREA related duties from the PREA Coordinator. BCSO has met all requiremens outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A-BCSO does not contract with other entities for the confinement of inmates; therefore, this standard is not applicable.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of BCSO supervision and monitoring policy [6.2.3]; review of jail information reports (i.e. shift information sheets); review of guard log books; review of jail standards inspection reports; review of annual jail report; interviews with intermediate and upper level staff who conduct unannounced rounds; interviews with inmates; review of 4-year staffing plan; review of jail staffing levels documents; review of facility layout and locations with cameras.

Analysis and Reasoning: BCSO does have a staffing plan that is documented and includes minimal, preferred, optimum, and critical staffing levels. Interviews with upper-level administration indicated that staffing levels are based on jail standards and recommendations that come from oversight reports. The jail information sheets had staffing levels for the daily shifts and review of the documents did reveal some deviations from minimal staffing level plans. The minimum staffing levels include 12 staff on a shift that has guards, someone in visitation, a floater, someone in main, in booking and a supervisor. If someone called out sick or were in training or leave, that information was in a comments section; however, changes to post assignments were not clear on the report and/or not justified. The 4-year staffing plan did not include PREA-related elements that should be considered when developing the staffing plan that must be reviewed annually. During the audit tour it was disclosed that additional cameras were installed in 2014 to assist with supervision of inmates; however, the discussion and decision was not formally documented. The supervision and monitoring policy does mandate unannounced rounds by a supervisor of corporal or higher level at least twice each shift and this practice was confirmed in interviews and review of guard logs. Further, video footage was provided to confirm upper-level staff unannounced rounds occur and it was consistent with information documented in the guard log books. The supervision and monitoring policy also speaks to the PREA Coordinator conducting assessments to determine if adjustments need to be made to the staffing levels, video surveillance or resources needed.

Conclusions: corrective action measures are required for this standard. BCSO must ensure that staffing plans are updated and documented annually, and that it include information from the assessments made by the PREA Coordinator as identified in the supervision & monitoring policy. It should also include information on any changes made to the staffing plan development process. BCSO must document deviations from the staffing plan and the justifications on the jail information sheets or another shift report document.

Final Determination: The PREA Coordinator is now included in the budget/staff planning with the Sheriff, County Judge and County Auditor to ensure elements of PREA are incorporated into decisions made. Shift rosters have been updated to include detailed descriptions of any deviations made to the staffing plan and this information was reviewed during the follow-up visit that occurred on 9/6/16. Additional cameras have been installed and were reviewed by the PREA Auditor on the follow-up visit that occurred on 9/6/16. BCSO has met all requirements outlined in this standard.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of BCSO youthful inmates policy [6.2.4]; visit to youthful inmate housing area; interview with youthful inmates; interview with staff supervising youthful inmates; review of the facility billing report for past 12 months; review of the inmate headcount sheet; and review of the inmate list report on the 1st day of the audit.

Analysis and Reasoning: BCSO policy on youthful inmates meet PREA standards with respect to housing of this population. There were three (3) youthful inmates assigned at the time of the audit and they were placed on a unit that had sight, sound, and physical separation from adult inmates. Two of the youthful inmates were interviewed; one male and one female and both reported that they don't have any contact with adult inmates. They reported receiving recreation and are offered church services; however, neither spoke of receiving education services. No questions were observed on the intake screening forms regarding special education needs for youthful inmates. One youthful inmate reported that he was receiving special education services when last in the community. The same youthful inmate reported that he was in isolation/segregation for one day; however, that was due to a maintenance issue on the housing unit. The staff person interviewed indicated that he provides supervision of youthful inmates and that youthful inmates are not placed in isolation in order to separate them from adult inmates. The inmate list report for the first day of the audit revealed that all youthful inmates were placed in regular housing and not in isolation.

Conclusions: corrective action measures are required for this standard. BCSO meets PREA standards with respect to the housing of youthful inmates; however the terms sexual abuse and sexual harassment need to be added to the policy. Corrective action is also required with respect to ensuring all youthful inmates identified with special education needs, are receiving the required special education services. BCSO should document all services offered to youthful inmates.

Final Determination: BCSO zero tolerance policy 6.2.1 has been updated to include sexual abuse and sexual harassment. Additionally, corrective measures have been made to ensure that youthful inmates receive all special education services. BCSO has met all requirements outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with both inmates and staff; review of Limits to Cross-Gender Viewing and Searches policy [6.2.5]; review of jail incident reports that indicate strip searches were conducted; review of inmate records; review of strip search authorization form; and review of training records.

Analysis and Reasoning: BCSO reports that they do not perform cross-gender strip searches, cross-gender visual body cavity searches, nor do they conduct cross-gender pat searches of female inmates. While this is the practice, BCSO does acknowledge exigent circumstances in their policy. In review of inmate records one incident report did reflect a strip search of a male inmate; however, the strip search authorization form was not provided to confirm the search was conducted by a male staff. During staff and inmate interviews, it was revealed that only same-sex staff conduct strip searches and only female staff conduct pat searches of female inmates. Additionally, the rated capacity at the facility exceeds 50 inmates. Male inmates are; however, pat searched by upper-level female staff. BCSO policy on limits to cross-gender viewing enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. Inmates and staff both confirmed that inmates can change without being viewed; however, during the tour and review of video surveillance the toilet area in isolation cells could be viewed on camera. Inmates did have privacy in the shower area to change without being viewed. There were no transgender or intersex inmates placed at BCSO during the audit; however, records did reveal one transgender inmate being placed within the past 12 months. This inmate's genital status was determined thru a self-report on intake forms and not from a search or physical examination. Training records were reviewed; however, sessions on cross gender strip, body cavity, and pat searches were not included in the records. Interviews revealed male staff announced their presence when entering a female housing unit; however, male inmates could not consistently recall if female staff announce their presence when entering male housing units.

Conclusions: corrective action measures are required for this standard. BCSO must provide training to female staff on cross-gender pat searches; training on searches of transgender and intersex inmates by both male and female supervisory staff. Additionally, BCSO must ensure that female staff announce their presence when entering a male housing unit.

Final Determination: BCSO has provided training to staff on cross-gender pat searches and searches of transgender and intersex inmates;

training records were reviewed on the follow-up visit that occurred on 9/6/16. Female staff have been directed to announce their presence when entering the male housing units. A log has been created to document all strip searches and it was observed during the site visit on 9/6/16. BCSO has met all requirements outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with staff and inmates; review of inmate records; review of the screening form for suicide and medical/mental/developmental impairments; review of inmates with disabilities/low English proficiency policy [6.2.7]; and review of zero tolerance posters.

Analysis and Reasoning: BCSO PREA Coordinator reported that they have Spanish-speaking staff who are used as translators when necessary and that all reading materials are at a 5th grade level. Staff are also available to read information to those inmates who cannot read at all. Random record reviews did not reveal any inmates with disabilities/low English proficiency nor was this disclosed during inmate interviews. BCSO has TDD available for the hearing-impaired inmates; however, no written agreement is in place for the service. All inmate materials and videos were completed in both English and Spanish.

Conclusions: corrective action measures are required for this standard. BCSO must modify the language in their inmates with disabilities/low English proficient policy to indicate BCSO prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Additionally, BCSO may want to consider contracting with interpreters or other professionals in lieu of relying on staff as interpreters. Finally, a formal written agreement with TDD should be considered. These two recommended practices will help to ensure the service is effective, accurate, and impartial.

Final Determination: BCSO policy 6.2.7 has been updated to include the prohibition of inmate interpreters, inmate readers, or other types of inmate assistants except in exigent circumstances. BCSO has met all requirements outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interview with BCSO social services staff person, review of employee selection and classification policy [1.3.2]; review of employee personnel files; review of files of volunteers; review of background investigations policy [1.3.10]; review of BCSO agreement with Beacon Investigations; review of BCSO rules of conduct policy; review of BCSO applicant disqualifiers; review of BCSO employment application; and review of BCSO second employment application.

Analysis and Reasoning: Eighteen personnel files were reviewed of employees and volunteers. Fingerprint, criminal history and Department of Public Safety (DPS) check results information was found in 16 of the 18 files reviewed. BCSO contracts with an investigator to conduct the background checks on employees and results are provided to BCSO for final decision on hiring. The social services representative did indicate that checks are rerun at least every five years. A revised human resources process was put in place back in July, 2015 that included documented results. The employment application inquires about felony convictions of prospective employees; however, it does not include elements in PREA 115.17 (a). The employee selection and classification policy does not include information on the criminal history checks and disclosures for staff persons up for promotion.

Conclusions: corrective action measures are required for this standard. BCSO's background check policy should specify how often criminal record checks will be conducted. Additionally, the same will need to occur for background checks for volunteers as well. A policy on criminal record background checks and questions regarding past conduct must be established for employees up for promotion.

Final Determination: BCSO made revisions to policy 1.3.4, 1.3.7, and 1.3.10 and they cover all the necessary requirements outlined in this standard. BCSO has met all requirements outlined in this standard.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with upper-level staff; review of upgrade to facilities policy [6.2.8]; and tour of the facility.

Analysis and Reasoning: BCSO upper-level staff stated there has not been any new facilities or substantial expansion or modification of its existing facility. The jail did however, installed additional cameras in 2014. It was disclosed that additional cameras were installed to assist with effective supervision of inmates; nonetheless, the discussion, decision/justification and installation plans were not documented in a formal process. During the audit tour a few blind spots were identified in the laundry room and kitchen. It was reported that additional cameras would be installed in the coming weeks to address blind spots.

Conclusions: corrective action measures are required for this standard. BCSO will need to document their analysis, plans and justifications for installing additional surveillance equipment. The upgrades to facilities policy should be revised to include that they will document the installation or updates to monitoring technology process.

Final Determination: BCSO has created a process that includes documenting reasons for additional cameras installed and meeting minutes were provided for cameras installed since the initial on-site visit. BCSO has met all requirements outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied on: review of BCSO property & evidence control policy [5.5.2]; review of the PREA sexual assault investigation uniform evidence protocol form; interviews with staff; review of BCSO access to emergency medical and mental health services policy [6.9.1]; review of training information for the victim services coordinator; review of inmate records; review of the law enforcement request for medical forensic exam form.

Analysis & Reasoning: BCSO has a uniform evidence protocol followed for allegations of sexual abuse. Staff interviewed reported duties as first responders and preserving evidence. Policy indicates the property and evidence control procedure to ensure the proper chain of custody and safekeeping for property and evidence. Inmates are sent out to St. David's Hospital or Seton Medical Center for forensic medical exams and both locations have SANE's. A single incident of sexual assault was documented in past 12 months and reports did reflect the practice of the inmate being sent out to the hospital for a forensic exam.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of investigation and reporting to Inmate policy [6.7.1.]; review of staff and agency reporting & protection duties policy [6.6.1]; review of staff first responder duties and coordinated response policy [6.6.2]; review of inmate incident reports; discussion with PREA Coordinator

Analysis and Reasoning: policies and procedures do exist governing investigations into the allegations of sexual harassment and sexual abuse. PREA Coordinator indicated in the single incident of sexual assault in the past 12 months, the FEDs took over the case and findings are still pending. The PREA Coordinator shared she is notified of all PREA-related incidents and are provided with the written reports. Inmate reports alleging sexual harassment or sexual abuse was reviewed for the past 12 months.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with staff; review of training logs and course completion certificates; review of NIC video-Your Role Respondent to Sexual Abuse; NIC video-Medical Healthcare for Sexual Assault Victims in a Confinement Setting; NIC video-Investigating Sexual Abuse in a Confinement Setting; review of employee and volunteer training policy [6.3.2]

Analysis & Reasoning: training documents do reflect that employees have received training according to the PREA standards; however, signed acknowledgment of training comprehension was not observed in the records. The policy was reviewed; however, a refresher session every two years was not included and information (e.g. brochures) readily available on non-training years. Staff interviewed did report receiving PREA training on line; however, some did state that having a class-room instruction portion would be beneficial as well for questions and answers.

Conclusions: corrective action measures are required for this standard. BCSO will need signed acknowledgment from employees signifying comprehension of the training. The policy needs to be revised to indicate refresher training timelines as well as refresher information on non-training years.

Final Determination: A signed training acknowledgment form has been created for staff. Additionally, BCSO policy 6.3.2 was revised to include timelines for refresher training. BCSO has met all requirements outlined in this standard.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with volunteers; review of training materials (i.e. powerpoint on PREA and Volunteer and Contractor Template for Smalls Jails document) for volunteers; review of brochures provided to volunteers-A guide to the prevention and reporting of sexual misconduct with offenders; review employee and volunteer training policy [6.3.2].

Analysis and Reasoning: volunteers consistently reported in interviews that they received PREA training. Sign-in sheets were observed of training sessions completed; however, no signatures acknowledging the volunteers understood the training received.

Conclusions: corrective action measures are required for this standard. BCSO contractors and volunteers must acknowledge in writing they understood training received.

Final Determination: A training signed acknowledgement form has been created for all volunteers. Additionally, records were reviewed during the follow-up visit that occurred on 9/6/16. BCSO has met all requirements outlined in this standard.

Standard 115.33 Inmate education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: inmate interviews; review of PREA training video from PREA Resource Center; review of sign-in logs; inmate handbook; zero tolerance posters around the facility; review of surveillance video of training sessions.

Analysis and Reasoning: inmates reported in interviews that they did see a video within the past three months but not always within 30 days of admission to jail. The video is shown in the housing units when new inmates arrive. Video surveillance was observed of the training video being shown on dates consistent with inmates initials on sign-in sheets. Inmates consistently reported not receiving much PREA information, if at all; during the booking and screening process. Zero tolerance posters were observed in the housing units on bulletin boards that had PREA education.

Conclusions: corrective action measures are required for this standard. The BCSO booking process will need to consistently introduce PREA to inmates and the PREA video must be shown within 30 days of an inmate's admission to the jail. The inmate handbook need revisions to include some information on PREA.

Final Determination: BCSO booking process has been modified to include some education on PREA for inmates. Additionally, changes have been made to the inmate handbook, a PREA education signed acknowledgment form has also been created for inmates to sign off on. BCSO has met all requirements outlined in this standard.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of training certificates for investigators; specialized training: investigators policy [6.3.4]; NIC video- Investigating Sexual Abuse in a Confinement Setting video; interview with Investigators.

Analysis and Reasoning: Investigators revealed during the interviews that they did receive specialized training within the past 2 months on PREA and this was consistent with training certificates reviewed from NIC training taken on line. BCSO policy mandates specialized training for its investigators.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of specialized training: medical policy [6.3.5]; interviews with medical staff; review of training certificates and sign-in logs for medical staff; interview with PREA Coordinator.

Analysis and Reasoning: BCSO medical staff have received specialized training for their job duties with respect to PREA as evidenced in interviews and training records. Medical staff reported in interviews that they complete the vulnerability PREA screening checklist prior to an inmates assignment to the housing units; however, forensic exams and mental health services are provided from outside entities. Policy 6.3.5. reflects investigative staff and not specialized training for medical and mental health staff.

Conclusions: corrective action measures are required for this standard. BCSO policy 6.3.5 needs to be revised to meet the elements of this PREA standard.

Final Determination: BCSO revised policy 6.3.5. BCSO has met all requirements outlined in this standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the screening for risk of sexual Victimization and abusiveness policy [6.4.1]; inmate interviews; medical staff interviews; inmate record reviews; review of the Sexual Predator/Vulnerability PREA Screening Checklist form.

Analysis and Reasoning: inmates are screened for risk of victimization and abusiveness at intake as evidence in files reviewed and interviews with inmates and medical staff. No information was provided that inmates are detained solely for civil immigration purposes at Bastrop County jail. Screening are completed within the first 24 hours of admission as per medical staff. The screening instrument was revised during the on-site portion of the audit to include transgender and intersex inmates.

Conclusions: BCSO meets all requirements outlined in this standard. Nonetheless, since the screening instrument was updated; the auditor will review additional screening records during the corrective action period. Inmate records were reviewed during the follow-up visit that occurred on 9/6/16 and it was verified that the updated screening instrument is used for all new admissions.

Standard 115.42 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Evidence Relied On: interviews with medical staff; interviews with BCSO staff who make housing assignments; review of Sexual Predator/Vulnerability PREA Screening Checklist forms; review of Jail Management Team Review policy [3.4.5]; review of inmate head count sheet; inmate interviews; review of jail management team minutes report; interview with PREA Coordinator.

Analysis and Reasoning: medical personnel conduct screening and reported that they pass along issues or placement recommendations to those making housing assignments. The housing assignment decision is not clear in reviewing the booking and screening forms. Files were reviewed of transgender and inmates who disclosed prior sexual abuse. Nevertheless, the housing assignment for this population was not clear from the intake documents. Screening forms do not reflect the housing assignment decision nor is the process documented.

Conclusions: corrective action measures are required for this standard. BCSO must ensure that a formal process is documented with respect to the use of screening information in determining the housing assignment.

Final Determination: BCSO sexual predator/vulnerability PREA screening checklist form was updated and reviewed during the follow-up visit that occurred on 9/6/16 and it includes housing assignment information. BCSO has met all requirements outlined in this standard.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews of inmates in isolation; review of jail management team minutes; review of Jail Management Team Review policy [3.4.5].

Analysis and Reasoning: inmates disclosed that they were not involuntarily placed in isolation due to information disclosed in the intake screening process. Inmates in isolation did report receiving daily services. The jail management team minutes did reflect "reason in iso" as "PREA" in some cases; however, details of that designation was not documented in the meeting minutes provided to the auditor. Special management categories (i.e. inmates in isolation for various reasons) are reviewed on a weekly basis. No policy on protective custody provided or procedure that addresses involuntary segregation housing.

Conclusions: corrective action measures are required for this standard. BCSO must address protective custody of inmates at risk for sexual victimization in a policy. Additionally, a designation of "PREA" as the reason for isolation needs to include detailed information to ensure the segregation practice meets PREA standards.

Final Determination: BCSO policy 6.4.2 has been revised. Additionally, information on protective custody is detailed in the minutes of the Jail Management Team meetings. BCSO has met all requirements outlined in this standard.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Inmate Reporting policy [6.5.1]; review of Reporting Sexual Abuse and Harassment poster; review of BCSO PREA Administrative Response Report; inmate and staff interviews; inmate handbook review; review of the MOU with Family Crisis Center.

Analysis and Reasoning: BCSO policy meets PREA elements along with poster that has inmate reporting procedures. Inmates knew different ways to report; no inmates were detained solely for civil immigration purposes. Staff knew of ways for inmates to report sexual abuse and harassment and disclosed the various ways during interviews. The inmate handbook had limited information on inmate reporting options.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Report Sexual Abuse and Harassment poster; review of the inmate handbook; inmate interviews.

Analysis and Reasoning: no grievances of sexual abuse identified by the facility; no disciplinary action on inmates filing grievance of sexual abuse or sexual harassment; posters have information on filing grievances on PREA-related incidents; inmate handbook has a grievance section; however, it does not speak to sexual abuse or sexual harassment.

Conclusions: corrective action measures are required for this standard. BCSO inmate handbook need revisions to include grievance for sexual abuse and sexual harassment; and the process to be followed. The other option is to create a agency grievance policy that includes these elements.

Final Determination: BCSO has updated its inmate handbook to include grievances for sexual abuse and sexual harassment and the process to be followed. BCSO has met all requirements outlined in this standard.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of PREA Reporting Information brochure; review of Cooperative/Collaborative Working Agreement with Family Crisis Center; review of MOU with Family Crisis Center; review of Law Enforcement Procedure for requesting SANE; Inmate Reporting Policy; review of Access to Emergency Medical and Mental Health Services policy [6.9.1].

Analysis and Reasoning: inmates know of outside resources and referred to flyers posted on their housing units throughout the interview process. The MOU with Family Crisis Center speaks to support services offered. Flyers include a toll free phone number of outside resources but not the mailing address. Inmate handbook does not include outside confidential support service resources in it. The policy does govern inmate access to outside mental health treatment services.

Conclusions: corrective action measures are required for this standard. BCSO's zero tolerance posters/flyers on unit need to include mailing address of Family Crisis Center. Additionally, inmate handbook needs to include disclosure of mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse.

Final Determination: BCSO inmate handbook has been updated as well as posters throughout the facility with this information being observed during the follow-up visit that occurred on 9/6/16. BCSO has met all requirements outlined in this standard.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: inmate interviews; review of the Reporting Sexual Abuse and Harassment flyer; staff interviews; review of the zero tolerance poster; review of Inmate Reporting policy [6.5.1].

Analysis and Reasoning: observed flyers posted throughout the facility with third-party reporting options. Both staff and inmates could speak about the third-party reporting options available to them with majority indicating family members. This information was also observed on the agency website. The policy includes third-party reporting options.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Staff and Agency Reporting and Protection Duties policy [6.6.1]; interviews with staff; review of inmate records; review of Zero Tolerance policy [6.2.1].

Analysis and Reasoning: policy on staff and agency reporting meet the PREA standards in that it required all staff to immediately report any allegations of abuse or retaliation to supervisors. Review of inmate incident and investigation reports revealed one sexual abuse incident and appropriate protocols were followed and met for reporting.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of Screening for Risk of Sexual Victimization and Abusiveness policy [6.4.1]; interviews with staff.

Analysis and Reasoning: the facility reported no incidents of inmates being subjected to a substantial risk of imminent sexual abuse in past 12 months. Interviews with staff did indicate that protective measures are mandated for inmates at risk for sexual abuse to include cooperation with investigations and protection from retaliation.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: inmate interviews; inmate record reviews; review of Staff First Responder Duties and Coordinated Response policy [6.6.2].

Analysis and Reasoning: the facility reported no incidents of inmate disclosures of sexual abuse while confined at another facility; policy does meet required elements outlined in the PREA standards.

Conclusions: BCSO has met all requirements outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of staff First Responders Duties and Coordinated Response policy [6.6.2]; staff interviews; inmate interviews.

Analysis and Reasoning: the agency has a policy in place with respect to first responders duties and staff could articulate these duties during the interviews conducted. Documentation of the single incident of sexual abuse revealed that the first responders did follow appropriate procedure outlined in the policy.

Conclusions: BCSO has met all required outlined in this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of Staff and Agency Reporting and Protection Duties policy [6.6.1]; review of Staff First Responder Duties and Coordinated Response policy [6.6.2]; staff interviews; review of PREA Incident Protocol documents-6.6.2(a): Inmate Sexual Harassment; PREA Incident Protocol Document-6.6.2(b): Inmate on Inmate Sexualized Behavior; PREA Incident Protocol-6.6.2(c): Inmate on Inmate Sexually Abusive Contact; PREA Incident Protocol-6.6.2(d): Inmate on Inmate Sexually Abusive Penetration; PREA Incident Protocol-6.6.2(e): Staff on Inmate Sexually Abusive Behavior; PREA Incident Protocol-6.6.2(f): Staff on Inmate Sexually Abusive Contact and/or Penetration.

Analysis and Reasoning: BCSO has written protocols in place for their coordinated response for sexual abuse or sexual harassment incidents. The protocols are broken down into six sexual misconduct categories that meet PREA standards.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interview with PREA Coordinator

Analysis and Reasoning: no collective bargaining agreement was disclosed by the PREA Coordinator or other BCSO officials.

Conclusions: N/A- BCSO did not disclose a collective bargaining agreement; therefore, this standard does not apply.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with inmates and staff; review of the Staff and Agency Reporting and Protection Duties policy [6.6.1]

Analysis and Reasoning: the facility did not indicate any reports of inmates or staff who feared retaliation in the past 12 months. The agency policy does prohibit retaliation for reporting allegations of sexual misconduct, as well as agency monitoring practices to prevent retaliation.

Conclusions: BCSO has met requirements outlined in this standard.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interview with PREA Coordinator

Analysis and Reasoning: no policy on segregation/isolation housing provided that speaks to post-allegation protective custody. A process for tracking this category of inmates need to occur or BCSO can modify Jail Management Team Review policy [3.4.5] to include these elements. The agency did not report any PREA-related incidents that involved post-allegation protective custody.

Conclusions: corrective action measures are required for this standard. BCSO must provide it's protective custody policy that covers elements identified in this PREA standard or develop a policy.

Final Determination: BCSO policy 6.4.2 has been revised; therefore, BCSO has met all requirements outlined in this standard.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with investigators; review of PREA Administrative Response Report; review of training records; review of Investigations and Reporting to Inmate policy [6.7.1]; review of the PREA Coordinator PREA incident tracking form; review of PREA investigation files for past 12 months.

Analysis and Reasoning: files reviewed included investigations conducted by both investigators and PREA Coordinator; training on investigations by NIC completed for all investigators. No specialized training for PREA Coordinator observed; however, the interview with the PREA Coordinator did reveal that she has been conducted some of PREA-related investigations with some unsubstantiated or unfounded findings. Interviews with an investigator did reveal that they are provided with information on sexual abuse incidents and they complete criminal investigations and provide the results to appropriate agency officials.

Conclusions: corrective action measures are required for this standard. BCSO must ensure that all allegations of sexual abuse are referred to agency investigators for investigation and finding reports.

Final Determination: All allegations of sexual abuse or sexual harassment are sent directly to a CID Sergeant who in turn assigns an investigator to work all allegations. BCSO has met all requirements outlined in this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Investigations and Reporting to Inmates policy [6.7.1]; review of PREA Administrative Response Reports; review of Sexual Assault Evidence Submission Certification forms.

Analysis and Reasoning: BCSO policy mandates no standard higher than a preponderance of the evidence in determining sexual abuse or sexual harassment findings. Investigator interviews acknowledged the evidentiary standard for administrative investigations as per PREA standards.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of PREA files; review of the Investigation and Reporting to Inmates policy [6.7.1]; interview with PREA Coordinator and Investigators.

Analysis and Reasoning: four unfounded cases by Investigators and 2 cleared by exception in past 12 months; no notice of findings to inmates documented in records.

Conclusions: corrective action measures are required for this standard. BCSO will need to develop a process to ensure that inmates are notified after investigation findings are provided to agency leadership.

Final Determination: BCSO has created a series of forms to notify inmates of investigation findings. BCSO has met all requirements outlined in this standard.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Sexual Harassment policy [1.3.4]; review of the Employee Discipline policy [1.3.7]; interview with a social services representative.

Analysis and Reasoning: policy on sexual harassment does not include PREA definition of sexual harassment in that it leaves out it being a "repeated" act. BCSO policy does not speak to sexual harassment being reviewed when employee goes up for promotion; this can be included here or in Human Resources policy. No records of staff incidents, terminations of sexual abuse or sexual harassment claims in past 12 months were reported.

Conclusions: corrective action measures are required for this standard. BCSO must revise its policy to include sexual abuse or sexual harassment and disciplinary sanctions.

Final Determination: BCSO inmate handbook has been revised. BCSO has met all requirements outlined in this standard.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of training materials for contractors/volunteers; review of "A guide to the prevention and reporting of sexual misconduct with offenders" flyer; review of BCSO policy 6.6.1 and 6.2.1.

Analysis and Reasoning: no MOU with contractors/volunteers or separate policy on engaging in sexual abuse by reporting to law enforcement agencies; training materials for contractors does have language on reporting and no contact if sexual abuse or sexual harassment occurs. Volunteers did disclose during interviews that if they were found to violate the zero tolerance policy, then corrective action measures would be taken against them.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the inmate handbook; review of the zero tolerance policy [6.2.1]; interviews with medical staff.

Analysis and Reasoning: review of the inmate handbook revealed that the PREA definitions of sexual abuse and sexual harassment were not included. The facility did not report that any sexual abuse or sexual harassment disciplinary sanctions were imposed in past 12 months.

Conclusions: corrective action measures are required for this standard. BCSO must modify the inmate handbook to reflect definitions of sexual abuse and adding sexual harassment as an infraction category.

Final Determination: BCSO has revised its inmate handbook; therefore, the agency has met all requirements outlined in this standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the Screening for Risk of Sexual Victimization and Abusiveness policy [6.4.1]; review of BCSO Jail MHMR notes form; review of the MHMR initial appointment form; review of Texas Uniform Health Status Update form; review of Doctor-Call forms; review of the screening form for suicide and medical/mental/developmental impairments; review of the vulnerability PREA screening checklist.

Analysis and Reasoning: one disclosure of prior victimization but no documentation to support follow up services offered within 14 days of the initial screening.

Conclusions: corrective action measures are required for this standard. BCSO must develop a process to ensure inmates are offered services after disclosures of sexual abuse and document the information.

Final Determination: BCSO has revised its intake process to include medical staff placing documentation in inmate medical records when services have been offered to those with a history of sexual abuse or sexual harassment. BCSO has met all requirements outlined in this standard.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of Access to Emergency medical and mental health services policy [6.9.1]; review of Law Enforcement Request for Medical Forensic Exam form; review of BCSO sharps injury log.

Analysis and Reasoning: BCSO policy covers the elements for this standard. Inmates have access to mental health services through Texas Correctional Office on Offenders with Medical or Mental Health Impairments (TCOOMMI). The medical services staff provided the feedback regarding TCOOMMI services being available to inmates.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: interviews with medical staff; review of access to emergency medical and mental health services policy [6.9.1].

Analysis and Reasoning: interviews revealed that services are offered; however, policy needs revisions.

Conclusions: corrective action measures are required for this standard. BCSO must revise its policy to include information on on-going medical and mental health care for sexual abuse victims and abusers.

Final Determination: BCSO policy 6.9.1 has been revised; therefore, BCSO has met all requirements outlined in this standard.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: Data Collection and Review policy [6.10.1]; interviews with PREA Coordinator and upper-level staff; review of Administrative Response Reports.

Analysis and Reasoning: BCSO policy meets PREA the standard; tracking logs did include substantiated or unsubstantiated case findings with no Sexual Abuse Incident Review (SAIR) occurring within 30 days. Interviews with upper-level staff did not reveal that any SAIR had occurred in the past 12 months.

Conclusions: corrective action measures are required for this standard. BCSO must ensure that the SAIR team meet when cases are substantiated or unsubstantiated by agency investigators.

Final Determination: BCSO has established a SAIR team and has documented members and provided them with information on their role and responsibility. BCSO has met all requirements outlined in this standard.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of the spreadsheet of alleged sexual abuse/harassment incident kept by the PREA Coordinator; review of the PREA Definitions policy [6.1.1]; interview with PREA Coordinator.

Analysis and Reasoning: no aggregate data reports provided. The PREA Coordinator indicated she keeps record of PREA-related incidents; however, no official data keeping system or database is used to capture the information. The PREA Coordinator did indicate the US-DOJ survey of sexual violence is completed and submitted.

Conclusions: BCSO will require corrective action in that a standardized data collection instrument is needed to capture all PREA-related incidents.

Final Determination: BCSO has created a data collection instrument to capture all PREA-related incidents; therefore, has met all requirements outlined in this standard.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied on: review of Data Collection and Review policy [6.10.1]; review of the survey of sexual violence form.

Analysis and Reasoning: BCSO has a policy in place to ensure sexual abuse and sexual harassment data is collected, reviewed and corrective action is taken.

Conclusions: BCSO has met all requirements outlined in this standard.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied On: review of policy 6.10.1; interview with PREA Coordinator.

Analysis and Reasoning: the policy ensures that all sexual abuse and sexual harassment data is retained; available to the public; removes personal identifiers; and maintained for at least 10 years.

Conclusions: BCSO has met all requirements outlined in this standard.

AUDITOR CERTIFICATION

I certify that:

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

Kimbla Newsom

09/08/16

Auditor Signature 

Date