

**PREA AUDIT REPORT**    ☐ Interim    ☒ Final**ADULT PRISONS & JAILS****Date of report:** 12/15/15

<b>Auditor Information</b>			
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<b>Telephone number:</b> 832-833-9126			
<b>Date of facility visit:</b> July 13-14, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Jefferson County Correctional Facility			
<b>Facility physical address:</b> 1001 Pearl Street Beaumont, TX 77701			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 409-726-2500			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> George Miller			
<b>Number of staff assigned to the facility in the last 12 months:</b> 263			
<b>Designed facility capacity:</b> 1244			
<b>Current population of facility:</b> 796			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, and Maximum			
<b>Age range of the population:</b> 18-70			
<b>Name of PREA Compliance Manager:</b> Welona Williams		<b>Title:</b> Lieutenant	
<b>Email address:</b> <a href="mailto:wwilliams@co.jefferson.tx.us">wwilliams@co.jefferson.tx.us</a>		<b>Telephone number:</b> 409-726-2502	
<b>Agency Information</b>			
<b>Name of agency:</b> Jefferson County Sheriff's Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 1001 Pearl Street Beaumont, TX 77701			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 409-835-4411			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> G. Mitch Woods		<b>Title:</b> Sheriff	
<b>Email address:</b> <a href="mailto:gwoods@co.jefferson.tx.us">gwoods@co.jefferson.tx.us</a>		<b>Telephone number:</b> 409-835-8411	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Welona Williams		<b>Title:</b> Lieutenant	
<b>Email address:</b> Welona Williams		<b>Telephone number:</b> 409-726-2502	

## **AUDIT FINDINGS**

### **NARRATIVE**

A Prison Rape Elimination Act audit of the Jefferson County Correctional Institution at Jefferson County Sheriff's Department was conducted from July 13, 2015 to July 14, 2015. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Certified PREA Auditor Ronny Taylor assisted with the onsite tour and interviews.

An entrance meeting was held the morning of the onsite audit with the following persons: Chief Deputy George Miller, Captain James Eiselstein, and PREA Coordinator, Lieutenant Welona Williams. The auditor wishes to extend its appreciation to Sheriff Woods and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the pre-audit and during the onsite visit.

The auditor would also like to recognize PREA Coordinator Lieutenant Welona Williams for her hard work and dedication to ensure the facility is compliant with all PREA standards.

After the entrance meeting the auditor was given a tour of all areas of the facility, including; all general population housing units, administrative segregation, Educational/Vocational Buildings, Administrative Buildings, Master Control, intake, medical, recreation, chapel, law library, kitchen, and dining hall. During the tour, several informal interviews were conducted with inmates and staff throughout the facility.

A total of 36 staff were interviewed with at least one staff member interviewed from each interview category, with the exception of the interviews related to the PREA Compliance Manager, Incident Review Team, and Non-Medical Staff Involved in Cross Gender Searches (there were no staff who met this criteria). Random interviews were conducted on staff from all three shifts.

A total of 16 inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of the interviews related to inmates placed in segregated housing for risk of sexual victimization and inmates who reported a sexual abuse (there were no inmates who met this criteria).

A telephone interview was conducted with the SAFE/SANE staff.

The count on the first day of the audit was 910. The count on the final day of the audit was 922.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor discussed all concerns with PREA Compliance Manager Lieutenant Welona Williams. Through a coordinated effort by herself and other key staff members, many concerns were addressed and corrected to the satisfaction of the auditor prior to the completion of the Interim Report.

When the audit was completed, the auditor conducted an exit briefing on July 14, 2015. The auditor gave an overview of the audit, the audit process, and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Jefferson County Corrections Facility is a "short term" facility. The facility is certified by the Texas Commission on Jail Standards. This facility is designed to house prisoners in a direct supervision atmosphere that is safe and secure. The Corrections Facility intent through education and rehabilitation programs is to interrupt the cycle of criminal activity that results in the recidivism of the persons being incarcerated. Educational programs include Anger Management, GED, Auto Body repair, as well as, other programs offered by the Correctional Facility.

The Jefferson County Correctional Facility provides services to a daily average inmate population of over 1,000 inmates, all of which must enter or be released through the Intake and Releases Section respectively. These areas of the Corrections Division processed a total of 36,984 persons for the year 2014, of which approximately 5,346 were felony arrests, 5,409 felony releases, 13,045 misdemeanor arrests, 13,184 misdemeanor releases and averages 110 new intakes per day.

After a person has completed the booking process, he/she will be placed into one of several classifications: high risk, medium risk, low-risk, and/or trustee status. These classifications are based on records compiled by this agency and criminal history compiled by the Texas Criminal Information Center and the National Criminal Information Center. Utilizing this information, inmates are classified by current charges, past history, conduct in the facility, and in some cases, mental stability in the least restrictive manner possible.

Initial medical screening is conducted by a state certified paramedic in order to assess any obvious medical conditions. Once classified, medical personnel will attempt to obtain a full medical history for this person, and conduct a physical to determine other medical needs. The procedure includes the creation of a permanent medical chart, a series of medical related questions, and a basic overall evaluation of the person's health.

The interiors of these facilities are similarly designed. Both are open bay dormitory style with a raised area for the officer to observe the entire area.

The differences begin with the fact that minimum risk inmates have considerable freedom of movement within the facility, though that movement is controlled, monitored, and records of current location are maintained.

Medium risk inmates are continually controlled and any movement outside their living area conducted under escort.

Jefferson County has two maximum security buildings with 186 beds for persons:

- Classified by offense or history as high risk;
- Administratively separated due to an inability to function in the general population;
- Separated from the general population for disciplinary infractions for a maximum of 15 to 30 days dependent upon severity of those infractions;
- Separated from the general population for protective reasons, perhaps due to infamous crimes;
- Separated from the general population for "special conditions", perhaps mentally ill

The Education Department conducts or coordinates many programs for the inmates of the facility. These include, but are not limited to: G.E.D., Parenting classes, AA meetings, and reading classes.

## **SUMMARY OF AUDIT FINDINGS**

After an initial review of the pre-audit questionnaire, as well as notes from the initial onsite audit interviews, it was determined the facility needed corrective action to become PREA compliant. The auditor worked with the PREA Coordinator to develop a Corrective Action Plan to address all areas of non-compliance.

On December 7, 2015, the auditor re-inspected the facility for PREA compliance with those standards in Corrective Action. As part of the re-inspection, the auditor toured the facility, informally interviewed five random inmates, five random staff, and three specialized staff. In addition, the auditor requested documentation of training logs, risk screenings, and mental health referrals for those inmates who disclosed prior victimization during the risk screenings. After reviewing this information, re-inspecting areas of the facility, and interviewing staff and inmates, the auditor has determined the facility is now compliant with all PREA standards.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

**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.**

Departmental Policy 1.1 mandates a zero tolerance of sexual abuse and sexual harassment. Definitions of prohibited behavior are included in this policy, as well as the agency's outlined approach to preventing, detecting, and responding to sexual abuse and/or sexual harassment. The Jefferson County Correctional Facility has appointed an upper level PREA Coordinator, Lieutenant Welona Williams.

Through conversations with the PREA Coordinator, it was determined she has sufficient time and authority to manage all of her PREA related responsibilities. The auditor was advised the PREA Coordinator has several responsibilities other than PREA; however, the Administrative staff provide support when needed. The agency has not designated a PREA Coordinator, but may appoint one at a later date.

**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.**

XX Not Applicable

The facility does not contract for the confinement of its inmates with other agencies.

**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.**

Departmental Policy F.4, states the Jail Administrator will develop and document a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against sexual abuse. Any deviations from the staffing plan are documented to be reviewed at least once annually during the agency staffing plan review.

Departmental Policy F.6, states that intermediate-level or higher-level supervisory staff will conduct unannounced reviews to deter staff sexual abuse and mistreatment. Staff and employees will not announce these rounds. These unannounced rounds will be conducted in all areas and during all shifts (to include housing areas, kitchen, laundry, janitorial closets, inmate dressing rooms, and the property room).

Through interviews with the administrative staff, it was determined the agency has a minimum number of staff to assigned in order to be compliant with Texas Jail Standards. Interviews indicate the minimum number of staff required by state guidelines are never deviated from. The auditor was advised the agency had no documentation of a staffing plan; however, prior to the completion of the Interim Report, the facility provided a copy of a documented staffing plan dated July 6, 2015.

Through interviews with intermediate or upper-level supervisors, it was determined the supervisors do make unannounced rounds. These rounds are documented on the facility's log books in the housing units and are identified as supervisor rounds by the signature of the supervisor making the round.

#### **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.**

PREA Policy F.7 states Juvenile inmates will not be placed in any location in which the juvenile inmate will have sight, sound, or physical contact with any adult inmate. Jefferson County Correctional Facility will make best efforts to avoid placing juvenile inmates in isolation to comply with this

provision. Absent exigent circumstances, Jefferson County Correctional Facility will not deny juvenile inmates daily large-muscle exercise and any legally required special education services. Juvenile inmates will also have access to other programs and work opportunities to the extent possible. Jefferson County Correctional Facility has one housing unit for youthful offenders. If the youthful offender gets into a fight with another youthful offender, they are placed in involuntary segregated housing until alternative housing can be arranged. In the past 12 months, there have been 14 youthful offenders housed in involuntary segregated housing. These inmates received access to all regular programs and privileges.

Through youthful inmate interviews, it was determined youthful inmates are housed in an area where they do not have direct contact with adult inmates. Youthful inmates stated adult inmates are unable to see them and/or hear them when they are in their housing unit. Youthful inmates advised in areas outside of their housing unit, they are under direct staff supervision.

#### **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.**

Departmental Policy F.8, prohibits cross-gender strip searches and cross-gender visual body cavity searches except when by a court order or when conducted by a medical practitioner. Any of these circumstances will be documented per policy. There have been no instances in the past 12 months of cross-gender searches. Cross-gender pat-down searches of female inmates, absent exigent circumstances, is prohibited per Departmental Policy F.8. There have been no documented instances of cross-gender pat-down searches in the past 12 months. All officers are trained to knock and announce prior to entering into a housing unit which houses an inmate of opposite sex, as is outlined in Departmental Policy. Inmates are allowed to shower and perform other bodily functions out of view of staff of the opposite sex as outlined in Departmental Policy F.9.

The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. This is dictated in Department Policy F.10. During the onsite portion of the audit, there were no transgender or intersex inmates housed at the facility.

Interviews with random staff and random inmates indicate there is an adequate number of female staff on duty at all times which are available to conduct strip and pat-down searches of female inmates. Interviews also indicated inmates are allowed the opportunity to dress, shower, and use the restroom, without being viewed by staff of the opposite gender.

After the initial audit, the auditor discovered staff have not received specific training on how to

conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor was not provided with a copy of the training curriculum containing this information and/or training logs documenting the training. Staff were not aware they are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining their genital status. During interviews with staff, it was discovered female staff did not normally announce their presence before entering a housing unit with male inmates.

During the Corrective Action Period, the auditor was provided with training logs, training curriculum, a PowerPoint presentation, and video used in the above mentioned training. Staff indicated they would ask any transgender inmate which sex they felt most comfortable being searched by and accommodate their request. The auditor was provided with a form utilized to document transgender and intersex searches. Follow-up interviews with both staff and inmates indicate both male and female staff make an announcement of their presence prior to entering a housing unit housing inmates of the opposite sex.

#### **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.**

This agency has established Departmental Policy F.12 to provide disabled inmates and inmates with limited-English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

During the onsite portion of the audit, the audit team determined the agency did have PREA inmate education available to inmates with disabilities and inmates who are limited-English proficient.

During the onsite audit, the auditor discovered PREA posters in both English and Spanish as well as PREA Inmate Education Handouts to be distributed to inmates during intake.

Departmental Policy F.12-d states the agency will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, in the performance of first response duties under Staff first response duties, or the investigation of the inmate's allegations. The agency currently has language interpreter services (Language Line Services: 1-877-737-4999) that is available. Directions are provided in policy stating how to access and use this Language Line.

Random staff interviews indicated an awareness that staff are not permitted to use inmate interpreters to assist with sexual abuse investigations, except in limited circumstances. Random staff



interviews also indicated inmate interpreters have not been used in such instances in the past.

#### **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.**

Policy F.13-F.14 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison or any other institution, has been convicted of engaging or attempting to engage in sex crimes within the community, or has been civilly or administratively adjudicated to have engaged in the activity described above.

Through interviews with the administrative staff, it was determined criminal background checks are conducted prior to hiring or promoting any individual, including contractors. There were three contractors in the past 12 months who may have had contact with inmates that entered the facility.

Policy states that criminal background checks will be conducted at least once every five years for current employees and contractors who may have contact with inmates.

Departmental Policy F.14 states that any material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Upon request from another agency inquiring about a former employee, this agency will provide information on substantiated allegations of sexual abuse or sexual harassment.

Through interviews with the administrative staff it was determined that the agency will release information to other potential employers upon request.

During the initial audit, the facility failed to provide a response on the questionnaire for 115.17 (c)- 2 and 115.17 (d)- 2. These questions pertained to the number of persons hired who may have contact with inmates who had criminal background record checks and the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

During the Corrective Action Period, the auditor was advised 259 staff and 36 contractors who have contact with inmates have been hired and have gone through a criminal background records check.

#### **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.**

The agency has not acquired any new facility or made any substantial expansion or modification to existing facilities since August 20, 2012. The agency has installed and/or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

Through interviews with the administrative staff it was determined when designing, acquiring, or making substantial modifications to the facility, consideration would be given to the safety and security of the inmates. The primary goal and objective is to eliminate blind spots by whatever means necessary.

#### **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.**

This agency is responsible for conducting its own administrative or criminal sexual abuse investigations and does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Through random staff interviews it was determined the staff are aware of proper techniques of securing a crime scene and preserving physical evidence. Staff indicated the Administrative staff and/or Internal Affairs Division would normally be responsible for conducting sexual abuse investigations in the jail.

Forensic SAFE or SANE exams are available to the inmate at no cost and all are documented. These exams take place by a certified SAFE/SANE examiner at the Baptist Hospitals of Southeast Texas. The auditor spoke with a representative from this hospital and was advised SAFEs/SANEs would be provided to any inmate needing one, and that an MOU was not needed. There have been no

SAFE/SANE exams conducted in the last 12 months for any Jefferson County Jail inmate. Victim advocates are available/provided through the Rape & Suicide Crisis Center of Southeast Texas to provide victim advocate services to any victim of sexual abuse. The auditor contacted a victim advocate from this center and was advised the agency did not need a documented MOU and that victim advocate services would be available 24 hours a day, 7 days a week. The phone number to this victim advocate is listed in the brochure given to all inmates at intake. In addition, there were phone numbers to nine other support services inmates could utilize.

During the interview with one of the SANEs, the auditor was advised the Baptist Hospitals of Southeast Texas has three to four forensic examiners available. The auditor was advised there has not been an instance in over 20 years where a SANE was not available and did not respond, when contacted.

#### **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.**

Departmental Policy G, ensures that there will be an administrative or criminal investigation completed for all allegations of sexual abuse and sexual harassment.

The agency has received 13 allegations of sexual abuse or sexual harassment within the last 12 months. Of these, 13 were referred for administrative investigation and 2 were referred for criminal investigation. Through interviews with the administrative and investigative staff it was determined that all incidents of sexual abuse and sexual harassment are investigated by the Administrative staff and/or the Internal Affairs Division. The investigation consists of interviews with victim, perpetrator, and witnesses, collection of evidence, as well as a SAFE/SANE examination (when appropriate). The investigation would be conducted similar to any sexual abuse investigation which occurred outside the facility. Charges would be filed with the District Attorney's Office, if there is enough evidence for prosecution.

#### **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.**

During the onsite portion of the audit, interview questions indicated staff have received PREA informational cards and have discussed PREA during shift briefings; however, staff have not received formal PREA training. Between trainings, the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment through shift meetings. Departmental Policy H.1 covers all aspects of the standards in one policy.

During the initial audit, the auditor was advised staff have not received formal basic PREA training other than through discussions about PREA policies during shift briefings.

During the Corrective Action Period, the auditor was provided with various PowerPoint presentations, notes, and policies used for basic PREA training for staff. The auditor was also provided with a copy of a test given to staff at the conclusion of the training. Follow-up interviews with staff indicate staff have recently received basic PREA training. Staff were familiar with their roles in responsibilities under PREA and how to respond to a report of sexual abuse. Staff acknowledged accepting a report from an inmate, regardless of whether or not the report was written, verbal, anonymous, or from a third party. Staff acknowledged they would never use an inmate interpreter to assist with translating for a sexual abuse investigation. Staff also acknowledged a familiarity with the agency's zero tolerance policy towards all forms of sexual abuse and sexual harassment.

#### **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.**

Policy H.2 states that all volunteers/contractors will receive training on their responsibilities under the agency's policy/procedures. This training will be based on the level of contact they have with the inmates. All training will include the agency's zero tolerance policy and information on how to report.

Two volunteers/contractors were interviewed during the onsite audit. Both of the volunteers/contractors indicated they have received PREA training and were able to produce a PREA informational card that the agency gave them as part of the training. Both of the volunteers/contractors acknowledged they would notify a supervisor if an inmate reported to them they were sexually abused.

### 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.**

During the onsite portion of the audit, the inmates interviewed were able to display knowledge of PREA and the agency reporting. The auditor was advised they had received PREA education in the form of brochures, posters, and an inmate PREA video upon arrival.

During the intake process, inmates are given a brochure about the agency's zero tolerance policy and how to report instances of sexual abuse and/or harassment. During the onsite portion of the audit, the auditor was advised the inmates receive a brochure during intake. The brochure is in both English and Spanish. Administration stated that measures would be taken to provide this information to hearing impaired or visually impaired inmates if the need arose. There is also a poster in each housing area regarding PREA information, agency zero tolerance, and toll free hotline numbers to call for reporting. There is a PREA video in both English and Spanish that is also played daily in the housing units. During the onsite audit, the auditor was advised the agency did not document the inmate PREA education sessions. The auditor discussed this with the PREA Compliance Manager and the facility immediately took action and began documenting the education sessions. Prior to the completion of the Interim Report, the auditor was provided with documentation showing staff document the education sessions in the housing unit log book.

### 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.**

Agency PREA Policy H.4 specialized training: Investigations, states:

In addition to the training provided to all employees, Jefferson County Correctional Facility will ensure that, to the extent it conducts sexual abuse investigations; its investigators have received training in conducting investigations in confinement settings. This specialized training will include techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

During the initial audit, the auditor was advised none of the facility investigators have received PREA training specific to conducting sexual abuse investigations in confinement settings.

During the Corrective Action Period, the auditor was provided with a PowerPoint presentation, specifically for Specialized Training: Conducting Sexual Abuse Investigations in Confinement Settings. In addition, the auditor was provided with a copy of training logs for such training. A follow-up interview with one of the facility's PREA investigators indicate all investigators received the training. The investigator acknowledged the training consists of interviewing techniques and collection of evidence in confinement settings. The investigator also acknowledged they would let any inmate victim know whether or not the allegation was substantiated, unsubstantiated, or unfounded at the conclusion of the investigation.

#### **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.**

The agency does have a policy (PREA Policy H.5) related to training medical and mental health practitioners who work regularly in its facility. At the time of the audit, there were 35 regularly employed medical or mental health practitioners employed at this facility. All have received training on PREA in accordance with Department Policy. The auditor was provided with the training curriculum and certificates from staff who have completed this training.

#### **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.**

There is a policy in place that requires screening for risk of sexual victimization or sexual abusiveness toward other inmates. At the time of the audit, there was a process in place for screening to identify potential victims or potential predators. The agency has conducted initial screenings on 1300 inmates in the past 12 months.

During the initial audit, the auditor determined inmates were not rescreened for risk of sexual victimization and abusiveness towards other inmates within 30 days of their arrival to the facility. Staff indicated uncertainty about what to do with the screening information once they conduct the initial 72 hour screenings. Staff were unclear on how often placement and programming assignments for each transgender or intersex inmate would be reassessed. Staff indicated transgender or intersex inmates would be single celled in maximum security and there would be no consideration in placement and programming assignments to the transgender or intersex inmate's own views of his or her own safety.

During the Corrective Action Period, the auditor was advised classification would conduct an affirmative review of all inmates within 30 days of their arrival to the facility. Based on this review, if classification staff discovered information to warrant a risk screening be conducted using the risk screening instrument, they would do so. The auditor was provided with samples of the 30 day risk screenings. Follow-up interviews with staff indicate all six classification officers met and discussed the screening instrument and it's use to keep potential inmate victims housed separately from potential inmate predators. The auditor was advised classification staff have identified eight potential victims and five potential predators. The potential predators are being housed in P, Q, and F dorms, while the potential inmate victims are housed in G, H, J, and K dorms. Classification staff conduct all moves within the facility and were aware not to house these two types of inmates in the same housing unit. In addition, staff were knowledgeable on policies related to transgender and intersex inmates.

#### **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.**

Policies are in place (I.2), and it is procedure to keep separate inmates at risk for victimization from those at risk of abusiveness. Housing assignments are made according based on the information received during the screening at intake, or any other information gathered at any point that may determine the need for housing changes based on risk of sexual victimization or abusiveness.

During the initial audit, staff indicated an uncertainty about what to do with the screening information once they conduct the initial 72 hour screening. Staff were unclear on how often placement and programming assignments for each transgender or intersex inmate would be reassessed. Staff indicated transgender or intersex inmates would be single celled in maximum security and there would be no consideration in placement and programming assignments to the transgender or intersex inmate's own views of his or her own safety.

During the Corrective Action Period, the auditor was provided with samples of the 72 hour risk screenings. Follow-up interviews with staff indicate all six classification officers met and discussed the screening instrument and its use to keep potential inmate victims housed separately from potential inmate predators. The auditor was advised classification staff have identified eight potential victims and five potential predators. The potential predators are being housed in P, Q, and F dorms, while the potential inmate victims are housed in G, H, J, and K dorms. Classification staff conduct all moves within the facility and were aware not to house these two types of inmates in the same housing unit. In addition, staff were knowledgeable on policies related to transgender and intersex inmates.

#### **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.**

PREA Policy I.3 states that no inmate at high risk for sexual victimization shall be housed in segregated housing unless there is no other available alternative means of separation from likely abusers. No inmate at risk of sexual victimization has been housed in segregated housing in the past 12 months. This was verified through interviews with staff and administration during the onsite portion of the audit.

#### **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.**

Jefferson County Correctional Facility provides multiple ways for inmates to report sexual abuse and sexual harassment. The inmate may report verbally to any correctional staff, volunteer, contractor, medical or mental health care provider. Inmates may report in writing by means of the inmate request form. Inmates may report to a third party (such as family during visitation or through US Mail) and once the agency is contacted by the third party they will initiate an investigation. An inmate may also report to the Rape & Suicide Crisis Center Hotline at 1-409-832-6530 or 1-800-793-2273. This number is posted by the phones in the housing units, as well as in the inmate handbook that is provided to all inmates during the intake process. During the onsite audit, this number was called and verified as working to report sexual abuse from the Jail. The auditor was advised by the hotline representative that call takers are available 24 hours a day, 7 days a week. In the event an inmate was sexually abused and they were notified, a victim advocate would be called out and would meet the inmate at the hospital. The hotline representative advised these services would be provided to inmates, and a formal MOU was not necessary.

#### **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.**

The agency has an administrative procedure in place for processing inmate grievances regarding sexual abuse. There have been no grievances filed in the past 12 months alleging sexual abuse or misconduct. PREA Policy J.2 states that an inmate shall be notified in writing if an extension will be required in order to make a decision on a grievance alleging sexual abuse or misconduct. There have been no emergency grievances alleging a substantial risk of imminent sexual abuse filed in the past 12 months, nor have there been any grievances filed that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

#### **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.**

PREA Policy J.3 Inmate access to outside confidential support services states:

Jefferson County Correctional Facility will provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible.

Jefferson County Correctional Facility will inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Jefferson County Correctional Facility will maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Jefferson County Correctional Facility will maintain copies of agreements or documentation showing attempts to enter into such agreements. The facility also has an established an agreement with Rape & Suicide Crisis Center; however, there is no formal MOU. The auditor was advised by a representative from the Rape & Suicide Crisis Center that services would be provided to the inmates and that an MOU was not necessary. A toll free number for this service is posted on every inmate phone as well as in the inmate handbook that is provided to all inmates during the intake process.

#### **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.**

Agency policy states the Jefferson County Correctional Facility will establish a method to receive third-party reports of sexual abuse and sexual harassment and will distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Jefferson County Correctional Facility will have one way of receiving third party reports.

1. Inmates may report through rape hotline
2. Citizens may report through:

- a. Jail Investigations;
- b. Rape hotline

The numbers to Sexual Abuse Hotline (1-409-832-6530 and 1-800-793-2272) are posted and available for access to the public's view. They also have contact information for nine other outside resources in the inmate handbook.

Both the PREA Policy and the PREA Brochure were located on the agency website.

#### **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.**

PREA Policy K.1 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or harassment that occurs in the facility. Staff are also required to report any retaliation against an inmate or staff that has reported such an incident. Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Through interviews with random staff, administration, and medical/mental health care providers it was verified that all are aware of their responsibilities to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in their facility. The administration also stated that any information received from a third party reporting similar occurrences is immediately investigated.

#### **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.**

PREA Policy K.2 provides that when a Jefferson County Correctional Facility employee learns that an inmate is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the inmate. Investigating personnel will remove the suspected victim for interviewing in an area away from possible perpetrators.

In the past 12 months, there has not been an instance in which the agency has determined that an inmate was subject to a substantial risk of imminent sexual abuse.

During the onsite portion of the audit, interviews with administration and random staff indicated an awareness that immediate action will be taken any time an inmate is determined to be at a substantial risk of imminent sexual abuse, and all actions will be taken to ensure the safety of that inmate.

#### **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.**

All areas of this section are addressed in PREA Policy K., Reporting to other confinement facilities, and are covered in that Policy.

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Jail Administrator that received the allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The Jefferson County Correctional Facility Jail Administrator will document that they have provided such notification and follow up to ensure that the allegation is investigated in accordance with these standards. There have been no reported allegations that an inmate, while in custody of this facility, was sexually abused while confined at another facility. In the event of such allegation, the facility head shall ensure that the allegation is investigated in accordance with these standards.

#### **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.**

Agency Policy K.4 is the agency first responder policy for sexual abuse and covers all areas of section 115.64. In the past 12 months, there have been no allegations of inmate sexual abuse which would require collection of evidence.

#### **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.**

The agency has a written and approved institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health care providers, investigators, and facility leadership. This plan is outlined in PREA Policy K.5 Coordinated response.

Interviews with staff indicate they are familiar with their own specific responsibilities in response to an allegation of sexual abuse.

#### **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.**

During the onsite audit, the auditor was provided with a copy of a collective bargaining agreement

between Jefferson County, Texas and The Jefferson County Sheriff's Association. This agreement is for October 1, 2012 through September 30, 2015. This agreement does not restrict the agency from removing a staff member who is under investigation for sexual abuse or sexual harassment.

#### **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.**

PREA Policy K.6 states inmates and staff will be protected from retaliation when reporting sexual abuse or harassment. The PREA Coordinator will monitor, in writing that all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Jefferson County Correctional Facility will utilize multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

All staff are instructed to pay attention to changes in behavior or other signs that may indicate possible retaliation and report this immediately. The agency monitors the conduct and/or treatment of inmates or staff who report to have suffered sexual abuse to see if there are any changes that may indicate retaliation. This is done for a period of at least 90 days, but may be longer if the agency feels there is a need to continue monitoring. This was verified during interview questions with the PREA Coordinator whom is charged with monitoring for retaliation. There were no reported or documented instances of retaliation in the 12 months prior to the onsite portion of the audit.

#### **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.**

PREA Policy prohibits placing inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of available alternatives has been conducted. In the past 12 months, no inmates were held in or assigned to involuntary segregated housing after alleging to be a victim of sexual abuse or harassment.

Through staff interviews it was discovered inmates who allege to have suffered sexual abuse would be housed in other general population housing, protective custody, or medical (depending on the needs of the individual).

**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.**

Agency Policy (L.1, and L.2) this agency conducts its own investigations, both criminal and administrative.

Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Since August 20, 2012, there have not been any substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

**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.**

Agency Policy L.2 states Jefferson County Sheriff's Department investigators will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The investigator interviewed was aware that the standard of evidence used to substantiate allegations of sexual abuse and sexual harassment was a preponderance of evidence.

#### **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.**

PREA Policy L.3 has been approved requiring that any inmate that makes an allegation that he or she suffered sexual abuse in an agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. At the time of the onsite portion, there were no investigations ongoing. In the event of a staff on inmate sexual abuse, the staff member would (at the least) no longer be posted in that inmate's housing area pending the outcome of the investigation.

All sections of this standard are outlined in this agency policy and meet the requirements of reporting to an inmate.

During the initial audit, the auditor was advised no inmates have been notified as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

During the Corrective Action Period, the auditor re-interviewed one of the facility investigators who advised they now verbally notify the inmate whether or not the allegation was determined to be substantiated, unsubstantiated, or unfounded at the conclusion of the investigation. The auditor was advised there were no new investigations that concluded during the Corrective Action Period to be sampled.

#### **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.**

PREA Policy M.1 states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

In the past 12 months, there has been one staff who has violated agency sexual abuse or harassment policy.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

During the initial audit, the auditor was provided with a copy of the investigation mentioned above. The investigation was dated March 15, 2015; however, the auditor was not provided with the conclusion of the investigation (substantiated, unsubstantiated, or unfounded).

During the Corrective Action Period, the auditor was provided with documentation showing the employee violated agency policy and resigned.

#### **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.**

PREA Policy M.2 Corrective action for contractors and volunteers states any temporary contractor, regular contractor, or volunteer who engages in sexual abuse will be prohibited from contact with

inmates and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and that Jefferson County Correctional Facility will take immediate remedial measures, and will prohibit further contact with inmates. In the past 12 months, there have been no contractors or volunteers reported to have engaged in sexual abuse of inmates at this facility. During the interviews of the agency head, it was confirmed that all contractors and volunteers are required to abide by the agency's zero tolerance policy and are subject to removal from the facility if found in violation of this policy.

#### **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.**

PREA Policy M.3 covers inmate disciplinary sanctions. Inmates are subject to formal disciplinary action following an administrative and/or criminal finding that the inmate engaged in inmate-on-inmate coerced sexual abuse and/or non-consensual sexual conduct with staff. There have been no administrative investigations of inmate-on-inmate sexual abuse that has occurred in the facility.

Staff interviews indicate that no sex, including consensual sex, is allowed. Any inmate found in violation would be referred for disciplinary action.

#### **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.**

PREA Policy N.1 covers all areas under this section as is written in the standards. Any inmate that reports prior victimization is referred for a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A screening tool was only recently implemented. All current inmates in custody are in the process of being screened and procedure has been

implemented to screen all new incoming inmates.

During the initial audit, the auditor was advised staff whom conduct these screenings did not refer inmates who report sexual victimization during the screening process, for medical and/or mental health evaluation.

During the Corrective Action Plan, the auditor was advised all screening instruments are now being forwarded to medical and/or mental health for their review. The auditor was provided with a sample of documentation showing inmates who disclose victimization during screening are referred to mental health staff within 14 days.

#### **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.**

As per agency PREA Policy N.2, inmate victims of sexual abuse will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Inmate victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Treatment will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Through staff interviews it was discovered these services would be provided by the SANE nurse at the hospital.

#### **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.**

PREA Policy N.3 states there will be evaluation and treatment of such victims and will include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care upon transferal or release from custody. Pregnancy testing will be offered to female victims of sexual abuse.

Medical and Mental Health Staff interviews indicate medical and mental health care, including follow-up care, are provided to victims of sexual abuse.

**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.**

PREA Policy O.1 states the agency does conduct sexual assault incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review team consists of upper-level staff to be determined by the Jail Administrator and PREA Coordinator. The review team allows input from line supervisors, investigators, and medical or mental health practitioners.

Management staff (administration) interviews indicate in the event of an incident review, the team will consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; physical barriers, staffing levels, and technology are considered when determining recommendations and improvements.

During the initial audit, the auditor was advised the facility has never conducted a sexual abuse incident review, and does not currently have a designated sexual abuse incident review team.

During the Corrective Action Period, the auditor was advised there have not have been sexual abuse investigations completed that would warrant a sexual abuse incident review. The auditor was provided with a list of staff who were recently assigned to the sexual abuse incident review team. The team consists of upper level management staff, investigators, medical, mental health, first line supervisors, and the PREA Coordinator. The auditor was advised in the future, they would conduct sexual abuse incident reviews at the conclusion of any sexual abuse investigation (excluding unfounded investigations). The auditor was advised they would include recommendations for improvement and adopt these recommendations (or document the reason for not doing so).

### 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.**

The agency utilizes the SSV forms developed by the Department of Justice (per agency PREA Policy section 0.2) to collect data. A standard set of definitions is located on these forms. Upon request, this agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

During the initial audit, the auditor discovered the agency has not collected data pursuant to 115.87. Consequently, the agency has not reviewed such data for corrective action pursuant to 115.88.

During the Corrective Action Period, the auditor was provided with data collected from 2013 and 2014. The agency uses the Bureau of Justice Statistics Annual Survey of Sexual Violence (SSV-3) Form for annual data collection. In addition, the agency uses the Bureau of Justice Statistics Adult Incident Form (SSVIA) for each individual incident. This information is now being reviewed and compared to the previous year annually.

### 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.**

The agency will review the data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This report will include a comparison of the previous years and will provide an assessment of the agency's progress in addressing sexual abuse. The agency may redact specific material from these reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. This information will be posted where

the public may view it and have access to it, whether on an agency website or at the Sheriff's Department Jail lobby/reception area (Agency PREA Policy 0.3).

During the initial audit, the auditor discovered the agency has not collected data pursuant to 115.87. Consequently, the agency has not reviewed such data for corrective action pursuant to 115.88.

During the Corrective Action Period, the auditor was provided with data collected from 2013 and 2014. The agency uses the Bureau of Justice Statistics Annual Survey of Sexual Violence (SSV-3) Form for annual data collection. In addition, the agency uses the Bureau of Justice Statistics Adult Incident Form (SSVIA) for each individual incident. This information is now being reviewed and compared to the previous year annually.

#### **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.**

The agency ensures that data is securely retained and all aggregated sexual abuse data is made readily available to the public at least annually and this information will be posted where the public may view it and have access to it, whether on an agency website or at the Sheriff's Department Jail lobby/reception area. (PREA Policy 0.4)

Prior to publication, any personal identifiers are removed. This data is maintained for at least 10 years after the date of the initial collection (unless Federal, State, or local law requires otherwise).

During the initial audit, the auditor discovered all aggregated sexual abuse data is currently not made readily available to the public at least annually, and is not posted where the public may view it and have access to it.

During the Corrective Action Period, the auditor was advised this information is now collected and a summary of this information is made publicly available on the agency website (<http://www.co.jefferson.tx.us/Sheriff/cd.htm>).

#### **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.

Jeff Kovar

12/15/15

Auditor Signature

Date