Prison Rape Elimination Act (PREA)Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Report December 1, 2018 *(Revised 1-7-19: Requested by TDCJ)*

Auditor Information

Name: Adam T. Barnett	**Email:** Adam30906@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O. Box 20381	**City, State, Zip:** Augusta, Ga. 30906
Telephone: 404-683-6844	**Date of Facility Visit:** October 15 – 17, 2018

Agency Information

Name of Agency: Management & Training Corporation		**Governing Authority or Parent Agency** *(If Applicable)*:	
Physical Address: 500 North Market Place Drive, PO Box 10		**City, State, Zip:** Centerville, Utah 84014	
Mailing Address: P.O. Box 10		**City, State, Zip:** Centerville, Utah 84014	
Telephone: 801-693-2600		**Is Agency accredited by any organization?** ☒ Yes ☐ No	
The Agency Is:	☐ Military	☒ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency mission: MTC will be a leader in social impact by: • Preparing youth for employment and citizenship;• Preparing offenders to successfully transition into communities;• Providing quality health care and promoting healthy lifestyles;• Providing greater opportunity for citizens globally through economic and social development; and • Investing in communities.

Agency Website with PREA Information: www.mtctrains.com

Agency Chief Executive Officer

Name: Scott Marquardt	**Title:** President and CEO
Email: scott.marquardt@mtctrains.com	**Telephone:** 801-693-2800

Agency-Wide PREA Coordinator	
Name: Mark Lee	**Title:** Director Corrections/Corporate, PREA Coordinator
Email: mark.lee@mtctrains.com	**Telephone:** 801-693-2864
PREA Coordinator Reports to: Bernie Warner, Senior Vice President	**Number of Compliance Managers who report to the PREA Coordinator** 24

Facility Information			
Name of Facility: Bradshaw State Jail			
Physical Address: 3900 West Loop 571 Henderson, Texas 75652			
Mailing Address (if different than above): PO Box 9000 Henderson, Texas 75652			
Telephone Number: 903-655-0880			
The Facility Is:	☐ Military	☒ Private for profit	☐ Private not for profit
☐ Municipal	☐ County	☐ State	☐ Federal
Facility Type:	☐ Jail	☒ Prison	
Facility Mission:"Operate a safe and secure facility under the guidelines of Management and Training Corporation and Texas Department of Criminal Justice, provide public safety, and assist offenders in a successful reentry into society through successful educational programs and developing a BIONIC culture throughout the facility."			
Facility Website with PREA Information: www.mtctrains.com			

Warden/Superintendent	
Name David Driskell	**Title:** Warden
Email: david.driskell@mtctrains.com	**Telephone:** 903-655-0880 ext. 2201

Facility PREA Compliance Manager	
Name: Thomas Barnard	**Title:** Acting Facility PREA Compliance Manager
Email: william.glasgow@mtctrains.com	**Telephone:** 903-655-0880 ext. 2308

Facility Health Service Administrator	
Name: Ryan White	**Title:** Nurse Manager
Email: rywhite@utmb.edu	**Telephone:** 903-655-0880 ext. 2503

Facility Characteristics

Designated Facility Capacity: 1980		**Current Population of Facility:** 1963	
Number of inmates admitted to facility during the past 12 months			3775
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			3775
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			3775
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	**Youthful Inmates Under 18:** 0 - NA	**Adults:** 18 - 70	
Are youthful inmates housed separately from the adult population?		☐ Yes ☐ No	☒ 0 - NA
Number of youthful inmates housed at this facility during the past 12 months:			0 -N/A
Average length of stay or time under supervision:			6 months – 2 years
Facility security level/inmate custody levels:			security/J1,J2, J4,J5,G1-G2
Number of staff currently employed by the facility who may have contact with inmates:			271
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			271
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			26 UTMB Staff

Physical Plant

Number of Buildings: 9	**Number of Single Cell Housing Units:** 40
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	36 Dorms
Number of Segregation Cells (Administrative and Disciplinary:	40

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility is equipped with a video surveillance system; however, detail information of cameras and control room locations may present a security risk.

Medical

Type of Medical Facility:	12 hour outpatient facility
Forensic sexual assault medical exams are conducted at:	Emergency Room at local hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	118
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	4 Investigators from OIG & Facility

Audit Findings

Audit Narrative

Methodology:

The PREA audit of the Bradshaw State Jail (BSJ) was conducted October 15 - 17, 2018. BSJ is operated by the Management & Training Corporation (MTC), for the Texas Department of Criminal Justice (TDCJ). Bradshaw State Jail hereinafter may be referred to as *the facility*.

The auditor will use a triangular approach, by connecting the PREA audit documentations, on-site observation, practice, and interviewed staff, inmates, local and national advocates to make determinations for standard and provisions.

Pre-Audit:

During the pre-audit period the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. As of October 13, 2018, there were two confidential communications from inmates, and none from staff.

The PREA audit requires the auditor to conduct outreach to relevant national advocacy organizations, and to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, state and/or community advocacy organizations were contacted.

Advocacy Organization	Information Request	Response
Dallas Area Rape Crisis Center	Information requested on October 17, 2018.	Center reported no concerns with facility and no PREA calls from inmates. October 17, 2018 at 8:50am.
Justice Detention International (JDI)	Information requested on October 11, 2018 online.	On November 6, 2018 the Operations Officer indicated that they have not received any complaints or concerns in their database.
National Sexual Violence Resource Center (NSVRC)	Information requestedon October 11, 2018 online.	As of November 6, 2018, no response.

The Pre-Audit Questionnaire was completed and sent to the Auditor as required. The Auditor requested that the Facility PREA Compliance Manager revise and/or review the Pre-Audit Questionnaire to reflect current information to include the current population.

The Auditor completed a documentation review using the Pre-Audit Questionnaire, internet search, policies and procedures review, and additional documentation provided on the flash drive, to include both the agency and the facility policy and procedures, agency mission statement, daily population

report, schematic/layout for the facility and the last final PREA Audit Report. The PREA Compliance Manager revised the PREA Audit: Pre-Audit Questionnaire to reflect accuracy of the report. The results of the documentation review were shared with the facility prior to and during the site visit. Phone conversations were conducted and email exchanges occurred with the facility.

The following documentation was requested:

- Inmate Roster
- Youthful Inmates, if any
- Inmates with Disabilities
- Inmates who are Limited English Proficient (LEP)
- LGBTI Inmates
- Inmates in segregated housing (PREA Related)
- Inmates who Reported Sexual Abuse
- Inmates who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Staff Personnel Files
- Inmate Files
- Contractors who have contact with Inmates
- Volunteers who have contact with Inmates
- Grievances made in the 12 months
- Allegations of sexual abuse and sexual harassment reported for investigation within the 12 months
- All hotline calls made during the 12 months
- All incidents within the past 12 months

On-Site:

The on-site audit process was a team approach. The audit team consisted of Adam T. Barnett, Sr., USDOJ Certified Juvenile and Adult PREA Auditor (Lead Auditor) and Mrs. Debbie Alexander-Carter (Associate). Mrs. Carter is currently in the process of retiring from the Georgia Department of Juvenile Justice. She has served in positions as Assistant Deputy Commissioner of Secure Facilities, Director of the Ombudsman Office, Regional Director, Program Coordinator, Facility Director, and Correctional Officer.

On October 15, 2018 the on-site audit started with meeting the Warden and the Facility PREA Compliance Manager. The entrance conference was held and attended by:

- Warden
- Assistant Warden
- USDOJ Certified PREA Auditor
- Auditor’s Associate
- Acting Unit Safe Prisons Manager (Facility PREA Compliance Manager)
- Major
- Captain
- TDCJ Contract Manager

Welcomes were given by the Warden and Facility PREA Compliance Manager. The Auditor introduced himself and provided a brief description of his experience, qualifications, correctional and auditing background. Associate,Debbie Alexander-Carter, also provided a brief description of her experience and qualifications.

The Audit Agenda was reviewed and discussed, to include inmate population size based on 1st day of the on-site audit, and 2nd and 3rdday activities. Additional pre-audit information requested weeks prior to the audit was alsoobtained.

Tour:

On the first day of the audit after the entrance conference, the Auditor toured the physical plant while the Associate began interviewing inmates. It was requested that when the Auditor paused to speak to an inmate or staff, that the staff on the tour please step away so the conversation may remain private. This request was well respected.

During the tour, the Auditor observed the location of video monitoring cameras inside and outside of the facility. The cameras are monitored 24 hours a day. None of the cameras field of view includes the toilet and shower areas. The Auditor noted that shower and toilet areas allow inmates to shower ensuring some level of their privacy from staff direct viewing. The Auditor observed the locations of grievance boxes and discussed how often the grievanceswere collected. Inmate phones were checked to ensure they were working and had a dial tone. The inmate's risk screenings starts with the intake officer and are completed by the facility PREA Compliance Manager. The Auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

The Auditor had sufficient opportunity to view inmate – staff interaction. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process; and in all instances the Auditor observed appropriate respect on the part of both inmates and staff.

The PREA standards require the Auditor to tour the facility to verify compliance with the standards. The following areas and locations were visited.

Location	Check
Facility Physical Design	✓
Cameras and Surveillance Technology Deployment	✓
Resident Housing Units: *(9 buildings and 36 dorms)*	✓
Cross-gender announcements when entering living areas	✓
Observe for Blind Spots	✓
Notices of the PREA Audits Posted	✓
Phones and Kiosks *(If applicable) Phones only*	✓
Holding Rooms/Cells	✓
Segregated Rooms/Cells	✓
Residents Files in Secured Area	✓
Staff Personal Files in Secured Area	✓
PREA Information Posted English & Non-English	✓
Bathroom and Shower Procedures	✓
Cameras do not have a line of sight into resident's rooms, or the toilet and showers	✓

No New or Renovated areas observed	✓
Residents Program Areas	✓
Facility was orderly in appearance	✓
Grounds	✓
Reactions between residents and staff	✓
Intake	✓
Administration Area	✓
Storage Rooms & Closets	✓
Mail Room	✓
Commissary	✓
Laundry	✓
Dining	✓
Kitchen	✓
Visitation	✓
Library	✓
Inside Recreation Area	✓
Outside Recreation Area	✓
Grievances	✓
Medical Area	✓
Control Room Monitors	✓
Program Staff Offices	✓
Sally Ports	✓

Facility Characteristics

Facility Demographics:

# of Full-Time Staff Reported First Day of Audit	245 (BSJ) and 26 (UTMB) = 271
Types of Supervision Practiced:	Custodial Supervision; Surveillance Equipment
Inmate Housing: # of Housing Units/Pods	36 Dorms
# of Segregation Cells (Administrative & Disciplinary)	40
Facility Inmate Designed Capacity	1980
Actual Number of Inmate Housed on the First Day	1963
Number of Youthful Inmates Housed	0
Custody/Security Level in the Facility	Security/G1/J1 and G2/J2
Gender Composition	Males

Facility Background, Physical Plant and Security Supervision:

Bradshaw State Jail (BSJ) is owned by the Texas Department of Criminal Justice but managed and operated by contract with the Management & Training Corporation (MTC) effective September 2017. The facility is classified as medium security for male inmates. Bradshaw State Jail was built in 1995 and is located in Rusk County, Henderson, Texas and 40 miles west of Tyler, Texas.

The compound sits on approximately 15 acres of land within a single perimeter fence with 3 rolls of razor wire with armed roving patrols. The design of the facility allows for direct line-of-sight observation of the inmates housed. There are 9 buildings located within the secure perimeter

consisting of food service, gymnasium/multipurpose building, visitation, warehouse, maintenance, medical, dental, laundry, commissary, master control, restrictive housing units, and the inmate residential units. The inmate living units are dormitory style except for restrictive housing, which is single cell with facilities provided inside each cell. All dormitory style housing units provide the inmates some level of privacy and unimpeded access to the showers and toilets. Within the secure perimeter is a program area that all inmates have access to the programs being offered.

Note: Additional documentation reviewed:

- Average Daily Population
- Surveillance Equipment List
- Unit Map

Facility Programs

The facility provides the following programs and services:

- Medical Capabilities: Ambulatory medical, dental, and mental health services. Telemedicine and Digital Medical Services (DMS) available. All services on a single level, including Continuous Positive Airway Pressure (CPAP)accommodating housing. Managed by University of Texas Medical Branch (UTMB).

- Educational Programs: Adult Basic Education, GED, Life Skills/Pre-Release.

- Vocational Programs: Carpentry, Electrical Trades, and Masonry.

- Additional Services: Faith Based Dormitory and Chaplaincy Services. Support Groups, Substance Abuse Education, Religious/Faith Based Studies and Activities.

- Community Work Projects: Services provided to city and county agencies and area school districts.

Management & Training Corporation (MTC) Mission:

"Be a leader in social impact by:

- Preparing youth for employment and citizenship;
- Preparing offenders to successfully transition into communities;
- Providing quality health care and promoting healthy lifestyles;
- Providing greater opportunity for citizens globally through economic and social development; and
- Investing in communities."

Bradshaw State Jail Mission:

"Operate a safe and secure facility the guidelines of Management and Training Corporation and Texas Department of Criminal Justice, provide public safety, and assist offenders in a successful reentry into

society through successful educational programs and developing a BIONIC culture throughout the facility."

Texas Department of Criminal Justice (TDCJ) Mission:

"To provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime."

Accreditation:

ACA on-site re-accreditation was completed September 4 – 6, 2018. Correctional Education Association (CEA) also accredits the facility.

Staff Interviewed:

The Auditor conducted interviews with the following agency leadership which are not counted in the totals. Below are the staff interviewed, either on-site, by telephone, or by another previous auditor.

- MTC Agency Head (Previously Interviewed)
- MTC Agency PREA Coordinator (Previously Interviewed)
- MTC Assistant Agency PREA Coordinator

The facility reported 245 BSJ full-time staff and 24 UTMB full-time staff and 2 part time staff on the first day of audit for a total of 271 employees. The Auditor conducted the following specialized staff interviews on-site or via phone:

Category of Staff Interviewed	# Interviews Conducted
Random Staff (Correctional Officers) *Selected from All Shifts*	20
Specialized Staff (Total)	26
Staff Informally Interviewed during Facility Tour	3
Staff Refused to interview	0
Total Staff	**49**
Breakdown of Specialized Staff Interviews	
✓ Warden - DOJ Interview Questions for Warden - Incident Review Team Member	1
✓ Facility PREA Compliance Manager (Acting) - DOJ PREA Compliance Manager Questions - Designated staff member charged with monitoring retaliation - Staff who preform screening for risk of victimization and abusiveness	1
✓ TDCJ Contract Monitor (Administrator)	1
✓ Higher-level facility staff responsible for conducting unannounced rounds (Assistant Warden)	1
✓ Mid-level staff responsible for conducting unannounced rounds to identify and deter staff sexual abuse and sexual harassment (LT)	1
✓ Line staff who supervise youthful inmates (Officer) No youthful inmates	1
✓ Education staff who work with youthful inmates (Teacher) No youthful inmates	1
✓ Medical staff	1

✓ Mental health staff	1
✓ Non-Medical staff involved in cross-gender strip or visual searches	1
✓ Human Resources - HR staff	1
✓ SAFE and/or SANE Staff – Local hospital	0
✓ Volunteers who have contact with inmates	1
✓ Contractors who have contact with inmates	1
✓ Investigation staff – Agency level	0
✓ Investigation staff – Facility level	1
✓ Staff who supervise inmates in segregated housing	1
✓ First responders, security staff	1
✓ First responders, non-security staff	1
✓ Intake staff	1
✓ Grievance staff	1
✓ Staff who tracks incidents	1
✓ Law Library Aide (Civil Immigration & Homeland Security Information)	1
✓ Food Service Manager (PREA Training and Inmate Supervision)	1
✓ Count Room Clerk (Tracking Potential Victims and Predators)	1
✓ Mail Room staff (Handling of PREA Mail and PREA Training)	1
✓ Commissary Worker (PREA Training and Inmate Supervision)	1
✓ Laundry Worker (PREA Training and Inmate Supervision)	1
Total Specialized Staff Interviews	**26**

The Auditor informally interviewed 3 staff members. A total of 49 formal and informal interviews revealed that staff at BSJ has an understanding of PREA and their roles as it relates to PREA responsibilities.

Inmate Interviewed:

On the first day of the audit the facility designated capacity was1980. The number of inmates housed during the first day of the audit was 1963. The Auditor conducted the following inmate interviews during the on-site phase of the audit:

Category of Inmates	# of Interviews Conducted
Random Inmates***(Selected from all Housing Units/ Housing Dorms)***	34
Targeted Inmates	7
Inmates Informally Interviewed During Facility Tour	13
Inmates Refused to Interview (Note: Inmates who refused are not counted in the total)	-2
Total Inmates Interviewed	**54**
Breakdown of Targeted Inmate Interviews	
✓ Youthful Inmates	0
✓ Inmate with a Physical Disability	0
✓ Inmates who are Blind, Deaf, or Hard of Hearing	0
✓ Inmates who are LEP	2
✓ Inmates with a Cognitive Disability	0
✓ Inmates who Identify as Lesbian, Gay, or Bisexual	5
✓ Inmates who Identify as Transgender or Intersex	0
✓ Inmates in Segregated Housing for High Risk of Sexual Victimization	0
✓ Inmates who Reported Sexual Abuse that Occurred at the Facility	0
✓ Inmates who Reported Sexual Victimization During Risk Screening	0

Total Number of Targeted Inmates Interviews	7

The Auditor informally interviewed 13 inmates. A total number of 54 formal and informal interviews revealed that inmates at BSJ are receiving the proper PREA education. Inmates interviewed could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, by telephone, anonymously, to a family member, etc.

As of October 13, 2018, there were two confidentialcommunications from inmates. The inmates were added to the interview list. One inmate's concern was related to gang activities and he stated that another inmate sexual harassed him. During the interview the inmate was asked how many times these comments were made toward him. He stated only once. The Auditor probed and the inmate stated that OIG investigated and it was unsubstantiated.

The second inmate's confidentialcommunication was not PREA related. During the inmate interview the inmate was asked to connect his concern to PREA. The inmate stated that his concerns were not PREA. He wants a transfer due to gang related issues.

Interviewed Inmate Length of Time at Facility

Days or Months	Number of Inmates
1 to 30 Days	9
31 to 60 Days	3
61 to 90 Days	8
91 to 120 Days	4
5 to 9 months	7
10 months to 2 Year	10
2 Years to 6 Years	0
6 Years Plus	0
Total	**41**

Records Review

Name of Record	Total # of Records	Comments
Personnel Records/Documentation	245 (BSJ)	143 files and staff listed Background Clearance Dates. 102 staff transition for CoreCivic Background Checks were approved by TDCJ as a part of the transfer.
UTMB Contractors /Documentation - Training - Background Clearance	26	List of 26 Background Clearance Dates
Volunteers /Documentation	118	Approved Volunteer List Reviewed from TDCJ that included Background Checks.
Training Files/Documentation	245	Training Rosters & PREA Acknowledgment Statements/Corporate Policy #903E.02 Attachment
Resident Records	1963	-40 TDCJ inmate files Reviewed -210 MTC Initial PREA Assessment Reviewed

		- 56 MTC High Risk Inmates Reviewed
Medical / Mental Health Records (Victims)/Documentation	56	56 Referrals to Mental Health Services
Grievance Forms (All Complaints, including Sexual Assault and Sexual Harassment)	1089	1089 File Log Reviewed
Incident Reports	131	131 File Log Reviewed
Investigation Records (Sexual Assault and Sexual Harassment)	6	6 Cases Reviewed

Investigation Records Review

Incident ID/Number	Reported Date	Type of Incident	Outcome	Method of Reporting
2249	8/1/2018	Inmate/Inmate Abuse Sexual Contact	Unsubstantiated	Grievance/I-60
2267	8/25/2018	Inmate/Inmate Sexual Harassment	Unsubstantiated	Staff
2053	4/23/2018	Inmate/Inmate Nonconsensual Sexual Act	Unsubstantiated	Grievance
1465	12/17/2017	Inmate/Inmate Sexual Harassment	Unsubstantiated	Staff
1466	12/11/2017	Inmate/Inmate Abuse Sexual Contact	Unsubstantiated	Grievance
1464	11/14/2017	Staff/Inmate Sexual Misconduct	Unsubstantiated	Staff

Investigation Summary Report

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Hotline	0	0	0	0
Grievances	3	0	0	0
Reported to Staff	0	0	2	1
Anonymous, 3rd party	0	0	0	0
Reported by Staff	0	0	0	0
Total	3	0	2	1

Summary of Audit Findings

On October 17, 2018, the Auditor conducted an exit conference with the agency and facility officials. The following staff attended the exit conference.

1. Warden
2. Assistant Warden
3. USDOJ Certified PREA Auditor
4. Auditor's Associate
5. Acting Unit Safe Prisons Manager (Facility PREA Compliance Manager)
6. Major
7. Captain
8. TDCJ Contract Manager
9. TDCJ Contract Specialist
10. Regional Warden

Facility officials were very open and receptive to an honest discussion of areas where PREA compliance needed to be strengthened.

There were three (3) areas of concern.

- ✓ **Concern #1:** During the facility tour it was noted that the inmate's toilets in the chapel did not provide for privacy.
    - **Facility Response:** On October 16, 2018, on-site maintenance personnel corrected the concern by covering the lower part of the area without compromising safety and security. ***Compliant.***
- ✓ **Concern #2:** During the facility tour it was noted that one of the inmate's shower in restrictive housing did not provide for privacy.
    - **Facility Response:** On October 16, 2018, on-site maintenance personnel corrected the concern by covering the lower part of the shower door without compromising safety and security. ***Compliant.***
- ✓ **Concern #3:** During the facility tour it was noted that the monitors in Alpha picket were not functioning.
    - **Facility Response:** On October 15, 2018, the facility provided a work order generated on 10-15-2018 regarding Alpha Dorm cameras are down with the exception of A Rec Yard 2. ***Compliant.***

The standards are rated as exceeded, met, or not met. Most standards have between 1 – 20 provisions. To achieve compliance on any given standard, the facility must achieve 100% compliance with each provision within the standard. The Auditor used the Department of Justice Final Rule for PREA Standards published in May 17, 2012. Forty-five (45) Prisons and Jails Standards were audited. The PREA Coordinator was very knowledgeable about the PREA requirements and the implementation of processes and systems.

Corrective actions, specific detail about deficiencies or concerns regarding findings may appear in the standard-by-standard discussions in the main body of the report. If the facility does not correct stated concerns within 45 days before the Auditor released the interim report that will start the corrective action process. If the facility corrects the stated concerns within the 45 days and the Auditor agrees, then the final report will be released.

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered bythe Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒Yes ☐No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒Yes ☐No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒Yes ☐No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒Yes ☐No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?☒Yes ☐No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)☒Yes ☐No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒Yes ☐No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo – Designating Facility PREA Compliance Manager
- MTC Memo – Bernie Warner, Sr. VP, Corrections (Designating Agency PREA Coordinator) 11/1/2017
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A-1, A2,A3 &D, A4, A5, B1, B2, C1, C2) –August 1, 2017
- MTC PREA Coordinator Designating MEMO
- MTC Website –Mark Lee, MTC Agency PREA Coordinator
- MTC Website – Mike Atchison, MTC Agency Assistant PREA Coordinator
- MTC Organization Chart
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews
    - MTC Director of Corrections/Agency PREA Coordinator (Previous Interviewed)
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Acting Unit Safe Prisons PREA Manager (Facility PREA Compliance Manager)

(A) Management & Training Corporation (MTC) published the agency policy serial # 903E.02, Ensuring Safe Prisons. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to MTC's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance to Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

Inmate, Detainee or Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. MTC develop and promote a BIONIC culture in each of its facilities. BIONIC is an acronym for "Believe It or Not I Care" and it is a representative of the agency overall strategy.

(B) The agency employs/designates an upper level, agency wide PREA Coordinator with sufficient time and authority to develop, implements, and oversees agency efforts to comply with the PREA standards in all facilities.The agency provided additional documentation confirming the agency PREA Coordinator and authority. The agency organizational structure was provided showing the position of the agency PREA Coordinator.

(C) The facility designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility provided documentation confirming the facility

PREA Compliance Manager appointment. The PREA Compliance Manager position is located on the facility organizational chart showing who the position reports to.

Interview Results:

- The previous interview via phone with MTC Director of Corrections/Corporate confirmed appointment of MTC PREA Coordinator and Director of Policy and Audits are theAgency Assistant PREA Coordinator.

- The Warden confirmed the appointmentof the acting Unit Safe Prisons as theFacility PREA Compliance Manager.

- Interview with the Facility PREA Compliance Manager indicated that he had a great deal of correctional experience and sufficient time and authority to coordinate the facility's effort to comply with the PREA Standards.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)☐Yes ☐No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐Yes ☐No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Solicitation, Offer and Award (RFP)
- BSJ Contract – Description/Specifications/Work Statement
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- MTC Contract Addendum – (10/31/2013)
- Memo from MTC Agency PREA Coordinator (2/14/2014)
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Acting Unit Safe Prisons PREA Manager (Facility PREA Compliance Manager)
    - Contract Monitor

(A) MTC is a private corporation that has entered into or renewed contracts with Federal, State, county, etc. prisons for the confinement of inmates and has adopted and complies with PREA standards. However, Bradshaw State Jaildoes not have authority to contract with other entities for the confinement of inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of contracts for the confinement of inmates that the facility entered into or renewed since the last PREA audit was 0.

- The number of contracts that did not require contractors to adopt and comply with PREA standards was 0.

(B) All agency contracts required the monitoring of compliance with PREA Standards.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of contracts referenced that do not require the agency to monitor contractor's compliance with PREA standard was 0.

Interview Results:

- Interview with Warden and Acting Facility PREA Compliance Manager indicated that the facility does not contract with other agencies to confine inmates.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?☒Yes ☐No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒Yes ☐No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒Yes ☐No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?☒Yes ☐No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)☒Yes ☐No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews, and Observations

- BSJ Camera Scheme
- Staffing Plan
- Memo: Video Monitoring (September 10, 2018)
- Memo: Staff Deviations
- Unannounced Logs
- Memo: Annual Assessment
- TDCJ Post Order #07.002
- TDCJ Post Order #07.003
- TDCJ Post Order #07.004
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,B1,C1,D1-4) – August 1, 2017
- Memo: Facility Staffing Plan Review (December 2017 During the MTC Annual Operational and Capital Budget Process (A1)
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager
    - Announced Rounds Conducted by Higher-Level Staff
    - Announced Rounds Conducted by Intermediate Staff
    - Non-Medical Staff Cross Gender Strip or Visual Searches

(A) The agency policy requires Bradshaw State Jail to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate level of staffing, and where applicable, video monitoring to protect inmates against abuse.

According to interviews with management staff and documentation, when the facility calculates adequate staffing levels and determining the need for video monitoring, they consider the following as stated in the standards:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Since the last PREA audit the average daily number of inmates was 1960, and the average daily number of inmates which the staffing plan was predicated was 1980.

(B) According to staff interviews and documentation, each time the staffing plan is not complied with the facility documents and justifies deviations from the staffing plan; however, there were no major deviations for the staffing plan. If there were deviations for the staffing plan, the facility states that it would document and list the reasons for deviating.

(C) Facility management interviewed indicated that at least once every year the facility, in collaboration with the agency PREA Coordinator,reviews the staffing plan to see whether adjustments are needed in:

- The staffing plan,
- The deployment of monitoring technology,
- The allocation of agency/facility resources to commit to ensure compliance with the staffing plan.

(D) Staff interviews and documentation indicated that the facility requires that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Facility provided documentation of unannounced rounds, which the rounds cover all shifts to include night and different timeframes. The policy prohibits staff from alerting other staff when unannounced rounds are conducted.

Interview Results

- Interview with the Acting Facility PREA Compliance Manager indicated that he is consulted regarding any assessment of or adjustments to, the staffing plan.

- Interviews with a facility highand intermediate level staff that conduct and document unannounced rounds indicated that they are conducting and documenting unannounced rounds. Submitted documentation supported staff comments. Interviewed staff also indicated that policy prohibits staff from alerting other staff and they monitor the radio communication.

- Interview with the Warden indicated that the facility has staffing plan - shift rosters. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: SOF Youthful Offenders
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- MTC Juvenile Inmates Report (MTC System)
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - No Youthful Inmates
    - Random Staff (Officers)

- Management Staff
- Education Staff
- Line Staff
- Program Staff

(A) A review of documentation and staff interviews indicated that theBSJ does not house youthful inmates. However, interviewed staff indicated that if the facility received a youthful inmate they would not place the youth in a housing unit in which the youth would have sight, sound, or physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters. They would not place a youthful inmate in the same housing unit as the adult inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of housing units to which youthful inmates were assigned was 0, and in the past 12 months the number of youthful inmates placed in the same housing unit as adults at this facility was 0.

(B) Interviewed staff also indicated that if the facility received a youthful inmate, the facility can maintain sight, sound, and physical separation between youthful inmates and adult inmates in areas outside the housing unit; and will provided direct staff supervision to the youthful inmates.

(C) The youthful inmates, according to staff interviews, will not be placed in isolation to comply with PREA and will not be denied daily large-muscle exercise and any legally required special education services to comply.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates was 0.

Interview Results

- Interviews with the Facility Management Team and, a review of facility demographics/documentation reveal that Bradshaw State Jaildoes not admit youthful inmates.

- Interviews with the Acting Facility PREA Compliance Manager and randomly selected staff indicated youthful inmates are not housed in this facility. Interviewed randomly selected staff stated youthful inmates are not housed at this facility and during the audit period there were no youthful inmates observed.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐X Yes ☐ No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☐X Yes ☐ No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? ☐ Yes ☒ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Female Offenders
- Sign: "Knock and Announce"
- TDCJ Post Order #07.020 Dorm Picket Officer
- Training: Class 18-11 April 30 – June 11, 2018 Roster
- TDCJ CID – Management Operations Correctional Training and Staff Development (Curriculum)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, C1-2, B2, D1, D2, C1, F1)–August 1, 2017
- MTC Prison Rape Elimination Act Power Point
- Attendance Roster/Sheet
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Random Staff (Officers)
    - Non-Medical Staff Cross Gender Searches
    - Random Inmates
    - Management Staff

(A) Interviewed staff and documentation indicated that the facility does not conduct cross-gender strip or visual body cavity searches of inmates.

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates was 0, and the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff was 0.

(B, C) Interviewed staff and documentation indicated that the facility does not house female inmates. If the facility were to receive female inmates they would not permit cross-gender pat-down searches of female inmates absent exigent circumstances. Female inmates will not be restricted for regularly available programming or other out of cell opportunities in order to comply with PREA.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of pat-down searches of female inmates that were conducted by male staff was 0; and the number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstances was 0.

(D) The agency has implemented policies and procedures that enable inmates to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Observations of restrooms and shower during the tour confirmed inmates have privacy when using the restroom, showering and changing clothing. PREA friendly shower curtains are at the shower areas to provide a level of privacy even in an open bay dormitory style pod or dorm. Inmates reported they are never naked in full view of staff.

Policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

(E) Policy was reviewed prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the facility housed transgender and intersex inmates,the agency directs staff not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, the facility determines during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months the number of searches occurred was 0.

(F) Documentation review revealed that staff receives training on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive way possible, consistent with security needs. The facility provided samples of documentation to confirm staff has received and reviewed search training consistent with policy. The PREA Compliance Manager confirmed there had been no cross-gender strip or visual body cavity searches conducted within the audited cycle.

Interview Results:

- Twenty (20) security staff, representing staff from all shifts, was interviewed. One hundred percent (100%) of staff interviewed indicated that cross-gender pat searches were not permissible. One hundred percent (100%) of the interviewed staff stated that they were trained on conducting cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The facility had zero (0) transgender residents.

- Forty-one (41) random inmates were interviewed. Ninety-seven percent (97%) of the inmates reported that the presence of female staff is announced most of the time. Three percent (3%) of the inmates reported that they don't remember if the presence of female staff is announced.

- There is a sign on the frame above the door entering each pod, which states opposite sex must announce their presence when entering the pod.

- One hundred percent (100%) of the staff reported that inmates can dress, shower, and usetoilets without being viewed by staff of the opposite gender and that female presence on housing units is announced.

- No female inmates are housed at the facility.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an 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, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Language Line Services - Personal Interpreter Website
- Safe Prisons Spanish Posters
- Email: Interpreter Services (September 2018)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, A2, C1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Inmate Handbook English
- Inmate Handbook Spanish
- Language Line Services, Inc. Agreement with MTC
- Interviews:
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager
    - Random Officers
    - Random Inmates
    - Inmates with Disabilities (None)
    - Limited English Inmate (None)
    - Management Staff

(A) The agency has policies and procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Also, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The facility will use Education Staff to assist with PREA education with inmate's disabilities.

MTC requires that any inmate who appears to have a condition that would limit the inmate's access to and participation in, any program or service offered by the facility, shall be handled as follows:

1. Inmates who are deaf, blind, or have other physical disabilities that significantly limit access to programs and services in the facility, may be transferred to an appropriate facility within 72 hours of admittance for assessment and classification consistent with safety and security.

2. During assessment and classification, the inmate shall be provided with CN 101901, Americans with Disabilities Act – Notice of Rights and CN 101902, Request for Reasonable Accommodations by health services staff or a qualified sign language interpreter for the deaf or hard of hearing inmates who know sign language.

(B) The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Staff interviews and

documentation indicated that onsite interpreters are provided for Spanish speaking inmates. Outside interpreting services are available to the inmate population as dictated by policy.

(C) The facility does 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, the performance of first-response duties or the investigation of the inmate's allegations. Interviewed staff indicated that they will document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties or the investigation of the inmate's allegations was 0.

Interview Results:

- All of the interviewed security staff reported that resident interpreters are not allowed. The facility has two (2) correctional officers that interpret for inmates.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes ☐ No ☐X NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- MTC PREA Questionnaire Return from Sheriff's Department
- Five Year Background Checks Statement of Fact: CJIS system with the Department of Public Safety
- BSJ Statement of Fact: No request for outside agency
- TDCJ Letter: Public Information Act Request (NCIC/TCIC) Initial Background Check
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, C1, D, E) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Policy 201.9 Employment Records (MTC Internal Site)
    - MTC Policy 201.3 Background Checks (C, F, E, H, A2)
        - Past Employment Verification and Reference Checks
        - Driving Records
        - Education Verification
        - Licenses/Certifications
        - Criminal Records
        - Civil Records
        - Consumer Reports (Information obtained from a third party whose business is collection of such data)
        - Fingerprinted
- MTC Policy 203.11 Fraternization
- MTC Policy 203.1 Rules of Conduct (April 1, 2016)
- MTC Employee Handbook (page 17)
- MTC Interview Questions
    - Three questions from the PREA Standards
- MTC Applicant – Interview Evaluation
- MTC Request for NICIC

- MTC Reference Verification Report - Correction
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Human Resources Manager

(A) MTC requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immediate care.

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

(B, C) Policy requires that before hiring new employees who may have contact with inmates, the agency performs a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of inmates or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

The facility uses theODRC Background Investigation Checks that included the following:

- Driver License/State ID
- MRDD Abuse Registry
- DOTS Portal – Inmate Visiting List
- Fingerprints
- High School/GED
- Personal References

MTC also has a background Investigation Checks system that includes the following:

- MTC Policy 201.3 Background Checks
    - Past Employment Verification and Reference Checks
    - Driving Records
    - Education Verification
    - Licenses/Certifications
    - Criminal Records
    - Civil Records

- Consumer Reports (Information obtained from a third party whose business is collection of such data)
- Fingerprinted

In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks was 270.

(D) Policies and staff interviewed stated that the facility requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of contracts for service where criminal background record checks were conducted on all staff covered in the contract that might have contact with inmates was 1.

(E) MTC requires BSJto conducts criminal background records checks every five years on current employees and contractors who have contact with inmates per staff interviews.

(F) The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA.

(G)MTC policy prohibits staff from material omissions and the provision of materially false information. This may result in grounds for termination. MTC has an Offender Data System (ODS) that tracks and generates automated emails.

MTC Offender Data System (ODS) Generated Automated Email: Email C – from ODS notifying the Facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

a. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).

b. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).

c. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

(H) Interviewed HR staff confirmed that the facility will provide information on employment, such as hired and released dates and other basic information; however, they are prohibited for giving detailed information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

Interview Results:

- A review of the staff files and interview with the HR staff confirms that background clearances are placed in the employee files. The HR staff provided a list of all criminal background clearance dates.

- Interview with Facility Human Resource staff confirmed a hiring process that is comprehensive and thorough. TDCJ performs criminal record background checks on all newly hired employees and contractors during the clearance process through the agency.

- Interview with a staff member for the MTC indicated that TDCJ performs criminal record background checks on all newly hired employees and contractors during the clearance process. This is done regardless of whether they may have contact with offenders. The employee's information is entered into the NCIC/TCIC database, and a response is sent back by BSJ. The MTC also immediately provides an automatic notification to the agency through e-mail if any criminal charges are brought against any employee or contractor during their employment. Additionally, the agency performs warrant searches during the employee's birth month and six months after their birth month. The disciplinary record of all employees considered for promotion is reviewed at the time of consideration.

- Interview with Facility Human Resource staff indicated that when a former employee applies for work at another facility, upon request from that facility, they would provide requested information as long as it does not violate policies or laws.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Video Monitoring
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Camera Numbers & Locations
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Management Staff

(A) Policy requires that when designing or acquiring any new facility and in planning a substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Interviews with the PREA Compliance Manager and Warden indicated that there was no major expansion during the past three years. If there was a major expansion, the Warden and the Facility PREA Compliance Manager would be involved in any planning.

(B) The Facility Management Team indicated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse.

Interview Results:

- Interviews with the Warden and observations indicated that the facility has a video monitoring system.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical

evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers?☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Administrative Directive #16.04 Forensic Evidence Collection
- TDCJ Administrative Directive #16.20 Reporting Incidents/Crimes To The Office of The Inspector General
- TDCJ Administrative Directive #05.01 Sexual Abuse Response and Investigation
- TDCJ Private Facility Contract Monitoring Oversight Division Inter-Office Communication
- Texas Association Against Sexual Assault – Sexual Assaults Service Providers and Crisis Centers
- Dallas Area Rape Crisis Center
- TDCJ Employee Training History Sheet
- BSJ Memo: SAFE's and SANE's (UT Health Tyler, TX and Good Shepard Hospital Longview, TX)
- BSJ Memo: Advocate Services
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A3, C1 -5, D1,3; E1, F1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Offender Data System (ODS)
    - Investigations

    - Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
- MTC PREA Annual Report
    - MTC Report of 2017 PREA Allegations and Investigation Results
    - MTC Report of 2016 PREA Allegations and Investigation Results
    - MTC Report of 2015 PREA Allegations and Investigation Results
    - MTC Report of 2014 PREA Allegations and Investigation Results
- Interviews:
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff
    - Facility Investigator
    - Random Staff (Officers)
    - Inmate Who Reported Sexual Abuse (None)

(A) Policy requires the agency/facility to initiate and/or conduct administrative and criminal sexual abuse investigations to include inmate-on-inmate sexual abuse or staff sexual misconduct. The facility has designated a Facility Investigator. The state PREA Investigation Unit and the Facility PREA Investigators can investigate administrative and criminal sexual abuse based on the nature of the case. Interview with the Facility Investigator indicated that policy requires and give them guidelines to follow a uniform evidence protocol.

(B) The facility utilizes the internal and external offices to conduct investigations regarding all felony related crimes to include alleged sexual violence that occurred at the facility. Both the facility and the external office follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The protocol is appropriate, and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The facility does not house youth/adolescents.

(C) The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, the local hospital, without financial cost. The local hospital provides Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If one is not available, the examination is performed by a qualified medical staff. The facility provides emails for efforts to provide SANE or SAFE staff.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months was 0.

- The number of exams performed by SANEs or SAFEs during the past 12 months was 0.

- The number of exams performed by a qualified medical practitioner during the past 12 months was 0.

(D, E) The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based

organization or a qualified facility staff member. The facility provided documentation that showed efforts to secure services from the Victim Assistance Program – Dallas Area Rape Crisis Center.

The victim advocate is a qualified facility staff member, or qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

(F, G) When a PREA allegation is investigated by an outside agency, the facility requests that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not. Policy also states that as a result of the preponderance of the evidence, the investigator may determine whether the allegation is substantiated.

(H) The facility defines a qualified facility staff member or a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination.

Interview Results:

- One hundred percent (100%) of the interviewed security staff was knowledgeable of the staff member (s) responsible for internal investigations. Most of the staff could plainly communicate the internal investigator that conducted PREA interviews, the PREA Compliance Manager, and an on-site/external investigator.

- Most of the staff was able to describe the process and steps required to protect physical evidence; which included securing the area, protecting the physical evidence, not allowing the victim to shower or brush teeth, and immediately seeking medical attention. One-hundred percent (100%) of the interviewed staff could articulate immediate notification to the supervisor, as the first process to protect any usable evidence.

- Documentation submitted by the facility and confirmed by the Facility PREA Compliance Manager, that the facility has contacted the Victim Assistance Program.

- Interview with the PREA Compliance Manager and documentation indicated that there have been no requests or a need for a victim representative to be used at the Bradshaw State Jailas of October, 15, 2018.

- Interview and documentation indicated that there are no SAFEs or SANEs available in the community; therefore, the Bradshaw State Jailsends all sexual abuse victims to the local hospital for an examination by a licensed physician immediately if needed.

- Interviewed staff, including the Facility Investigator, was familiar with the evidence protocol and roles they would play as first responders. Medical staff related their role in the sexual assault would be to provide any first aid that might be needed because of ensuring immediate medical attention. The staff stated they would “make sure the inmate victim was stable, and preserve the evidence.”

- Interview with the Investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes the standard provision (g) 1 and 2.

- For victims of sexual assault, interviewed staff indicated that the facility would offer all victims access to forensic medical examinations without financial cost. Staff indicated that SANEs/SAFEs are provided by the local hospital.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Administrative Directive #16.20 Reporting Incidents/Crimes to The Inspector General
- TDCJ: Texas Board of Criminal Justice (Website)
- BSJ Administrative Review Checklist
    - Administrative Incident Review Report
    - Copy of EAC telex email message
    - Staff Witness Statements Complete with Signatures
    - Offender Witness Statements Complete with Signatures and TDC #s
    - Photographs of incident or injuries
    - Offender Protection Investigation (OPI) Report (SPP-116)
    - Disciplinary case (s) completed (I-210) attached if available
    - Copy of Offender (s) Travel Card
    - Injury Report (RM-31)
    - Supervisor's Investigation of Injury (RM-32)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A3, C1 -5, D1,3; E1, F1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Offender Data System (ODS)
    - Investigations
    - Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
- MTC PREA Annual Report
    - MTC Report of 2017 PREA Allegations and Investigation Results
    - MTC Report of 2016 PREA Allegations and Investigation Results
    - MTC Report of 2015 PREA Allegations and Investigation Results
    - MTC Report of 2014 PREA Allegations and Investigation Results
- Interviews:
    - Agency Head Previously Interviewed
    - Warden
    - Facility PREA Compliance Manager
    - Facility Investigator
    - Management Staff

(A) Per interviews with the Warden, Facility PREA Compliance Manager, and the Facility Investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported on inmate-on-inmate or staff-on-inmate misconduct.

The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. MTC requires to be notified immediately and assumes control of the investigation when appropriate.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence (with attached copies of all documentary evidence).

An additional interview with Facility Investigator confirmed the process for receiving an allegation and for conducting the investigation, ifan allegation of sexual abuse was reported. Interviewed staff stated they had been trained to report everything for investigation, including reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

(B) The BSJhas in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

(C, D) If a separate entity is responsible for conducting criminal investigations;thepublication describes the responsibilities of both the agency and the investigating entity. MTC publishes the policy on its website.

Interview Results:

- An additional interview with staff confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated they have been trained to report everything for investigation, including reporting, knowledge, allegations, and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

- As previously stated, one hundred percent (100%) of the staff are aware that referrals are investigated and who is responsible for conducting the internal and external investigations. Staff identified the onsite investigator.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employee understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- MTC Pre-Service Training Rosters
- MTC Safe Prisons/PREA Program Curriculum
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, B2, D1)– August 1, 2017
- MTC Policy 901D.02 (A1, D1) Training Requirements – (October 1, 2017)
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Random Staff (Officers)
    - Management Staff

(A) The facility has trained staff that has contact with inmates on the requirements stated in this standard. According to staff interviews, sexual abuse and sexual harassment training is provided in pre-service orientation training, in-service, and other additional training and includes all requirements. The facility provided copies of the training sessions and rosters.

(B) Training is tailored to the gender of the inmates at the employee's facility. Review of documentation revealed that staff receives additional training if the staff is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa. The staff will receive this training through additional pre-service training. This facility housed only male inmates.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of staff employed by the facility, which may have contact with inmates, who were trained or retrained on the PREA requirements, was 270.

(C) Current employees have received training, and the facility has provided each employee with refresher training annually to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. The directive requires additional training for investigators, health practitioners, and mental health staff to receive additional training specific to their areas of responsibility.

(D) The facility documents, through employee signature and electronic verification, staff understanding of the training they have received. The BSJ documents staff training using the Training Acknowledgement Form and a training roster, which requires the staff and instructor signature, date and job title.

Interview Results:

- Interviewed twenty (20) correctional officers that could articulate the topics covered in the PREA training. One hundred percent (100%) of the correctional officers reported being knowledgeable of the topics they had been trained in. The officers could describe the training on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prevention and response protocol as well as supportive services available to inmates. The officers were able to describe some levels of detail on what they learned on communicating effectively and professionally with inmates including lesbian, gay, bi-sexual, transgender, and intersex inmates and identifying signs of victimization. Correctional officers reported that they received PREA related training in pre-service, annual in-service, and at briefing.

- Interview with MTC Assistant Agency PREA Coordinator; the following was stated. During the weeks of August 27-31, and September 4-7, 2018, MTC provided a wide variety of training to staff at its facilities through the Zoom video platform, including the session described below. This platform is intended to be used to deliver more frequent and topical training to a wider audience. MTC anticipates delivering training on fresh topics semi-annually. This training is not intended to be a substitute for facility delivered pre-service or in-services training as required by MTC or customer agencies.

    - Trauma and Victim Responses (1 hour), by Viki Sharp and Mike Atchison
        - Understand the short and long term impact of trauma on victims.
        - Identify how trauma can affect a victim's cooperation in an investigation.
        - Learn how an investigator can facilitate a victim's willingness to cooperate with an investigation.

    - Adult Interviewing Techniques (2 hours, 15 minutes), by Mike Atchison
        - The objective for this module is to go over the best practice techniques for interviewing and interrogating people during investigations of sexual abuse in confinement settings. The majority of this presentation, which was developed by the PREA Resource Center (PRC) and The Moss Group, Inc., remains intact. However, there have been modification and enhancements to the original. The curriculum is designed specifically for an audience of correctional investigators, but it is beneficial to those who oversee investigations, first responders and others. The presentation is only 1 of the 9 modules packaged relating to investigating sexual abuse in prisons.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews, and Observations

- BSJ Contractors PREA Acknowledgment Statement
- TDCJ Volunteer Services Training Sign-In Roster
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1-2, C1)– August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Policy 901D.02 Training Requirements (A1, B1-2, C1)
- Interviews:
    - Facility PREA Compliance Manager

- Volunteer
- Contractor
- Facility Training Coordinator

(A) The BSJ trains all volunteers and contractors who have contact with inmates on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

(B) Interviews and documentation indicated that the levels and types of training provided to volunteers and contractors are based on the services they provide and the contact they have with inmates. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report alleged incidents.

(C) The facility maintains documentation confirming that volunteers and contractors understand the training they received. BSJ documents volunteerand contractor training using the Training Acknowledgement Form and rosters, which requires the volunteer, contractor and instructor to sign and date.

Interview Results:

- An interview with volunteers confirmed they had received PREA training, understood the zero-tolerance policy and how to report allegations or reports of sexual abuse or sexual harassment. An interview with the Volunteer Coordinator indicated all volunteers receive PREA orientation.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Inmate Orientation Roster
- TDCJ Zero Tolerance Posting
- TDCJ SPOM 03.01 (A)
- TDCJ SPOM 0602 (A-E)
- TDCJ SPOM 03.01 Attachment E (A-F)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, C3, D1, E1, F1)–August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Language Line Contact / Language Line Solutions – (D1)
    - Interpretation Attachment (A1)
- Inmate Handbook English (C1)
- Inmate Handbook Spanish (C1)
- PREA Poster English (F1)
- PREA Poster Spanish (F1)
- Interviews:
    - Facility PREA Compliance Manager
    - Random Inmates
    - Intake Staff

(A) Staff interviews and documentation reviewed indicated that during the intake process, inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility included the following in the inmate education:

- Free from the threat of sexual misconduct for all inmates.
- A program of prevention, detection, response, investigation.
- All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated.
- You have the right not to be sexually abused or harassed.
- Incidents or suspicions of sexual abuse, sexual harassment and retaliation can be reported to any staff member:
    - Verbally – Tell the Case Manager, Chaplain, Reporting to any staff member
    - In Writing – Grievance System and completing an inmate request
    - Ombudsman Office (Third Party Reporting)
    - OIG
    - Bureau Chief of the Office of Quality Assurance and Improvement

During intake, inmates are given the inmate handbook. During orientation, additional PREA related information is provided, and the PREAvideo is shown. The staff conducting intake/orientation gives inmates the opportunity to ask questions to clarify anything they do not understand. Inmate's acknowledgment statements were provided for receiving PREA information.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates admitted during the past 12 months who were given PREA education information at intake was 3,775.

(B) The facility provides comprehensive education to inmates in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information is provided to the inmates within 30 days.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to incidents within 30 days of intake was 3,775.

(C, D) All inmates at the BSJreceived and had been educated on PREA. Inmates that transfer to the facility also receive the required PREA education.

Inmate interviews confirmed that the facility provides inmate education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired, disabled, as well as to inmates who have limited reading skills. Staff and inmate interviews reveal that the facility provides the PREA education in English and Spanish, to include inmate handbooks and posters. The video is used during orientation as well as in the dorm setting.

(E, F) The facility maintains documentation of inmate participation in the education sessions by using the Inmate Orientation Checklist. The checklist requires the inmate to sign and date and is witnessed by staff signature.

In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to inmates through posters, inmate handbooks, and other written formats.

Interview Results:

- Forty-one (41) inmates were interviewed. Approximately ninety-nine percent (99%) of the inmates reported that they recall receiving information upon intake and orientation regarding sexual abuse and harassment. The information was provided to them in a handbook and they watched a video the first day housed at the facility. Several of the inmates recalled receiving more detailed information during the first week while on the orientation unit. All the inmates were aware of the PREA hotline; however, most of them did not know who the calls were going too. The inmates reported that who to contact was posted all over the walls in the housing area and on their bulletin boards as well as the picket around the control room, written on the wall.

  The inmates are provided information regarding sexual abuse and harassment in the facility handbook, posters and videos.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Requesting Investigators Training
- OIG NIC PREA Training Test Results Roster
- MTC Training History Report
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, C1)–August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- NIC Training Certificates/PREA Investigating Sexual Abuse in Correctional Settings (C1)
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Facility Investigator
    - Facility Training Coordinator

(A) In addition to the general PREA training provided to all employees, BSJ ensures that its Facility Investigators have received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.

(B) The investigatorscompleted the NIC specialized training. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

(C, D) The facility maintains a list of investigators having completed the required specialized training in conducting sexual abuse investigations. The facility indicated that they provided the PREA requirements for serving as a PREA Investigator.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training was 3.

Interview Results:

- Interviews with the Facility Investigators indicated that all investigators received NIC online training specific to conducting sexual abuse investigations in confinement settings.

- Interviews with the Facility Investigators indicated that policy requires that all allegations of sexual abuse or sexual harassment be referred to investigators with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

- Interview with MTC Assistant Agency PREA Coordinator; the following was stated. During the weeks of August 27-31, and September 4-7, 2018, MTC provided a wide variety of training to staff at its facilities through the Zoom video platform, including the session described below. This platform is intended to

be used to deliver more frequent and topical training to a wider audience. MTC anticipates delivering training on fresh topics semi-annually. This training is not intended to be a substitute for facility delivered pre-service or in-services training as required by MTC or customer agencies.

- Trauma and Victim Responses (1 hour), by Viki Sharp and Mike Atchison
  - Understand the short and long term impact of trauma on victims.
  - Identify how trauma can affect a victim's cooperation in an investigation.
  - Learn how an investigator can facilitate a victim's willingness to cooperate with an investigation.

- Adult Interviewing Techniques (2 hours, 15 minutes), by Mike Atchison
  - The objective for this module is to go over the best practice techniques for interviewing and interrogating people during investigations of sexual abuse in confinement settings. The majority of this presentation, which was developed by the PRC and The Moss Group, Inc., remains intact. However, there have been modification and enhancements to the original. The curriculum is designed specifically for an audience of correctional investigators, but it is beneficial to those who oversee investigations, first responders and other. The presentation is only 1 of the 9 modules packaged relating to investigating sexual abuse in prisons.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility does not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Training Roster: Sexual Abuse and Sexual Harassment/Medical and Mental Health Care. PREA (3-15-2018)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, C1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff

(A) Interview with BSJ medical/mental health staff indicated that all full-time and part-time medical and mental health care practitioners who work regularly in the facilities had been trained around:

- How to detect and assess signs of sexual abuse and sexual harassment,

- How to preserve physical evidence of sexual abuse,
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(B) The medical staff at BSJ does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include Sexual Assault Forensic Examinations. The local hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

(C) The facility maintains documentation that medical/mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign-in sheets were submitted to the Auditor.

Interview Results:

- Interviewed healthcare staff confirmed the specialized training received by medical through their agency training program.

- Interviewed healthcare staff confirmed that the facility does not conduct forensic examinations.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, C1, F1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Offender Data System
    - Current Housing Assignment
- MTC Screening for Risk of Victimization and Abusiveness (A,C)
    - At Risk of Victimization (D8,D9,D2,D3,D1,D7,D4,D6)
    - At Risk of Abusiveness (D6,D5,E)
    - Staff Signature and Date (B)
- MTC Automatic Email – Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation (G)
- Risk Assessment Process/ Electronic Form (C1, D, E)
- PREA Assessment Instrument (C1, H1)
- PREA Assessment 30 Day Review (F1)
- Statement of Status – Reassessments No Changes During 30 days
- PREA Assessment Process – 30 Days Review Screening
- TDCJ SPPOM 03.01 (A-H)
- TDCJ Offender Assessment Screening (A-I)
- TDCJ Safe Prisons/PREA Programs: Offender Assessment Screening
    - File Review
    - History of Sexual Abuse
    - Interviewer Follow Up Questions
    - Committee Review
    - Offender Re-assessment Screening
- TDCJ Offender Assessment Screening: Transfer to Unit
- Interviews:
    - MTC Director of Corrections/Agency PREA Coordinator (Phone)
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Facility PREA Compliance Manager
    - Staff Who Perform Screening for Risk of Victimization and Abusiveness
    - Random Inmates

(A) The facility assesses all inmates during intake screening to include inmates that transfer from other prisons for risk of being sexually abused.

(B) Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the BSJ. Also, during intake screening, procedures require that staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any

indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates entering the facility within the past 12 months whose length of stay in the facility was for 72 hours or more; who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility was 3,775.

(C) The facility uses the agencyScreening Form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses the agency formand the PREA Intake Objective Screening Instrument to document this process. The PREA Intake Objective Screening Instrument has all of the required criteria. The results of the assessment are documented on the Intake Screening Form whether the inmate is vulnerable or sexually aggressive.

(D) Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is detained solely for civil immigration purposes.

(E, F) Agency policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

Interviews and documentation reviewed indicated that the staff reassesses the inmate's risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the inmate is identified asbeing at risk for victimization or for being at risk for being sexually abusive.

(G, H) Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions as stated in section (d).

(I) The agency implements appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates as descript above.

MTC Offender Data System (ODS) Generated Automated Email: Email B – from ODS notifying the Facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

a. Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.

b. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86

c. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

Interview Results:

- Interviewed staff indicated that the facility's PREA Compliance Manager, Intake, and Counseling have access to inmates risk assessment to protect sensitive information from exploitation.

- Interviewed staff indicated that the initial risk screening assessment considers all the requirements listed in this standard.

- Interviewed staff indicated that the process for conducting the initial screening is a checklist and a written format using a point system.

- Interviewed staff indicated that the staff does reassess inmate's risk level as needed due to referrals, request, an incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

- Approximately ninety-five percent (95%) of interviewed inmates recalled being asked questions regarding prior history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual. These questions were asked upon arrival and during the intake process and they have been asked similar questions again since their arrival at the facility.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, C1)–August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Offender Data System
    - Current Housing Assignment
    - Separate Report
- PREA Report By Dorm
- TDCJ Safe Prisons/PREA Programs: Offender Assessment Screening
    - File Review
    - History of Sexual Abuse
    - Interviewer Follow Up Questions
    - Committee Review
    - Offender Re-assessment Screening
- TDCJ Offender Assessment Screening: Transfer to Unit
- TDCJ UCP 4.00 (A,B,G)
- TDCJ UCP 4.01 (A)
- TDCJ SPPOM 03.01 (A-B)
- TDCJ SPPOM 03.02 (D-E)

- Screening for Risk of Victimization and Abusiveness Form (A-G)
- Interviews:
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager
    - Staff Screening for Risk of Victimization and Abusiveness
    - Random Inmates
    - Inmates from LGBTI Populations

(A, B) MTC Policy 903E.02, Ensuring Safe Prisons B.17, Use of Screening Information, (a), requires the BSJ to use information from the risk screening required to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. Individualized determinations about how to ensure the safety of each inmate will be made according to staff interviewed.

(C) BSJ did not have transgender inmates during the audit period. If the facility were to receive a transgender inmate, in deciding whether to assign a transgender or intersex inmate to which male living unit and in making other programming assignments; the facility will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems.

(D) Staff interviews indicated that when making placement and programming assignments for each transgender or intersex inmate, the facility reassess them at least twice each year to review any threats to safety experienced by the inmate.

(E) Staff interviews also indicated that transgender or intersex inmate's views concerning safety is given serious consideration.

(F) Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

(G) Interview with the Facility PREA Compliance Manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely based on identification status for protecting such inmates.

Interview Results:

- Interview with the Warden and Facility PREA Compliance Manager indicated that the facility would not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing, units, or wings solely based on identification status for protecting such inmates.

- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated housing, units, or wings solely by their sexual orientation, genital status, or gender identity. They are housed in the general population unless requested by the inmate for special housing for safety issues.

- Five (5) inmates interviewed identified as being gay or bisexual. The residents reported feeling safe at the facility.

- Forty-one (41) inmates interviewed all stated that they felt safe.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Involuntary Segregated Housing
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, E1)–August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Automatic Email: Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.
- TDCJ UCPM 0204
- TDCJ Policy 04.63 (B)
- Interviews:
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager
    - Staff Supervise Inmates In Segregated Housing/PREA Related
    - Inmates Placed in Segregated Housing/PREA Related

(A) Interviews and documentation review at BSJ indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

(B, C, D) Staff interviews indicated that if an inmate is placed in segregated housing, they will be provided with access to programs, privileges, education, and work opportunities.

If BSJassignsinmates to involuntary segregated housing, policy requires them to be housed only until an alternative means of separation from likely abusers can be arranged, and assignment does not exceed 30 days.

If the facility places an inmate in involuntary segregated housing, the facility will document as required by this provision.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment was 0.

- The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was 0.

- From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include both (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged reported was 0.

MTC Offender Data System (ODS) Generated Automated Email: Email A – from ODS notifying the Facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender (s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

a. Protect inmates and/or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.

b. Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

Interview Results:

- The Warden, in an interview, stated the use of involuntary restricted housing would be a last resort, and if used, an assessment would be conducted documenting that less restrictive means were not available.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Investigation Log
  - October 2018 thru October 14, 2018 = Zero (0)
- TDCJ Executive Directive – 02.10 Prison Rape Elimination Act Complaints and Inquires
- TDCJ Zero Tolerance Posting
- TDCJ SPP
- BSJ Employee Information Cards
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1 B1, C1, C2, D1, D2)- August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Inmate Handbook English (A1, B1, C1)
- Inmate Handbook Spanish (A1, B1, C1)
- PREA Poster English (A1)
- PREA Poster Spanish (A1)
- Interviews:
  - Facility PREA Compliance Manager
  - Random Staff (Officers)
  - Random Inmates

(A) Interviews with staff and documentation review indicated that the facility had established procedures allowing for multiple internal ways for inmates to report privately to BSJ and MTC officials regarding sexual abuse and sexual harassment, retaliation by other inmates or staff, to include staff neglect or violation of responsibilities that may contribute to PREA incidents. The following are internal reporting ways:

- Grievance System
- Tell the Case Manager

- Chaplain
- Reporting to any staff member either verbally or in writing
- Ombudsman Office (Third party reporting)
- OIG
- Writing an inmate request
- Hotline
- Writing an anonymous note

(B) Interviews with staff and documentation indicated that the facility has established at least one way for inmates to report abuse or harassment to a public or private entity that is not part the agency, and they can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Policy requires inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

(C, D) The agency policy mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual assaults and harassments privately and the agency informs staff through shift briefing, management meetings and PREA training.

Interview Results:

- All of interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that the hotline is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member.

- All of the interviewed staff reported that they have multiple means to privately report sexual abuse or harassment. Such reporting opportunities included notify the shift supervisor and a written statement, confidential report form, or the hotline.

- The interviewed line staff reported that the inmates can privately report by using an inmate statement form, the hotline number, grievance, institutional inspector, security or medical staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed line staff reported that if an inmate verbally or in writing reports sexual abuse or harassment the allegations are responded to immediately.

- No inmates disclosed that they have reported to authorities, either in person or in writing, that they had been sexually harassed while at the facility.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her

behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Statement of Fact: No PREA Investigation Extensions
- OGOM 1.04 PREA Allegations (September 2014 – Revised 7/2016)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A,B1,B3,D1,E1,E2,F2,F1,G) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- TDCJ Policy AD-03.82 (C – F)
- TDCJ SPP (B-G)
- TDCJ Policy ED - .02.03 (F)
- TDCJ PREA Ombudsman (F)
- SOF – Allegations of Sexual Abuse (E)
- TDCJ Offender Handbook (C)
- Interviews:
    - Facility PREA Compliance Manager
    - Inmate Who Reported Sexual Abuse

(A) The facility has an administrative process to address inmate grievances. However, if an inmate uses the grievance process, the Grievance Coordinator immediately submits the grievance tothe PREA Investigations Unit. Thus, ending the grievance process and beginning the PREA investigation process.

(B) The facility does not impose a time limit on when aninmate may submit a grievance regarding an allegation of sexual abuse. Aninmate can submit a grievance at any time regardless of when the incident is alleged to have occurred. The agency has timelines on other portion of the grievance process that does not relate to sexual abuse. However, the agency does not require inmates to file informal grievances or attempt to resolve alleged incident of sexual abuse with the staff member.

(C) The facility has a process in place for inmates who allege sexual abuse to submit a grievance without submitting it to the staff member who is involved in the complaint, or referred to a staff member who is the subject of the complaint.

(D) When a staff receives a grievance that is PREA related it is immediately report to the PREA Investigator. This ends the grievance process and begins the investigation process. However, if the grievance process moves forward, the facility issues a final decision on the merits of any portion of allegations within 90 days of the initial filing.

The facility will claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

(E) According to interviews, third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of inmates.

If a third party files a request on behalf of aninmate, the facility will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequentsteps in the administrative remedyprocess. If the inmate declines to have the request processed on his/her behalf, the facility documents the inmate's decision.

(F) The facility has established procedures for filing emergency grievances alleging that aninmate is subject to a substantial risk of imminent sexual abuse.

According to interviews, when the facility receives an emergency grievance alleging aninmate is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigation.

(G) Inmate's documentation indicated that the facility may discipline an inmate for filing a grievance related to alleged sexual abuse when the inmate filed the grievance in bad faith.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 3.

- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed reported was 0.

- The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline reported was 0.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that was filed in the past 12 months reported was 0.

- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days reported was 0.

- In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith reported was 0.

Interview Results:

- Interview with staff and review of the grievances indicated that the grievance process is within the guidelines of the standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility 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? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility 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? ☒ Yes ☐ No

115.53 (c)

- Does the agency 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? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- MOU: Rusk-Panola Sexual Assault Response Team Memorandum of Understanding (Rusk County)
- TDCJ Zero-Tolerance Posting
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1-2, C1,2,4)– August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Inmate Handbook English (B1)
- Inmate Handbook Spanish (B1)
- PREA Poster English (A1)
- PREA Poster Spanish (A1)
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Random Inmates
    - Inmate Who Reported Sexual Abuse

(A) The BSJ provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address to the Rape Crisis Center. An interview with the Facility PREA Compliance Manager indicated that the BSJis a private contract facility tasked with the obligation to house adult male inmates.

(B) The BSJ informs inmates prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. Inmates receive this information in their Admission and Orientation Booklet.
(C) The facility maintains memorandums of understanding (MOUs) or other agreements with community services providers that are able to provide inmates with emotional support services related to sexual abuse.

Interview Results:

- A majority of the inmates reported that they are aware of services available to deal with sexual abuse outside of the facility if needed. Although some could not articulate what those services were;however, they knew that if needed, they could find the information in the handbook or on the bulletin board. Approximately ten (10) interviewed inmates were able to provide specific information available such as counseling or legal support.

- Upon observation, the resident handbook provided mailing addresses and telephone numbers for outside victim advocacy and support, the local rape crisis center, and immigrant services. The handbook set up clearly depicted how the inmates could access outside supportive services in a confidential manner.

- All of the inmates reported having open access to the hotline number as a third party, and stated that they believe the calls are private and confidential.

- No interviewed inmate reported being sexually abused while at the facility.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents, Interviews and Observations:

- TDCJ PREA Posting
- TDCJ Texas Board of Criminal Justice PREA Reporting
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, A2) - August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- PREA Poster English (A2)
- MTC PREA Website
- Interviews:
    - Warden
    - Facility PREA Compliance Manager

(A) Bradshaw State Jail (BSJ) uses the MTC website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor's information package.

(B) Third-party information is being provided to all visitors regarding their family members that are incarcerated at Bradshaw State Jailby an agency website. If at any time an inmate makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report on the inmate's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done discreetly to not compromise the offender.

Interview Results:

- All of the inmates reported having open access to the hotline number as a third party, and stated that they believe the calls are private and confidential.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Staff And Agency Reporting
- BSJ PREA Investigation Log
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,A2, A3, B1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- TDCJ Policy 05.01 (E)
- TDCJ Policy AD-16.20 (A)
- Safe Prisons Plan (A,B,E)
- CHMC – Policy G-57.1 (C)
- SOF – Staff and Agency Reporting Duties
- Staff First Response Card
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff
    - Random Staff (Officers)

(A) Policy requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency; retaliation against inmates or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews.

(B) When sexual abuse incidents occur at BSJ, staff interviews indicated that the facility would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to

the facility's designated investigators. Apart from reporting to designated supervisors or officials and designated state or local services agencies, policy prohibits staff 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.

(C) The staff at Bradshaw State Jailunderstands that they are required to report sexual abuse and to inform inmates of practitioner's duty to report and the limitations of confidentiality when services are provided.

(D) The facility does not house youthful inmates under the age of 18; however, if they did house youthful inmates and vulnerable adults they would report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(E) Interview with the PREA Compliance Manager indicated that the facility staff reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Facility PREA Investigator.

Interview Results:

- One hundred percent (100%) of the staff interviewed reported being aware of the agency's procedure for reporting any information related to an inmate sexual abuse. Interviewed staff could clearly communicate the essential need to report any incident or alleged incident of sexual abuse or harassment immediately. They are aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number or medical staff.
- Interview with the Warden indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported directly to the Facility Investigators and the Office of Investigations.
- Interviewswith the healthcare staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident and they will report to requiredmandatory reporting agencies.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- BSJ Memo: Agency Protection Duties – Has not learned of an inmate that is subject substantial risk of imminent sexual abuse
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A2) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Safe Prison/PREA Plan (A)
- TDCJ SPPOM Policy- 05.03 (A)
- TDCJ Policy AD-04.63 (A)
- Staff First Responder Card
- Interviews:
    - Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager
    - Random Staff (Officers)

(A) When BSJ learns that an inmate is at substantial risk of imminent sexual abuse, it takes immediate action by offering the inmate the opportunity to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse reported was 0.

Interview Results:

- All the interviewed staff could articulate the response process if an inmate is at risk of imminent sexual abuse. The staff reported that action is taken immediately to address an inmate who is at risk of sexual

abuse by immediately notifying the supervisor and separate the victim and perpetrator. All the staff reported that information would only be shared with necessary parties.

- Interview with the Warden indicated that when they learn that an inmate is subject to a substantial risk of imminent sexual abuse, the inmate maybe protected by moving to another housing unit or transferring the abuser.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1, C1, D1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- TDCJ SPPOM 04.01 (A,C)
- Safe Prisons/PREA Plan (A-D)

- Interviews:
    - Agency Head Previously Interviewed
    - Warden
    - Facility PREA Compliance Manager

(A, B, C) BSJ has not received an allegation that an inmate was sexually abused while confined at another facility. Per staff interviews, the facility will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Policy requires the Warden or designated staff to provide notification to the other facility head as soon as possible but always in 72 hours after receiving the allegation with documentation of reporting.

The facility provided a process that they would useif an inmate alleged sexual assault or sexual harassment at another facility.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was 0.

(D) Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigation.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interview with the Warden indicated when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves an inmate, they will monitor that inmate until the investigation is completed.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- TDCJ Safe Prisons/PREA Operations Manual #05.01 Sexual Abuse Response and Investigations
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1, B1) –August 1, 2017
- TDCJ SPPOM Policy 05.01 (A)
- Safe Prisons/PREA Plan (A, B)
- Staff First Responder Card
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Security Staff Who have Acted As First Responder
    - Non-Security Staff Who Acted As First Responder
    - Inmate Who Reported Sexual Abuse

(A) Interviews with staff and staff training indicated when staff learn of an allegation that an inmate is sexually abused, the first security staff to respond separates the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence; to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(B) According to non-security staff, if they are the first responder they will request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of allegations that an inmate was sexually abused was 6.

- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was 3.

- In the past 12 months, the number of allegations where staff was notified within a period that still allowed for the collection of physical evidence was 6.

- Of the allegations that an inmate was sexually abused or harassmentmade in the past 12 months, the number of times non-security staff member was the first responder was3.

Interview Results:

- Interviews were conducted with twenty (20) correction officers who may be considered first responders. All the interviewed staff consistently reported that the duties of a first responder to include but not limited to: take immediate action, stay with the inmate, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. Most of the security staff also reported that they would send the victim to medical for an initial evaluation of his/her medical condition.

- All forty-one (41) inmates interviewed disclosed that they have never reported to authorities, either in person or in writing, that they had been sexually harassed while at the facility.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents, Interviews and Observations:

- TDCJ Safe Prisons/PREA Operations Manual #05.01 Sexual Abuse Response and Investigations
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC – Institutional Policy Index (March1, 2018)
    - Inmate Sexual Abuse Coordinated Response Plan
- TDCJ SPPOM Policy 05.01 (A)
- SOF – Coordinated Response (A)
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Investigator
    - Mental Health Staff
    - Medical Staff
    - Security Supervisor

(A) The facility policy response protocol provided guidelines for staff a written plan to coordinate actions taken in response to an incident of sexual abuse; among staff were first responders, medical and mental health practitioners, investigators, and facility leadership. The MTC Institutional Policy gives details for the Inmate Sexual Abuse Coordinated Response Plan.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Documents, Interviews and Observations:

- BSJ Memo: No Collective Bargaining
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- SOP – Collective Bargaining
- Interviews:
    - Agency Head Previously Interviewed
    - Warden
    - Facility PREA Compliance Manager

(A) Staff interviews and documentation indicated that BSJ current relationship with union or collective bargaining agreements does not limit BSJ ability to remove alleged staff sexual abusers from contact with inmates.

(B) Because there is no collective bargaining agreement, the conduct of the disciplinary process is not affected and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Interview Results:

- Interview with the Warden and Facility PREA Compliance Manager indicated that the BSJdoes not belong to a union.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ 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? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,A2) –August 1, 2017
- MTC Policy - Rules of Conduct
- MTC Annual Report
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities

    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
- MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Policy 203.2 (A)
- TDCJ SPPOM Policy 05.08 (A-F)
- SPPOM 05.08 Attachment N.O (C-D)
- SPPOM o5.08 Attachment N.S. (C-D)
- TDCJ SPPP (A-F)
- MTC Handbook
- Interviews:
    - Agency Head Previously Interviewed
    - Warden
    - Facility PREA Compliance Manager
    - Designated Staff Member Charged with Monitoring Retaliation
    - Inmates Placed In Segregated Housing (None)

(A) MTC prohibits retaliatory behavior by inmates or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Inmate's rights documentation and staff policy establish expected conduct. The Facility PREA Compliance Manager is responsible for monitoring retaliation along with supervisors to monitor inmates as it relates to PREA allegations and incidents.

(B,C) The facility has several protection and reporting measures, for inmates. They can utilize the Grievance Program to document retaliatory acts or other PREA related concerns and issues. The process is overseen by the Facility PREA Compliance Manager who works in concert with the Facility Administrators and Investigators to ensure privacy and policy compliance. The facility has the option to change inmate housing or transfer 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.

The facility reported that there is no retaliation for this audit reporting period. However, if the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of inmates or staff who reported the sexual abuse; and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff; and act promptly to remedy any retaliation. Items the facility should monitor include inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.

MTC Offender Data System (ODS) Generated Automated Email: Email A – from ODS notifying the Facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender(s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

a. Protect inmates and/or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.

b. Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of times an incident of retaliation occurred in the past 12 months was 0.

Interview Results

- Interviewed staff indicated that when preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment,investigations would change inmate housing or transfers an inmate, remove alleged abusers, and refer inmate to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.

- Interviewed staff indicated that they would monitor the inmate at least weekly. However, this process would end around 90 days.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observation:

- BSJ Memo: No Offenders in Post Allegation Protective Custody
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Annual Report
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
        - MTC Automatic Email B
        - MTC Automatic Email C
        - MTC Automatic Email E
- PREA Audit: Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Automatic Email: Every 30 days, the facility shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Staff Who Supervise Inmate In Segregated Housing
    - Inmates Placed In Segregated Housing (None)

(A) The facility's use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is based on the requirements of standard 115.43. Interviews and documentation reviewedat BSJ indicated that inmates at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment was 0.

- The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alterative placement was 0.

Interview Results

- Interviewed staff indicated that there were no inmates during the audit period that was placed in segregation for protection from sexual abuse or after having alleged sexual abuse; however, staff did understand that if an inmate was placed in segregation for protection they would ensure that the inmate received programs, privileges, and education and work opportunities.

- Interview with the Warden indicated that policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing instead of other housing areas unless an assessment has determined there are no available alternative means of separation from potential abusers. It was also indicated that inmates at high risk for sexual victimization or who have alleged sexual abuse be placed in involuntary segregated housing only until an alternative means of separation from likely abusers could be arranged.

- Interview with the Warden indicated that the Facility Management Team conducts sexual abuse incident review team meetings. The team includes upper-level management and allows for input from line supervisors, investigators, medical and counseling staff. The team considers all requirements listed in the standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Safe Prisons/PREA Plan (March 2018)
- TDCJ Administrative Directive 16.20 Reporting Incidents/Crimes to the Office of The Inspector General
- TDCJ Board Policy #02.07 Inspector General Policy Statement
- TDCJ Administrative Directive #16.03 Evidence Handling
- State of Texas – Records Retention Schedule
    - Offender Protection Investigation Summary
    - Offender Protection Investigation Form
    - Offender Protection Witness Statement/Report
    - Extortion Investigation Checklist
    - Offender Protection Investigation Checklist (S00-04)
    - Sexual Abuse Investigation Checklist
    - Subsequent Offender Interview
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (H1, I1,K1) –August 1, 2017
- MTC Annual Report
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email: Protect inmates and/or staff from retaliation for least 90 days.
        - MTC Automatic Email B
        - MTC Automatic Email C
        - MTC Automatic Email E
- Pre-Audit Questionnaire/Adult Prisons & Jails

- Interviews:
    - Agency PREA Coordinator Previously Interviewed
    - Warden
    - Facility PREA Compliance Manager
    - Facility Investigator
    - Inmate Who Reported Sexual Abuse-NA

(A) Interviews with the Facility PREA Investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(B) The BSJ uses investigators who have received special training in sexual abuse or sexual harassment investigations. The Facility PREA Investigator and Agency Investigators have completed the NIC online/specialized training.

(C, D, H) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator. When a case has been substantiated, allegations of conduct that appear to be criminal are referred for prosecution and the facility consults with the prosecutor. Because an outside agency is investigating the facility cooperates and remains informed about the progress of the investigation.

(F, G, I) Interviewed staff and completed investigation reports revealed that all PREA investigations, Administrative or Criminal,are documented in written format. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documents a description of the physical and testimonial evidence, and investigative facts and findings.According to policy, the agency keeps these cases as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was 0.

Interview Results:

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report.

- Interviewed Investigator described that direct and circumstantial evidence gathered in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.

- Interviewed Investigator indicated that when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the

Investigator cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal.

- Interviewed Investigator indicated that when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion.

- Interviewed Investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Safe Prisons/PREA Plan (March 2018)
- TDCJ Administrative Directive 16.20 Reporting Incidents/Crimes to the Office of The Inspector General
- TDCJ Board Policy #02.07 Inspector General Policy Statement
- TDCJ Administrative Directive #16.03 Evidence Handling
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Facility Investigator

(A) The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview Results:

- Interviewed Facility Investigators confirmed the standard to determine whether an allegation is substantiatedis the preponderance of the evidence.

- Interviewed Warden and Facility PREA Compliance Manager confirmed the standard to determine whether an allegation is substantiated is the preponderance of the evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,B1,D1,E1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- TDCJ SPPOM 05.10 (A.B.C3.C4.D.E.F)
- MTC Annual Report
    - MTC Offender Data System
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email: Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (A,E)
- Interviews:

- Warden
- Facility PREA Compliance Manager
- Facility Investigator
- Inmate Who Reported Sexual Abuse

(A) Policy 903.3.E.02 – Ensuring Safe Prisons, requires that following an investigation into an inmate's allegation that he suffered sexual abuse; a facility informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In those cases in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency to inform the inmate. The facility obligation to an inmate terminates if the inmate is released from department's custody.

(C) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility will subsequently notify the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) when: 1) the staff member is no longer in the inmate's housing unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the department's custody.

When BSJ notifies inmates, it uses the Notification of Outcome of Investigation letter as its documentation located on the investigation paper work.

MTC Offender Data System (ODS) Generated Automated Emails: Email B – from ODS notifying the Facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

a. Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.

b. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86

c. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

Email C – from ODS notifying the Facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

d. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).

e. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).

f. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

Email E – from ODS notifying the PREA Manager to contact the investigative agency to obtain the results of the PREA case identified below. (115.73).

g. Contact investigative agency and document status.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- The number of criminal and administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months was 6.

- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation were6.

- The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.

- Of the *outside agency* investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.

Interview Results

- Interview with Warden indicated that the facility will notify inmates who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

- Interviewed Investigator indicated that an inmate who makes an allegation of sexual abuse must be informed as to the whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the inmate.

- Interviewed staff and documentation indicated that BSJhad no staff member removed from their post or/and terminated due to an allegation or investigation of sexual abuse within the past year. No staff members have been receiving or convicted of a charge related to sexual abuse within the facility within the past year.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? ☒ Yes ☐ No

115.76 (d)

- Are 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, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are 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, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews and Observations:

- BSJ Memo: No Disciplinary Action
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (B1,C1,D1) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Policy 203.1 Rules of Conduct (A1)
- MTC Employee Handbook – Rules of Conduct/Discipline (A1)
- TDCJ SPP (B-D)
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Investigator
    - Human Resource Services

(A, B, C) Policy 903.3.E.02 – Ensuring Safe Prisons, states that staff is subject to disciplinary sanctions up to and including termination for violating agency inmate sexual abuse and harassment policies. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency inmate sexual abuse or harassment policies or resignations by staff that would have been terminated before their resignation, will be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies.

Policy 903.3.E.02 – Ensuring Safe Prisons, identifies several offenses related to sexual abuse and inappropriate or undue familiarity with an inmate who is in the jurisdiction of the department for which dismissal is normally the sanction.

MTC Offender Data System (ODS) Generated Automated Email: Email C – from ODS notifying the Facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

a. Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).

b. Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).

c. Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was 0.

- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was 0.

- In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was 0.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was 0.

Interview Results

- Interviews with the Warden confirmed staff violating agency sexual abuse policies would be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ Memo: Contractors or Volunteers Violations
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,A2,B1) –August 1, 2017
- TDCJ SPP (A-B)
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager

(A) Policy 903.3.E.02 – Ensuring Safe Prisons, identifies sanctions for contractors, vendors, and volunteers who engage in sexual abusewill be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with inmates, in the case of any other violation of agency inmate sexual abuse or sexual harassment policies by a contractor or volunteer.

Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. This information is provided in the handbook provided to all contractors and volunteers.

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates was 0.

Interview Results

- Interviewed Warden and Facility PREA Compliance Manager confirmed that contractors, vendors, and volunteers who engage in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Offender Report
- BSJ Statement of Fact: No Inmate Disciplinary for Sexual Abuse

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,D1-2, E1, F1,G1-2) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- TDCJ Disciplinary Manual (A-G)
- TDCJ SPP
- MTC Annual Report
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email D
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff

(A) The BSJ has a formal inmate disciplinary process when an inmate is subject to a disciplinary sanction following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

(B) The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories within the facility.

(C, D) The Inmate Discipline Process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

(F) Staff interviews indicated for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

MTC Offender Data System (ODS) Generated Automated Email: Email D – from ODS notifying the Facility Disciplinary Hearing Officer that a determination has been made on a PREA investigation involving an inmate (s) and specific action is required.

a. Follow standards and policy related to disciplinary sanctions for inmates as detailed below (115.78)

Interview Results

- Interviewed Warden and Facility PREA Compliance Manager confirmed thatthere is a formal inmate disciplinary process for inmates that are subject to a disciplinary sanction following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or sexual harassment.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Offender Assessment Screenings
- TDCJ Correctional Managed Health Care Policy Manual #G.57.1 Sexual Assault/Sexual Abuse
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,A2, A4,B1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Inmate Process Notes
- CMHC – H-61.1 (D)
- CMHC G-57.1 (E)
- TDCJ SPP (A-E)
- Interviews:
    - Medical Staff
    - Mental Health Staff
    - Staff Who Perform Screening for Risk of Victimization and Abusiveness
    - Inmate Who Disclosed Sexual Victimization-NA

(A) MTC Policy 903.E.02 – Ensuring Safe Prisons, require inmates who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or the community, are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial screening.

(B, C) An inmate that has previously perpetrated sexual abuse in an institutional setting or community are offered a follow up meetings with a mental health staff within 14 days of the intake screening. An inmate that experienced prior sexual victimization in jail or that occurred in an institutional setting or the community is ensured a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

(D, E) Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Interview Results:

- Interviews with medical staff indicated inmates reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Sexual Abuse Investigation Checklist – Health Services/Mental Health
- TDCJ Offender Assessment Screenings
- TDCJ Correctional Managed Health Care Policy Manual #G.57.1 Sexual Assault/Sexual Abuse
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff
    - Security Staff Who have Acted As First Responder
    - Non-Security Staff Who Acted As First Responder

(A) At the BSJ inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Alleged victims of sexual assault are promptly triaged at the Health Services Unit. Information is gathered, and a brief examination of physical injury will take place, taking care to preserve medical evidence. The Health Services staff person is consulted to determine if transfer to an emergency department is required.

(B) When there is no qualified medical or mental health staff on duty at the time a report of abuse is made, the security staff first responder takes preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff. If the inmate is medically stable, the inmate is requested to consent to a full physical examination off-site after triaging. Written consent is required before the exam, a collection of evidence or treatment can begin. The inmate is then transferred by MTC to the local hospital. Rape crisis volunteers are also available if needed.

(C) Inmate victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, by professionally accepted standards of care, where medically appropriate. The facility offers prophylactic treatment and follow-up for sexually transmitted and other communicable diseases to all victims, as appropriate.

(D) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interview Results:

- Interviewed staff describes the following actions they would betaking as a first responder: Separate the alleged victim and abuser, preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.

- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.

- Interviewed staff indicated that they would immediately notify their supervisor.

- Interviewed Health Care staff indicated that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

- Interviewed Health Care staff indicated that evaluation and treatment of inmates who have been victimized includes follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- TDCJ Sexual Abuse Investigation Checklist – Health Services/Mental Health
- TDCJ Sexual Abuse Investigation Checklist – Advocate/Offender Victim Representative
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,D1, E1,F1,H1)) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews
    - Warden
    - Facility PREA Compliance Manager
    - Medical Staff
    - Mental Health Staff
    - Inmate Who Reported Sexual Abuse-NA

(A) The BSJ offers medical/mental health evaluation and provides services to all inmates who have been victimized by sexual abuse.

(B) Staff interviews indicated that evaluations and services of victims includes follow-up services, referrals for continued care following inmates transfer to, or placement in other facilities, or their release from custody.

(C) The facility provides victims with medical/mental health services consistent with the community level of care.

(F) Staff interviews indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

(G) MTC policy requires facility treatment services provided to victims without financial cost.

(H) The facility conducts a medical/mental health evaluation of inmate-on-inmate abusers upon learning of abuse history and offers treatment. If the inmate reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

Interview Results:

- Interviewed staff stated that medical/mental health evaluations are provided to all inmates who have been victimized by sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- BSJ PREA Investigations By Facility Report
- BSJ Administrative Review Checklist
    - Administrative Incident Review Report
    - Copy of EAC telex email message
    - Staff Witness Statements Complete with Signatures
    - Offender Witness Statements Complete with Signatures and TDC #s
    - Photographs of incident or injuries
    - Offender Protection Investigation (OPI) Report (SPP-116)
    - Disciplinary case (s) completed (I-210) attached if available
    - Copy of Offender (s) Travel Card
    - Injury Report (RM-31)
    - Supervisor's Investigation of Injury (RM-32)
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,B1,C1,D1,E1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC Annual Report
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email A

        - MTC Automatic Email B
        - MTC Automatic Email C
        - MTC Automatic Email D
        - MTC Automatic Email E
- MTC Automatic Email: For substantiated or unsubstantiated sexual abuse allegations, initiate a sexual abuse incident review within 30 days of determination.
- Interviews:
    - Warden
    - Facility PREA Compliance Manager
    - Incident Review Team Member

(A, B, C) MTC Policy 903.E.02 – Ensuring Safe Prisons, reviewed by the facility for sexual abuse incidents, requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusions of the investigation when they received the Investigation Report. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

(D) The review team is required to consider and complete the following:

a. Whether the allegation or investigation indicates a need to change policy or practice to prevent, better detect or respond to sexual abuse;
b. Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
d. Asses the adequacy of staffing levels in that area during different shifts;
e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

MTC Offender Data System (ODS) Generated Automated Email: Email B – from ODS notifying the Facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

d. Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.

e. For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86

f. Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

A review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirmed by staff interviews:

- In the past 12 months, the number of criminal and administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was 3.

(E) The facility incident review team documents all recommendations, and the facility leadership follows thru with implementation.

Interview Results:

- Interviews with staff confirmed they are aware of the process and were able to articulate how they would conduct a review. Staff indicated that the following are minimally the staff on the incident review team: Warden, Deputy Warden, PREA Compliance Manager, Counseling, Medical and additional staff appointed by the Warden. This team meets to review any incident, including any PREA related incidents.

- Interviewed staff indicated that they consider whether the incident or allegation was motivated by all the requirements listed in the standard, and when there is monitoring technology it is reviewed as a part of the review.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Supporting Documents, Interviews, and Observations

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,A2,B1,D1,F1) – August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC PREA Annual Report (B1,C2,E1,E2,F1)
    - MTC Report of 2017 PREA Allegations and Investigation Results
    - MTC Report of 2016 PREA Allegations and Investigation Results
    - MTC Report of 2015 PREA Allegations and Investigation Results
    - MTC Report of 2014 PREA Allegations and Investigation Results
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email A
        - MTC Automatic Email B
        - MTC Automatic Email C
        - MTC Automatic Email D
        - MTC Automatic Email E
    - Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
- Interviews
    - MTC Director of Policy & Audits/Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager

- Member from Incident Review Team
- Investigator

(A) MTC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by MTC Policy, 903E.02, Ensuring Safe Prisons. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. MTC aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each MTC facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Interviews indicated MTC has a very sophisticated data system enabling the company to collect and report accurate data to answer all questions on the Survey of Sexual Violence and the system is set up to answer them sequentially. Additionally, the system has the capability for generating valuable reports including the following: PREA Allegations and Investigations Summary Report, PREA Allegations and Investigations Report by Site, Investigations by Facility, Master Investigation Log, Master Investigation Log by Site and others.

(B) The reviewed 2017 MTC Annual Report was comprehensive and detailed and included Demographics of MTC Operated Facilities as well as detailed PREA data. In 2016 MTC started using their Offender Data System (ODS). The system provides a platform which captures all data required for responses to the Survey of Sexual Violence (SSV). In addition, incident reviews required by the PREA standards, are now able to be put into the system for review by management. Efforts have been made to provide additional structure within the Offender Data System by triggering automated email distribution following entries into the ODS PREA system. The purpose of the five emails (which include the specific PREA standards being attached to each email for reference/education and duties to be followed) are listed in the following paragraphs:

MTC Offender Data System (ODS) Generated Automated Emails:

Email A – from ODS notifying the Facility PREA Manager that a new PREA Allegation has been assigned for investigation making sure assigned staff implement actions which ensure the involved offender (s) and/or staff protected from retaliation. Also, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is no available alternative means of separation from likely abusers. The reasons need to be documented within 24 hours of placement.

- Protect inmates and /or staff from retaliation for at least 90 days in accordance with standard 115.67 and MTC policy 903E.02.

- Document any use of involuntary segregated housing within 24 hours in accordance with standard 115.68, 115.43 and MTC policy 903E.02.

Email B – from ODS notifying the Facility PREA Manager that a determination has been made on a PREA investigation and the specific action which is required:

- Reassess the inmate's risk of victimization or abusiveness based upon information from the investigation. 114.41.

- For substantiated or unsubstantiated sexual abuse allegations, initiate a Sexual Abuse Incident Review within 30 days of determination. 115.86

- Inform the inmate and document the notification, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.73

Email C – from ODS notifying the Facility HR Manager that a determination has been made on a PREA investigation and the specific action which is required.

- Follow standards and policy related to disciplinary sanctions for staff as detailed below (115.76).

- Follow standards and policy related to hiring and promotion decisions as detailed below (115.17).

- Inform the inmate and document the notification, consistent with standards 115.73, unless the allegation, following an investigation, was unfounded. (This can be performed by the PREA Manager depending on facility direction).

Email D – from ODS notifying the Facility Disciplinary Hearing Officer that a determination has been made on a PREA investigation involving an inmate (s) and specific action is required.

- Follow standards and policy related to disciplinary sanctions for inmates as detailed below (115.78).

Email E – from ODS notifying the PREA Manager to contact the investigative agency to obtain the results of the PREA case identified below. (115.73).

- Contact investigative agency and document status.

The agency aggregated incident-based sexual abuse data at least annually.

(C) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(D) The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.

(E The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

(F) Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons (A1,B1,C1,C3,D1,D2) –August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- MTC PREA Annual Report (B1,C2,E1,E2,F1)
    - MTC Report of 2017 PREA Allegations and Investigation Results
    - MTC Report of 2016 PREA Allegations and Investigation Results
    - MTC Report of 2015 PREA Allegations and Investigation Results
    - MTC Report of 2014 PREA Allegations and Investigation Results
    - MTC Offender Data System
    - Demographics of MTC Operated Facilities
    - Summary of Facilities Reports
    - Agency Progress Assessment
    - MTC Offender Data System (ODS) Generated Automated Emails
        - MTC Automatic Email A
        - MTC Automatic Email B
        - MTC Automatic Email C
        - MTC Automatic Email D
        - MTC Automatic Email E
    - Note: The questions correspond with the Survey of Sexual Victimization conducted by the BJA/ Department of Justice.
- MTC PREA Website (C1)
- Interviews:
    - Agency Head Previously Interviewed
    - Agency PREA Coordinator Previously Interviewed
    - Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager

(A) The MTC and the BSJreview data collected and aggregated under § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the MTC prepares an annual report of its findings and corrective action that includes the BSJ and the agency.

(B) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

(C) The report is approved by the MTC agency head and made readily available to the public through its website.

(D) The MTC redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

Interview Results:

- Interviewed staff indicated that the facility annual report of finding for its data review and any corrective actions is a part of the agency annual report.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- State of Texas – Records Retention Schedule
    - Offender Protection Investigation Summary
    - Offender Protection Investigation Form
    - Offender Protection Witness Statement/Report
    - Extortion Investigation Checklist
    - Offender Protection Investigation Checklist (Soo-04)
    - Sexual Abuse Investigation Checklist
    - Subsequent Offender Interview
- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons - August 1, 2017
- Pre-Audit Questionnaire/Adult Prisons & Jails
- Interviews:
    - Agency PREA Coordinator Previously Interviewed
    - Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager

(A, B, C) MTC, the parent company, aggregates sexual abuse data from the BSJ,and under its direct control is made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available MTC removes all personal identifiers.

(D) The agency maintains sexual abuse data collected for at least ten years after the date of initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) ☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons –August 1, 2017
- Agency Website
- Interviews:
    - Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager

(A, B) The agency has ensured that each facility operated by the agency is audited at least once every three years. The agency ensures that a third of each facility type is audit every year as well.

(E, F, G) The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one year period.Auditor conducted on-site visit that included sampling of relevant documents, other records, additional information for the 12 month timeframe.

(H, I) During the on-site audit, the Auditor was given access to all areas of the facility, site observation; the

Auditor requested and received copies of relevant documents to include electronically stored information.

(J) The Auditor has retained and preserves documentation used to make audit determinations and the documentation is available to the Department of Justice upon request.

(K, M) The Auditor interviewed representative samples listed below and was permitted to conduct all formal interviews privately.

- Agency and Facility Leadership
- Random Staff
- Specialized Staff
- Supervisor
- Administrators
- Random Inmates
- Targeted Inmates

(N, O) The PREA Audit Notice was posted to permit inmates to send confidential information or correspondence to the Auditor. The Auditor reached out and attempt to communicate with community based advocates who have insight into relevant conditions in the facility.

Interview Results:

- Interview with MTC has indicated that the agency has conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documents, Interviews and Observations:

- Management and Training Corporation (MTC) Policy 903E.02 Ensuring Safe Prisons - August 1, 2017
- Agency Website
- Interviews:
    - Agency Assistant PREA Coordinator
    - Warden
    - Facility PREA Compliance Manager

(A) This report describes in the narrative the methodology, sampling sizes, and the basis for the Auditor's conclusions provide such information to the PREA Resource Center upon request, and may provide such information to the Department of Justice.

Interview Results:

- Interview with MTC and a review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard.

AUDITORCERTIFICATION

I certifythat:

☒ Thecontents of thisreportareaccuratetothebestofmy knowledge.

☒ Noconflictof interestexistswith respecttomyabilitytoconductan auditof theagencyunderreview, 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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr. December 1, 2018

AuditorSignature **Date**

[1]See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2]See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.