

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 30 October, 2015

Auditor Information			
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Telephone number: 602-374-3320			
Date of facility visit: 6-7 October, 2015			
Facility name: Kyle Correctional Center			
Facility physical address: 23001 IH-35, Kyle, Texas 78640			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 512-268-0079			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Deanna Branham			
Number of staff assigned to the facility in the last 12 months: 150			
Designed facility capacity: 520			
Current population of facility: 517			
Facility security levels/inmate custody levels: Minimum custody			
Age range of the population: 19-77			
Name of PREA Compliance Manager: Tuesday Hurd		Title: Compliance Sgt/Safe Prisons	
Email address: Tuesday.Hurd@mtctrains.com		Telephone number: 512-268-0079 ext 131	
Name of agency: Management and Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
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AUDIT FINDINGS

NARRATIVE

The PREA audit of the Kyle Correctional Center (KCC) was conducted on October 6-7, 2015. The facility is a 520 bed, minimum custody level prison operated by the Management & Training Corporation (MTC) for the Texas Department of Criminal Justice (TDCJ).

It is the mission of **Management Training Corporation (MTC)** to “Be a leader by implementation of our plan to achieve high performance standards and goals; Maintaining a foundation based on integrity, accountability, and excellence; Providing long-term growth and stability while ensuring fiscal responsibility; creating opportunities through a positive environment for personal growth and development; empowering employees to implement innovative ideas for continuous improvement; Building esteem and pride by celebrating our diversity and accomplishments”.

It is the stated mission of the **Kyle Correctional Center** “ To house TDCJ offenders in a safe, humane, cost-efficient, and appropriately secure institution and to provide necessary and appropriate medical, dental, and mental health services to offenders by professional staff and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.”

It is the mission of the **Texas Department of Criminal Justice (TDCJ)** “To provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime”.

On the first day of the audit, an entrance meeting was held where introductions were made. The following were in attendance:

Deanna Branham, Warden
Larry Fults, Major
Martin Parker, Captain
Tuesday Hurd, PREA Compliance Manager
Carl Nink – Management Training Corporation PREA Coordinator
Jack Falconer – Auditor

The auditor briefed the group on the audit process and responded to questions. After the entrance meeting, a tour of the KCC was made looking at inmate housing, program areas, and conducting staff and inmate interviews. On Wednesday, the remainder of the interviews of staff and inmates were completed.

Facility Description

The Kyle Correctional Center, located in Kyle, Texas (approximately 30 miles south of Austin), was initially opened in 1989. The facility is owned by the Texas Department of Criminal Justice and functions as a Substance Abuse Treatment Program for TDCJ offenders. The physical plant is a single large structure providing space for entry, control, administration, visitation, medical, food service, segregation, programs, religion, recreation, and offender housing units. A staff training building and a dog kennel is also located in separate structures but within the secure perimeter.

Offender housing includes two identical pods, one located on the east end of the facility and one on the west end. Each pod has five sections with 25 two-man cells and a large dayroom which is also used as program space and dining. In addition, a 14 bed housing pod is located off the main corridor and is used for overflow and in-transit offender population. Adjacent to this pod is a 4 cell segregation unit.

The compound is surrounded by (2) 14ft. chain link fences, topped with razor wire, and monitored by staff using closed circuit cameras and screen monitors in a central control room. The security perimeter includes a armed roving perimeter vehicles, posted 24hours a day. The control room also monitors and controls all traffic moving into and out of the facility at the front entry and at the rear sally port. Showers, urinals, and commodes all have partitions and shower curtains.

The Kyle Correctional Center has a unique operational structure. The overall facility management is provided by the Management and Training Corporation (MTC). The Substance Abuse Treatment Program is operated by the Gateway Foundation under a separate contract with the TDCJ. The Medical program is operated by the University of Texas-Medical Branch (UTMB) under a separate contract with TDCJ. All three contactors, in the opinion of the auditor, operate in a very effective and seamless manner.

Offenders are received from two sources. One group is from TDCJ who have been identified as being appropriate for substance treatment and meet a pre-parole requirement. The second group have been on parole and have been recommitted through the Intermediate Sanctions Facility (ISF) specifically for substance abuse treatment.

The facility has a variety of rehabilitative programs that are offered to the offender population. These include; Academic, Vocational, Religious, Substance Abuse, and Medical/Mental Health programs.

The Substance Abuse Treatment Program is the main offender program and is staffed with 25 Gateway Foundation employees. The program uses a Therapeutic Community Concept that assists offenders to remain drug free when they return to society. The six-month program is implemented in three phases: Orientation, Main Treatment, and Re-Entry. The Gateway program reported 1005 program completions for the period July 2014 thru June, 2015.

The Academic program offers classes in ABE, GED, and Pre-GED. The vocational program offers a PAWS animal caretaker program. The facility reported 40 completions of GED for the previous 12 month period .

The Religious Program is staffed by one full time Chaplain. In addition, the Chaplain is assisted by volunteers from the community. The Religion Program ensure that the inmates are provided access to religious activities, religious materials, religious diets, and other legitimate requirements of their faith.

Inmate Healthcare Services are provided by the UTMB. Staffing for the medical program includes 12 Health Care providers. All of the offenders interviewed indicated the medical program met their needs.

Offenders incarcerated at KCC are afforded the opportunity to participate in work programs in most of the operational areas of the facility.

KCC is accredited by the American Correctional Association, the Correctional Education Association, and the MTC sponsored Success for Life program.

PREA Audit Comments

The Complex has a efficient and orderly appearance. The grounds are well manicured and the facility appears to be well maintained. The Correctional Officers and a Unit Management system provide security supervision.

Prior to the on-site visit, the auditor reviewed the Pre-Audit questionnaire providing the documentation offered by the facility to indicate compliance for each PREA standard. During the two day on-site review, the auditor toured the facility, examined additional documentation, and conducted formal staff and inmate interviews to verify the facilities compliance with the PREA standards.

The auditor interviewed 36 facility staff and offenders during the PREA audit. 10 offenders from the housing units, 10 Specialized Staff, 5 Management Staff, and 11 Correctional Officers were interviewed using the questions provided in the audit documents. The staff and the offenders were eager to answer all questions.

The Pre-Audit document provided by the facility indicated zero offender allegations of sexual abuse.

In this auditor's opinion, the Kyle Correctional Center was well managed and the staff were well trained in their assignments. The offenders interviewed indicated that they felt safe, that the medical program met their needs, and the food program was reasonable.

On Wednesday, an exit meeting was conducted by the auditor. The attendees were;

Deanna Branham, Warden

Larry Fults, Major

Martin Parker, Captain

Tuesday Hurd, PREA Compliance Manager

Kerry Dixon, TDCJ Region III Director

Juaquine Pope, TDCJ Monitor

Billy Hirsch, TDCJ Private Facility Division Director

Danielle Jammer, South Texas ISF Compliance Coordinator

Carl Nink – Management Training Corporation PREA Coordinator

Jack Falconer – Auditor

The auditor provided an overview of the audit results and congratulated the facility staff about the progress made in compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

Facility Demographics

KCC

Rated Capacity:	520
Actual Population (6 Oct, 2015)	515
Security/Custody level:	Minimum
Gender	Adult Male
Age Range	19-77
Average length of Stay	271.58 days

Number of full time staff:

Administration	9
Security	55
Programs	8
Support/Food services	15
Other	11
Medical (UTMB)	12
Gateway (Programs)	25
Total Facility	135

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3 (115.12, 115.14, 115.66)

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

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

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

Management Training Corporation (MTC) and TDCJ both have policies that mandate a zero tolerance for sexual abuse and sexual harassment of their offender populations. (MTC 903E.02 , TDCJ SP OM TOC-A & PO 07-150).

The policies also present a plan to address prevention, detection, sanctions, and responses for all employees. The agency (MTC) employs both a PREA Compliance Coordinator and an Assistant PREA Coordinator and the facility assigns a Compliance Manager as the PREA Manager. This person is shown on an organizational chart and reports to the Warden. All indicate they have sufficient time to address the needs of PREA.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not applicable

The KCC does not contract for the confinement of offenders. KCC is owned by the TDCJ and operated by the Management Training Corporation (MTC). The MTC policy and TDCJ policy is to ensure full compliance with the PREA requirements. (MTC 903E.02 & TDCJ Contract C 0051).

Standard 115.13 Supervision and monitoring

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

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

KCC, MTC, & TDCJ all have developed staffing plans to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary staffing requirements when vacancies occur. The facility used overtime and additional hiring of staff to meet a safe staffing mandate required by the TDCJ. The facility reported no deviations from the custody staffing plan for the past 12 months. Unannounced rounds are conducted for all shifts and recorded by senior management staff. A review of the staffing plan was documented. The Auditor examined direct contact correctional staff vacancy rates for an 22 month period Jan 2014 thru Sep 2015. The correctional staff vacancy rate for this period averaged 6.48 %. Policies are in MTC 903E.02.

Standard 115.14 Youthful inmates

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

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Not Applicable

No offender is under 18 years of age at KCC.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

The MTC & TDCJ have policies that do not allow cross-gender strip or visual body cavity searches of offenders (MTC 903E.02, pg. 7 & TDCJ Ensuring Safe Prisons A-F). The KCC reported zero instances where these types of searches had occurred. All showers have curtains or protective screens. Opposite gender staff are

required to announce their presence when entering the units. Policies are in place to prevent staff (other than medical) to examine an offender solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months. 100% of the staff has been trained in the correct procedure for searches

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

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

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

KCC provides a variety of ways to ensure offenders with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Interpreters are available at both Units to provide any needed service. Offender interpreters are prohibited. (MTC 903E.02 a 1-2, c1 & TDCJ AD 04.25). Staff interpreter certificates were also provided.

Standard 115.17 Hiring and promotion decisions

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

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

KCC has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed by the TDCJ. Review of MTC & TDCJ policy and interviews of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. (MTC 903E-02, a1,c1,d,e). The facility reported 48 employee checks were made and zero contractor background checks were completed.

The MTC policies require a 5 year re-check of employees and contractors. This was verified by review of the documentation and in the interview process. MTC policy does indicate that any employee misconduct or false reporting is subject to the possibility of termination of employment.

Standard 115.18 Upgrades to facilities and technologies

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

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

MTC policy (MTC 903E.02, pg. 8) requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the offenders from sexual abuse. The facility is owned by TDCJ. KCC reported no substantial improvements have been made to the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Per TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with the TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. The facility has an MOU with SAFE and SANE examiners using an outside health care provider. The facility conducted zero SAFE/SANE examinations during the last 12 months. Victim advocates to provide outside services are under contract and a Chaplain is trained to provide advocacy services if required. Policies include MTC 903E-02, & TDCJ AD 16.04, SPOM 05-01, SPOM 02-02, & AD 16.20.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Per TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with the TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation.

During the past 12 month period, zero allegations of offender sexual abuse and sexual harassment was received. Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com. Policies include MTC 903E.02 A,B,D,E & TDCJ AD 16.04, 16.20 & SPOM-Investigations.

Standard 115.31 Employee training

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

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

The staff training provided by KCC meets policy requirements of PREA, MTC and TDCJ. All employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 119 staff were trained. The facility has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates their presence when the training was presented. The interview process documented that employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well. MTC policies include 903E.02, A,B,D,E & 901 D.02 A,B,D. TDCJ policies include TDCJ pre-service & in-service curriculum, SPPP A-D, & AD 12-20,C.

Standard 115.32 Volunteer and contractor training

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

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

12 volunteers and contactors at KCC were trained about PREA and correctional requirements during the last 12 months. Signatures documented that they understood the training presented. (MTC policy 903E.02).

Standard 115.33 Inmate education

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

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

By policy of both MTC& TDCJ , offenders are provided information at intake about the zero-tolerance policy for sexual abuse or harassment. (MTC 903E.02, A-F & TDCJ SPOM 03.01, A-F). In the past 12 months, 640 offenders were trained on the principles of PREA. Provisions are made to assist those offenders with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, offender handbooks, etc. are readily available to the population. The offender interviews indicated that they understood their rights under PREA

Standard 115.34 Specialized training: Investigations

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

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

Per TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with the TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. KCC conducts only administrative investigations and if found criminal in nature, the investigation is immediately turned over to the OIG. Five KCC staff have received PREA investigation training. Policies include MTC 903E.02 & TDCJBP 01.07 A.

Standard 115.35 Specialized training: Medical and mental health care

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

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

By policy of both MTC and TDCJ, medical and mental health providers are provided PREA training. (MTC 903E.02, a1,c1 & TDCJ SOF, CMHC G57.1).

Documentation and the interviews indicated that all Medical and Mental Health services staff have been trained in the requirements of PREA. Forensic examinations are not conducted by the UTMB medical staff. These exams, if needed, are provided by a certified local health care organization.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

By policy of both MTC and TDCJ, offender screening for risk of sexual abuse victimization and sexual abusiveness towards other offenders is required. (MTC 903E.02 A-I & TDCJ SPOM 03.01, A,B,H). 640 offenders (100 %) of the offenders received by KCC were screened for the risk of sexual abuse victimization or sexual abuse towards other offenders. This screening is accomplished within the first 24 hours of arrival. The risk assessment documents of MTC and TDCJ meet the PREA requirements. The offenders are reassessed for the risk of sexual victimization or being sexually abusive within the time frames required. The facility reported 640 reassessments occurred in the past 12 months. MTC and TDCJ policies both prohibit discipline of an offender for refusing to answer questions in the screening process.

Standard 115.42 Use of screening information

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

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

The information obtained by the KCC in the offender screening process is used to make individualized

determination to ensure their safety. This documentation found is used to make decisions to place each offender in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee. In making assignment decisions for transgender or intersex offenders, the decisions are made on a case-by-case basis. Any transgender or intersex offender is allowed to shower separately from other offenders in the M block housing unit. These policies are found in MTC 903E.02, pg. 12, and TDCJ SPOM 03.01.

Standard 115.43 Protective custody

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

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

The MTC/TDCJ policies govern the use of segregation housing. The policies for offenders in protective custody are found in MTC 903E.02,a1,e1 and TDCJ Policy ED.02,10 A. These policies include looking at alternatives for victims of sexual abuse. The facility reported zero offenders were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any offender in segregation.

Standard 115.51 Inmate reporting

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

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

KCC has several ways that an offender can report sexual abuse/harassment. They can report an incident to any staff person, write a grievance or report, write letters, or notify a third person. The policies that require this are found in MTC 903E.02, & TDCJ SPPP Reporting A-D 16.20. Staff are informed of this requirement with required training and employee handbooks. No offenders are held for civil immigration purposes at the facility. Offenders and staff interviews confirm that the process is well understood.

Standard 115.52 Exhaustion of administrative remedies

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

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

MTC and the TDCJ have an offender grievance process that meets the requirements of PREA. The process allows the offender to file an informal written complaint/grievance about sexual abuse or any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. The Offender Handbook clearly outlines the process required. In the past 12 months, there was zero grievances filed concerning sexual abuse or harassment. Policies include MTC 903E.02 & TDCJ AD 03.82, A-F.

Standard 115.53 Inmate access to outside confidential support services

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

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

KCC provides to the offenders, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the offender handbook. Policies are found in MTC 903E.02, A,B,C.

Standard 115.54 Third-party reporting

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

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

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

MTC has a website (mtctrains.com) that provides the opportunity for third party reporting of sexual violence. The website also provides the reporting policies regarding any sexual violence. TDCJ has an Ombudsman that receives reports. Policies are found in MTC 903E.02, & TDCJ SPPP.

Standard 115.61 Staff and agency reporting duties

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

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

The MTC and the TDCJ both have policies that require all staff to immediately report any incident of sexual abuse/harassment. The policies also address the need to maintain confidentiality and address possible retaliation. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded.

Medical and mental staff report all sexual abuse allegations and they do inform the offender of their duty to report.

These policies are found in MTC 903E.02 & TDCJ SPPP A-C, SPPOM D.

Standard 115.62 Agency protection duties

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

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

Policies at KCC require all staff to immediately take steps to protect an offender who is the subject of imminent sexual abuse. There has been zero incidents of this action being required in the past 12 months.

These policies are found in MTC 903E.02.

Standard 115.63 Reporting to other confinement facilities

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

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

KCC has policies that requires notification of another facility when they learn of an offender that had been sexually abused at that other facility. This notification is done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. In the past 12 months, the facility reported zero allegations of sexual abuse that offenders received at another facility. These policies are found in MTC 903E.02 & TDCJ SPOM 04.01,A-C, SPPD A-D, SPOM 05.03B.

Standard 115.64 Staff first responder duties

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

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

The MTC & TDCJ policies meets all first responder requirements of PREA. This policies were verified by the responses from the staff being questioned. In the past 12 months, zero allegations of sexual abuse from an offender was recorded. These policies are found in & MTC 903E-02, A-B & TDCJ SPOM 05.01 A..

Standard 115.65 Coordinated response

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

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

A written institutional plan for a coordinated response to any incident of sexual abuse was available at KCC. They follow TDCJ SPPP to address the coordinated response requirements. The plan meets the requirements of both MTC and PREA. Policies are MTC 903E.02 & TDCJ SPOM 05.01.

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

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

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

Not applicable.

The KCC employees do not participate in collective bargaining.

Standard 115.67 Agency protection against retaliation

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

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

KCC has policies that protect offenders and staff who report sexual abuse/harassment from retaliation. Senior management supervises the plan. Any monitoring required will be conducted for a minimum of 90 days or longer if needed. KCC reported zero instances of retaliation in the past 12 months.

These policies are found in TDCJ SPPOM 05.08 A-F, SPPP A-F & MTC 903E.02, A-F, 203.2 A.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

MTC has policies in place that govern the use of involuntary segregation. These policies meet the PREA requirements. The facility reported that no offenders who reported sexual abuse were held in involuntary segregation in the past 12 months. If this would occur, policies require 30 day reviews. These policies are found in MTC 903E.02

Standard 115.71 Criminal and administrative agency investigations

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

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

Per TDCJ policy, the TDCJ OIG will conduct all criminal investigations. In accordance with the MTC contract with the TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation.

Five staff assigned to the facility have been trained for administrative investigations to meet PREA standards. Should an allegation be substantiated, the case will be referred for prosecution.

The facility reported zero cases of sustained allegations since 20 August, 2012. Written reports are developed and retained per PREA, MTC, and TDCJ requirements.

These policies are found in TDCJ SPPOM 05.01, AD 16.20 B & E, BP 01.07, SPPP C-J, AD 16.03. & MTC 903E.02, pg. 19.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The KCC and TDCJ policy indicated they use as a standard the preponderance of the evidence. MTC 903E.02 & TDCJ SPPP.

Standard 115.73 Reporting to inmates

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

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

Per policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with the TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation.

In the past 12 months, zero allegations from offenders was recorded. By policy, the offenders who file any allegations will be informed of the findings.

Policies are MTC 903E.02 and TDCJ SPPOM 05.10 A-F.

Standard 115.76 Disciplinary sanctions for staff

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

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

KCC has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility reported zero cases of staff of staff violating sexual abuse or harassment policies and none were terminated or resigned for violating policies on sexual abuse/harassment.

Policies are MTC 903E.02 & and TDCJ SPPP. B-D.

Standard 115.77 Corrective action for contractors and volunteers

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

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

KCC has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported zero cases of volunteers/contractors terminated for violating policies on sexual abuse/harassment. Policies are MTC 903E.02, and TDCJ SPPP, A-B.

Standard 115.78 Disciplinary sanctions for inmates

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

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

KCC has policies providing sanctions for offenders engaged in sexual abuse of another offender. These sanctions meet the PREA requirements. Consideration is given to the offenders' mental status in final determinations. Treatment is also offered to those found guilty. Both MTC & TDCJ have policies that do not permit consensual sex between offenders. The facility reported zero cases of administrative or criminal findings of offender-on-offender sexual abuse in the past 12 months. Policies are MTC 903E.02 & TDCJ SPPP.

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

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

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

KCC policies require that all offenders (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required within 14 days of the initial screening. The same policy also applies to offenders who perpetrated sexual abuse. Documentation is maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental

health, security, and management staff. Informed consent is obtained by the medical staff.
Policies are MTC 903E.02, a1,a2,a4,b1, and TDCJ SPPP A,B,D,E , CMHC H 61.1 D & CMHC G 57.1 E.

Standard 115.82 Access to emergency medical and mental health services

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

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

The medical program at is staffed 12 hours per day, 7 days per week. All offenders who report to be sexual abused have unimpeded access to medical treatment. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the inmate.
Policies are MTC 903E.02 and TDCJ SPPP A-D, UTMB G-57.1 C & UTMB E-31.1 D.

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

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

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

KCC provides medical and mental health evaluation and treatment consistent with the community standard for health care. The offenders are offered tests for sexually transmitted disease. These services are provided to all offenders who have been sexually abused. These services are at no cost. Offender abusers are also offered mental health evaluations within a 60 day period.
Policies are MTC 903E.02, CMHC A-H, TDCJ SPPP A-D, SPPP G.

Standard 115.86 Sexual abuse incident reviews

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

- Does Not Meet Standard (requires corrective action)

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

The facility policies require that all incidents of sexual abuse are thoroughly reviewed by an incident review team. This team includes the PREA Compliance Manager and several facility management staff. The reports are then reviewed by the Warden and MTC/TDCJ Administrative staff. The team is required to review and make recommendations within 30 days of the incident. The facility reported zero sexual abuse investigations in the past 12 months.

Policies are MTC 903E.02 & TDCJ SPPP A-C-E, AD 02.17 D & AD 02.15 D.

Standard 115.87 Data collection

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

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

MTC & TDCJ collects sexual abuse data from all of its facilities and compiles the data annually. The process followed meets the requirement of PREA.

Policies are MTC 903E.02 & TDCJ SPPP A-D-F, TDCJ Tracking Grid.

Standard 115.88 Data review for corrective action

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

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

The MTC & TDCJ collects sexual abuse data from all facilities and aggregates into an annual report. This MTC report is available on the web at www.mtctrains.com. The report is approved by the Vice President of Corrections at Management and Training Corporation.

Policies are MTC 903E.02, pg. 20.

Standard 115.89 Data storage, publication, and destruction

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

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

The MTC and TDCJ collects and securely retains data for a period of at least 10 years. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public. Policies are MTC 903E.02.

AUDITOR CERTIFICATION

I certify that:

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



30 October, 2015

Auditor Signature

Date