

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: August 14, 2017

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 452, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: July 17-18, 2017			
Facility Information			
Facility name: East Texas Treatment Facility			
Facility physical address: 900 Industrial Dr. Henderson, Texas, 75652			
Facility mailing address: <i>(if different from above)</i> P.O. Box 8000 Henderson, Texas, 75652			
Facility telephone number: 903-655-3300			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" 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: Greg Shirley			
Number of staff assigned to the facility in the last 12 months: 430			
Designed facility capacity: 2282			
Current population of facility: 2197			
Facility security levels/inmate custody levels: Minimum Security / G2 Custody Level			
Age range of the population: Adults			
Name of PREA Compliance Manager: Joshua Gray		Title: Sergeant	
Email address: josh.gray@mtctrains.com		Telephone number: 903-655-3300 ext. 3777	
Agency Information			
Name of agency: Management & Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> Texas Department Of Criminal Justice			
Physical address: 500 North Marketplace, Centerville, Utah 84014			
Mailing address: <i>(if different from above)</i> SAME			
Telephone number: 1-800-574-4682			
Agency Chief Executive Officer			
Name: Scott Marquardt		Title: President & CEO	
Email address: scott.marquardt@mtctrains.com		Telephone number: 801-693-2800	
Agency-Wide PREA Coordinator			
Name: Mark Lee		Title: Director, Corrections/Corporate PREA Coordinator	
Email address: mark.lee@mtctrains.com		Telephone number: 801-693-2864	

AUDIT FINDINGS

NARRATIVE

The on-site PREA audit of the East Texas Treatment Facility was conducted on July 17-18, 2017. Six weeks prior to the on-site audit the auditor forwarded the Notice of PREA audit to the facility for posting in areas accessible to staff, inmates, contractors and volunteers to provide anyone wishing to contact the Certified PREA Auditor with an PREA related concerns or issues. The auditor did not receive any communications as a result of those postings. Approximately 30 days prior to the audit the auditor received a "flash drive" containing the Pre-Audit Questionnaire, Management and Training Corporation Policies and Procedures, Texas Department of Criminal Justice Policies, the Texas Department of Criminal Justice Safe Prisons Plan and supporting documentation. The information provided was well organized, and each standard contained a "self-audit" evaluation sheet documenting the referenced policies to support compliance followed by that documentation. Documentation relative to each substandard was documented as well. It was evident from the information placed on the flash drive that the facility went to considerable lengths to provide the auditor with the information needed to understand the policies and procedures as well as samples of documents to confirm compliance. The reviewed policies, procedures, plans and supporting documentation provided the auditor with an excellent perspective of the facility and how it operates within the Texas Department of Criminal Justice. Following the review, the auditor requested additional information. Several conversations with both the facility's Accreditation Manager and PREA Compliance Officer were conducted prior to the on-site phase of the audit.

By prior arrangement the auditor arrived at the facility at 0545 to begin to interview overnight shift prior to their departure at 7:00AM. Met by the Accreditation Manager, the Major (Chief of Security), and the PREA Compliance Officer. After a brief introduction, the auditor began interviewing overnight shift. Interviews continued until approximately 0800 at which time the Warden, Deputy Wardens and the Unit Safe Prisons Manager (PREA Compliance Officer) met with the auditor to discuss the audit process. Following the meet and greet, the auditor was led on a tour conducted by the Major and accompanied by the Warden, Deputy Wardens, Accreditation Manager, Programs Director and the Unit Safe Prisons Manager. The floors of this facility were clean and highly shined. This facility has approximately 368 cameras strategically located and deployed throughout the facility. Mirrors, too have been placed in areas enabling staff to see around corners. Lastly access to keys for a number of offices and closets are reportedly restricted and must be checked out from the control room enabling staff to know who has the keys to access those areas. In most cases where there were solid doors restricting viewing inside the closet, storage area or office, cameras provided coverage to enable staff to view those going in and out of those rooms and areas. Living units/pods are open bay dorm style each housing 56 inmates. The restrooms have half walls restricting viewing any seated on a commode. Showers also had half walls and an angled partition to restrict viewing. The female unit also had half walls however opaque borders were installed giving the female inmates additional privacy. Phones were in each living unit. PREA Posters were located throughout the facility. The auditor observed newly admitted female inmates receiving their orientation.

Following the tour interviews with specialized staff and additional random staff were conducted.

DESCRIPTION OF FACILITY CHARACTERISTICS

The East Texas Treatment Facility incarcerates post adjudicated male and female offenders. Most of the population is minimum custody offenders received from the Texas Department of Criminal Justice.

The facility consists of 11 buildings on 41 acres of property. The construction of the building is concrete block walls with metal roofs and air conditioning. Hour dormitory style housing units are on the west and east ends of a center core area that provides for administration, food services, warehouse, medical and a 40 bed Special Housing Unit. The 2,320-offender capacity is structured as follows: In each of the four housing units are 10 general population dormitories consisting of 56 beds each. The Center core area provides for 40 Special Housing Unit cells and two (2) medical beds.

Each dorm provides the basic furnishings, shower facilities and common areas. All showers and commodes have panels, shower curtains and screens to enhance the inmate's privacy while showering and using the restroom. The cells have lavatory/commodes in them.

The security perimeter consists of two woven wire fences with multiple rolls of razor wire and an electronic intrusion system. One armed vehicle patrols the perimeter 24/7. A control center monitors all traffic entering and exiting the facility. Cameras control the perimeter and cameras totaling approximately 368 are liberally and strategically placed to aid in supervision and monitoring of offenders.

Multiple Offender Programs are offered at this multipurpose facility. Programs include:

- Intermediate Sanction Facility Treatment (ISF)
- Substance Abuse Felony Punishment Facility (SAFPF) /In-Prison Therapeutic Community (IPTC) treatment programs to include Special Needs Offenders;
- Driving While Intoxicated Recovery Program (DWI); and
- Intermediate Sanction Facility (ISF) Cognitive Intervention Program

The Educational Programs include Adult Basic Education and General Educational Development

SUMMARY OF AUDIT FINDINGS

A PREA Audit of the East Texas Treatment Center was conducted July 17-28, 2017. The auditor's methodology consisted of the following: Review of information contained on the external flash drive provided by the facility; reviewing additional documentation on site; observations made during the tour of the facility and interviewing twenty-six (26) specialized staff and fifteen (15) randomly selected staff. This included interviews with a Texas Department of Criminal Justice Contract Monitor. A total of twenty (20) inmates were interviewed. Documentation, including policies, procedures and secondary documentation was reviewed to determine if the policies addressed the sub-standards of the standard. Secondary documentation was reviewed to determine "practice". Interviews with specialized and randomly selected staff confirmed their knowledge of the agency's policies and procedures as they related to PREA standards as well as "practice". Inmates were interviewed to determine the training and information they received about PREA and to determine if they were given required information upon admission, during intake, orientation and during the "education" component of the PREA Training for inmates and to determine "practice".

Forty-three standards were reviewed. Two standards were rated "Exceeds". These were, 115.11, Zero Tolerance and 115.41, Screening for Victimization. Thirty-seven standards were rated "Meets" and four standards, were rated "Not Applicable. The not applicable standards were: 115.12, Contracting with other entities for the confinement of inmates; 115.14, Youthful Inmates; 115.18, Upgrades to facilities and technology; and 115.66, Preservation of ability to protect inmates from contact with abusers.

Number of standards exceeded: 2

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

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.

903E.02 Ensuring Safe Prisons mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlined the agency's approach to prevent, detect, and response to sexual abuse and sexual harassment. The agency policy outline is founded in section F.2. (b) On page 6. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

Additionally, Management & Training Corporation (MTC) policy Serial Number 903E.02 Ensuring Safe Prisons designate an upper level PREA Coordinator for the company who has sufficient time and authority to develop, implement and oversee MTC's efforts to comply with the PREA Standards in all its facilities. The agency operates more than one facility; each of MTC's facility is required to designate a PREA Compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The facility's Safe Prisons Manager/PREA Compliance Manager is knowledgeable of PREA and the PREA Standards. Reporting to the Major (Chief of Security) he related he has the full support of the Major, Accreditation Manager, Deputy Wardens and the Warden. He discussed how he implements PREA in this facility and acknowledges he has the support of the Accreditation Manager, the Deputy Wardens and the Warden. He also related he has sufficient time to perform his PREA related duties. He too, appears to be highly informed, proactive and highly motivated. Interviews conducted with the PREA Compliance Manager and working with him over two days indicated this staff is dedicated to his job, is conscientious and diligent about ensuring the facility is complying the PREA Standards on an on-going basis.

The Texas Department of Criminal Justice's (TDCJ) foreword to their Safe Prisons/PREA Plan states the TDCJ has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. It requires the TDCJ to take a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in custody of the TDCJ.

East Texas Intermediate Sanction Facility's PREA Acknowledgement Statements (Corporate Policy #900.2, Ensuring Safe Prisons) document the employee's understanding that the agency and facility have a zero tolerance for sexual violence, sexual misconduct and sexual harassment.

MTC provided information from the Senior Vice President designating the senior director, management and operational support, as the MTC PREA coordinator. A phone interview with the PREA Coordinator confirmed he is knowledgeable of the PREA Standards and has sufficient time and authority to perform his duties in that role. Additionally, by virtue of his position within the company, he has the authority and ability to implement the PREA Standards. A previous interview with the PREA Coordinator indicated he has an exceptional knowledge of PREA and has invested considerable time and energy into working with their facilities to maintain compliance with all the PREA Standards.

Reviewed inmate handbooks contained sections on the Safe Prisons Program. For example, the Substance Abuse Felony Punishment Facility, Unit Offender Handbook, dated, May 2, 2017 informs inmates that the TDCJ is committed to providing a safe environment to employees and offenders serving time in its custody. They are advised that in accordance with the Safe Prison Plan, the TDC has a "Zero Tolerance" for sexual abuse and any form of predation on offenders. Additionally, they are informed the MTC has a "Zero Tolerance" for standard for sexual violence. Additional information, including the PREA Audit Report

major provisions of PREA, Victim Rights, Prevention/Intervention/Self Protection, Effects of Sexual Violence, Reporting and False Reporting. Another handbook, The In-Prison DWI Recovery Program Resident Orientation Handbook, discusses “safe prisons”. Provides essentially the same information, including the agency and company’s zero tolerance for sexual abuse. The TDCJ PREA Poster reminds offenders that the Texas Legislature has adopted a Zero Tolerance Policy regarding sexual abuse, including consensual sexual contact and sexual harassment of an offender in custody of the department. It also provides that violations must be reported to the Unit Major or Office of the Inspector General or PREA Ombudsman (address given).

The Agency (Texas Department of Criminal Justice) has provided two contract monitors at the facility. These TDCJ staff are on site full time to monitor for compliance with the provisions of the contract between MTC and the Texas Department of Criminal Justice. These staff also are involved in monitoring PREA standards. Annually, they indicated, the agency conducts a SAFE PRISONS/PREA Audit. Additionally, they indicated the agency has a quality assurance team that conducts audits of the facility looking at a wide range of operational areas. The interviewed contract manager was very knowledgeable of PREA and the PREA Standards. She too is aware, on a day to day basis, of how PREA is implemented in the facility. Having these monitors on site demonstrates the agency’s commitment to compliance with all facets of the operation required by the contract and to compliance with PREA.

This standard is rated “exceeds” because of the company and the facility’s commitment to zero tolerance as evidenced in MTC Policy, by appointing two higher level company officials who have an exceptional knowledge of PREA to serve as PREA Coordinator and Assistant PREA Coordinator, through the appointment of an alternate facility PREA Compliance Manager and through multiple interviews with staff, inmates, contractors and volunteers indicating staff, volunteers and contractors are trained annually in the Zero Tolerance Policy and that inmates have received this information multiple times through multiple means.

Multiple interviews with staff and inmates confirmed the facility has a zero-tolerance policy and all of them were aware of it.

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.

This standard is rated non-applicable. MTC is the contracting agency and has delegated authority with direct responsibility for the operation of facilities that confine inmates and detainees; it does not have authority to contract with other entities for the confinement of inmates. Therefore, East Texas Treatment Facility does not have authority to contract with other entities for the confinement of inmates. Interviews with the Assistant Agency PREA Coordinator and the Facility Warden indicated that the facility does not and have not contracted any other entity for the confinement of inmates.

Interviews with the TDCJ Facility Contract Monitors and a review of the “Response to Contract Facility Monitoring Report” revealed the facility compliance with PREA.

The reviewed Pre-Audit Questionnaire, Adult Prisons & Jails and interviews with staff confirmed there were zero contracts for the confinement of inmates that the facility entered or renewed with private entities or other government agencies since the last PREA audit.

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.

The Safe Prisons/PREA plan states the TDCJ ensures that each unit develops documents, and complies with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse and in calculating adequate staffing levels and determining the need for video monitoring, units are required to take into consideration TDCJ policies and procedures and 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from federal investigative agencies; 4) Any findings of inadequacies from internal or external oversight agencies; 5) All components of the units physical plant, including “blind spots” or areas where staff or offenders may be isolated; 6) The composition of the offender population; 7) The number and placement of supervisory staff; 8) Institutional programs occurring on a particular shift; 9) The East Texas Treatment Facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and the use of video monitoring to protect inmates against abuse. An Interview with the Warden, as well as a reviewed email from the MTC Director, Policy and Audits, indicated that the facility takes into consideration the 11 requirements in standard 115.13 (a) – 1:

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any findings of inadequacies from Federal Investigative agencies;
- Any findings of inadequacy from internal and external oversight bodies;
- All components of the inmate population;
- The composition of the inmate population
- The number and placement of supervisory staff; institution programs occurring on a particular shift;
- Any applicable State or Local Laws, Regulations or Standards;
- The prevalence of substantiated or unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.
-

The email from the MTC Director, Policy and Audits, dated June 27, 2017, confirmed that the facility responded to each of the 11 requirements in the standard as well.

An interview with the Facility Warden revealed each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Cameras are strategically located to supplement staffing and to enhance supervision of inmates. An email from the Director, Policy and Audits documented that there have been no deviations from the staffing plan. There are approximately 300 plus cameras deployed. The auditor is not going to provide further information related to these because of security concerns however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside

PREA Audit Report

the facility fence and outside.

MTC Policy 903 E.02 and interviews with the Warden and PREA Compliance Officer as well as a review of the Facility Staffing Plan Review 2017, revealed that least annually, in collaboration with the PREA coordinator, the facility reviews the staffing plan to see whether adjustments are needed in:

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

The Warden and PREA Compliance Manager, in interviews confirmed the process for conducting annual reviews. Duty officers are required to visit the facility at least twice during their tour coming in late and coming in early during which time rounds are conducted. Staff conducting these rounds include the Warden, Deputy Wardens and the Major.

MTC Policy 903A.03, Patrols and Inspections, requires intermediate and higher-level staff conduct and document unannounced rounds designed to identify and deter staff sexual abuse and sexual harassment. Staff are also prohibited from alerting other staff of the conduct of the rounds. Interviews with the Facility Management Team and documentation reviewed revealed that the intermediate level and/or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. MTC Policy 903E.02, section 3.c, page 6 requires unannounced rounds to be performed on all shifts and all areas of the facility occupied by inmates.

The facility provided documentation to confirm unannounced rounds are being conducted. Unannounced rounds are documented in the log books in the inmate's living units.

Standard 115.14 Youthful inmates

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

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

This standard is rated "not applicable." The East Texas Treatment Facility Warden provided a "statement of fact" documenting that the facility does not house youthful offenders. Interviews with staff confirmed the facility does not house youthful offenders.

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.

MTCs policy directs staff not to conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners(903E.02). Cross-Gender pat-down searches of female inmates, absent exigent circumstances is also prohibited by policy. Texas Department of Criminal Justice, Administrative Directive 03.22, Offender Searches I.A., prohibits male staff from conducting pat down searches of female offenders, except in exigent circumstances and when approved by a security supervisor. This directive requires that female offenders are strip searched by female officers or trained staff members and that these searches are not conducted in the visual presence of or by male staff. Male offenders likewise are to be searched by male officers or trained staff however in exigent circumstances and when approved by a security supervisor, the search may be conducted by a female officer or trained staff member. The directive, like MTC Policy, requires all cross- gender strip searches of male offenders to be documented by the shift security supervisor. If a female officer is present during a strip search of a male offender, the female officer must position herself where she does not see the offender's nude body.

Policy requires that staff are trained to conduct cross gender pat-down searches. Interviews with staff indicated the facility has "a lot" of female staff and female inmates are not denied programming or other out of cell activities and opportunities. One-hundred percent (100%) of the interviewed female offenders confirmed they have never been searched by a male staff. Male offenders stated, consistently, that they had never been strip searched by a female staff. Female access to regularly scheduled and available programming or other out of cell activities and opportunities are not restricted to comply with the provision that male staff are not allowed to search females absent exigent circumstances and after approval of the administration. They also related they are never prevented from accessing programs because there are not enough female staff to conduct the "pat searches". They indicated there are always enough female staff to conduct the searches. MTC Policy 903E.02, Limits to Cross-Gender Viewing, section C, requires their facilities to implement policies and procedures that enable inmates to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell or bed checks. interviewed inmates stated they are never naked in full view of staff and are provided privacy while changing clothes, showering and using the restroom. 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 door way of the bathrooms and the shower areas to provide a little privacy even in an open bay dormitory style pod or dorm. Inmates reported they are never naked in full view of cross-gender staff.

MTC Policy requires that inmates are above to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when the viewing is incidental to routine cell checks. All exigent circumstances related to searching or viewing is required to be documented. The facility reported there have been no cross-gender searches nor has there been any exigent circumstances in which staff viewed inmates changing clothing, using the restroom or showering. The facility provided photos of "frosted windows" in the shower/restroom areas restricting full body viewing of offenders while showering or using the restroom. Inmate restrooms had half walls obstructing views of offenders on the toilet. The female dorms have "frosted" windows above the half wall, obstructing viewing. Showers contained half walls as well with a partition slanted to obstruct viewing. One-hundred percent (100%) of the interviewed male inmates affirmed they are not naked in view of staff when using the restroom, showering or changing clothes. If a female staff was working in the units, the offenders consistently stated they female officers are respectful and if they walk toward the shower area for a count, they always announce their presence in the area, stop before they get to the partition, and ask the inmates what bunk they are in or they tell them to get out of the shower, get dressed and stand by their bunks so count can be conducted. Interviewed female offenders also related they are not naked in full view of opposite gender or even same gender staff while showering, using the restroom or changing clothing. One offender did say she saw a camera in the corner of the dorm and she did not know but wondered if provided viewing of a shower. The auditor asked the PREA Compliance/Safe Prisons Officer to show

the camera views of that specific living unit from the control room. Viewing confirmed the camera angle does not permit any viewing of the restroom or showering area. Men are not assigned to work in the female dorms.

MTC Policy requires each facility to develop a system by which staff of the opposite gender announce their presence when entering an inmate housing unit. POST Orders for Dorm Officer and for Cellblock Officer documented the requirement for opposite gender staff to announce their presence when entering the housing units housing offenders of the opposite gender. An email message from the Director of the Correctional Institutions Division, dated, July 30, 2013, requires opposite gender staff to announce their presence upon assuming the shift. All the interviewed staff stated they always announce their presence when entering a unit housing offenders of the opposite gender. About 80% of the interviewed male inmates related staff announce their presence when entering the housing unit. Those who said it was not consistent indicated it was the newer staff who were not doing it.

The agency prohibits searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. It also requires security staff to be trained 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. (MTC Policy 903E.02, 5.f) Texas Department of Criminal Justice Administrative Directive, (AD-03.22) prohibits searches of a transgender or intersex offender for the sole purpose of determining the offender's genital status and requires searches of all offenders, including transgender and intersex, to be conducted in a professional and respectful manner and in the least intrusive manner consistent with security needs. The facility provided the Safe Prisons/PREA FY 2017 In-Service Training Slides providing search training. Samples of pre-service and in-service training Score Sheets were provided for review. These documented the pre-and in-service PREA Training. An interview with a transgender offender confirmed that "she" was never searched to determine her genital status. She indicated she is searched by male officers and has no issues with that and is comfortable with that. She also related she is not assigned to any housing units specifically housing any gay, bisexual, transgender or intersex offenders. She is also permitted to shower alone however she stated she showers in the men's dorm showers and that is her preference at this time. The transgender inmate related that when she came to the facility she went before a committee of the Deputy Warden and a few other staff and was asked if she felt safe here? And if she would feel comfortable in general population or would she prefer specialized housing? She related they were very nice to her and respectful and that she has not encountered any inappropriate behavior or comments made toward her.

Staff interviews and facility documentation indicated that all cross-gender strip searches and cross-gender visual body cavity searches will be documented. There have been no cross-gender searches during the past twelve months. TMC policy 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.

Per a review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirm by staff interview, in the past 12 months there were zero cross-gender strip and visual body cavity searches of inmates.

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.

Inmates are screened by the State Classification Committee (SCC) prior to facility placement. The DSCC screens each inmate based upon custody, classification, psychological, physical and medical needs. Inmates with special needs i.e., hearing or sight impaired are assisted on an as needed basis.

Staff translators are permitted to serve as translators for offenders who are limited English proficient. Prior to being allowed to serve as a translator, staff have to demonstrate proficiency and to be certified through the Texas Department of Criminal Justice. If a staff translator is not available, the facility has access to the telephonic interpretive services. Interviews with staff confirmed they would not rely on inmate interpreters, readers or other types of inmate assistants absent a situation in which a delay in securing a staff or other certified interpreter would result in a potential threat or safety concern to the offender trying.

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. To ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the facility 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, limited reading skills, or who are blind or have low vision. 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. Assistance may be requested through security staff. Outside interpreting services are available to the inmate population as dictated by policy and customer requirements.

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 consistently stated they would not allow, except in emergency situations, an inmate to translate or interpret for another inmate in making an allegation of sexual abuse.

According to a review of the Pre-Audit Questionnaire Adult Prisons & Jails and confirm by staff interviews, in the past 12 months there were no occasions or instances where inmate interpreters, readers, or other types of inmate assistants have been used.

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.

MTC Policy 903#.02- Ensuring Safe Prisons, page 8, paragraph 7(a) – (c), Hiring and Promotion Decisions, states that MTC prohibits hiring and/or promoting staff who have contact with inmates who have engaged in sexual abuse and/or sexual harassment. Policy also requires that omission or providing materially false information is prohibited. Contractors having contact with inmates must have a background check before providing services and every five years of continued service in accordance with MTC Policy 13.20, Purchase Policy. MTC Policy 201.3, Background Checks, C., advises that background checks will be performed based on the relevancy of job-related duties required for a particular position. Employment action, up to and including termination, will be taken if the background check is unfavorable or reveals information not reported or contrary to the information that is self-reported during the hiring the process. Policy requires the human resources manager to ensure the appropriate background checks are conducted.

The MTC Standard Operating Procedure, Background Checks, requires the facility human resources manager to be responsible for ensuring a background check is completed on all individuals who are identified and selected for employment. The SOP asserts that MTC may not hire any person who may have inmate contact who has engaged in sexual abuse in a prison or institution or who has been convicted of engaging or attempting to engage in sexual activity with any person by force, threat of force or coercion or if the victim did not or could not consent. It affirms that MTC may not hire any person who may have contact with any inmate who has been civilly adjudicated to have engaged in sexual abuse in a prison or in an institution or who has been convicted of engaging or attempting to engage in sexual activity with any person by force, threat of force or coercion or if the victim did not consent. The SOP also requires the applicant answer the PREA related questions. Policy 203.1, MTC, Rules of Conduct requires any employee or individual providing false or misleading information or documentation related to employment, to include employment application, references, transcripts etc. be terminated or disqualified from employment. The SOPs acknowledge the requirement for 5 year checks however Texas has an alternate procedure that enables the facility to be notified anytime a staff person is arrested or charged for any offense. The SOP also requires the facility make its best efforts to contact prior institutional employers for information on abuse or resignation during a pending investigation or sexual abuse. The company also considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates.

Individuals apply for positions on-line, printing out and completing their applications. If the facility has a position available and is interested in interviewing an applicant, an interview is scheduled. Completing the applicant package, the applicant completes the criminal history form, offender relationship form, job description, employment exam and the PREA Interview Questions. The selected applicant receives the following background checks: 1) Driving History; 2) Texas Department of Criminal Justice NCIC and TCIC, completes the PREA Questionnaire and the Finger Print Card.

The Texas Department of Criminal Justice has a system enabling the facility to be informed and notified anytime an employee is charged or for any arrest anywhere. The Warden provided a Statement of Fact Memo affirming that the TDCJ enters all employees and contractors into an automated system designed to trigger notification to TDCJ of all arrests entered into the NCIC/TCIC system. This system provides a continuous records check. The Human Resources Staff related the facility is a part of the "Flash System" notifying the facility anytime a staff is arrested or has a warrant out for their arrest. They also, according to the HR staff, have an affirmative duty to report.

Contractors, Employees and Volunteers are all background cleared prior to hire or providing services. A review of twenty (20) personnel files confirmed each one had the PREA related questions, the PREA Notice and documentation that they were cleared. Additionally, the facility provided documentation of clearances and PREA related questions asked of applicants on the flash drive they provided the auditor prior to the on-site audit.

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.

This standard is rated “not applicable”. There have been no upgrades to the facility during the past twelve (12) months. Nor have there been any upgrades to video monitoring technology.

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.

The Safe Prisons/PREA Plan, V., Investigations, A. General Considerations, requires all allegations of sexual abuse must follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The plan states the protocol is to be developmentally appropriate for youth, where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the US Department of Justice 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. Investigations of sexual abuse are conducted promptly, thoroughly and objectives for all allegations, including third party and anonymous reports.

Administrative Directive 16-20, I. General (Procedures), authorizes the Office of Inspector General’s broad investigative responsibilities and designates the OIG as the primary investigative organization within the TDCJ. The OIG has primary jurisdiction for investigating criminal offenses occurring on TDCJ property or affecting TDCJ property, including criminal offenses. Within respective jurisdictions, local, state, and federal law enforcement agencies have concurrent investigative and law enforcement authority with the OIG. Law Enforcement agencies generally defer to the OIG about matters relating to the TDCJ. OIG investigators are commissioner Texas peace officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. This directive also states that OIG investigators are commissioned as Texas Peace Officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. They also have primary responsibility for communication with outside law enforcement agencies.

Initial investigations, Offender Protection Investigations, are conducted promptly by an in-house facility investigator. The process is structured and follows MTC and Texas Department of Criminal Justice protocols and procedures. Once the initial investigation is completed, the results are considered by the Unit Classification Committee who decides if the allegation(s) are substantiated, unsubstantiated or unfounded. If it is evident immediately that a sexual assault has taken place, the OIG is notified and the investigator will report to the scene expeditiously to being the investigation using a uniform protocol for

evidence collection. The OIG investigator decides if the offender is to be sent for a forensic examination conducted by a Sexual Assault Nurse Examiner (at the East Texas Medical Center). A memo documented the medical center has five (5) nurse examiners.

MTC Policy, 903E.02, Ensuring Safe Prisons, Paragraph 9, Evidence Protocol and Forensic Medical Examinations, a) through e), provides for the following; To the extent MTC is responsible for investigating allegations of sexual abuse, MTC will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Facility does not house youth. MTC offers all victims or sexual abuse access to forensic medical examinations whether on-site or at an outside facility without financial cost, where evidentiary or medically appropriate. Examinations are required to be performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, where possible. If they are not available the exam can be performed by other qualified medical practitioners. MTC must document their efforts to provide SAFEs or SANEs. MTC will attempt to make available a victim advocate from a rape crisis center and if a rape crisis center is not available or unwilling to provide victim advocate services, the agency will make available to provide these services, a qualified staff member from a community based organization, or a qualified MTC staff member. If a staff member is used, the staff member's qualifications will be documented and maintained. If MTC is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MTC will request, through agreement or MOU, that the responsible agency follow PREA requirements for evidence protocol and forensic examinations.

The facility provided a letter from the Rusk-Panola Sexual Assault Response Team affirming the agency's agreement to assist with crisis intervention and referral services for sexual assault. Too, the facility has a staff who has received training to serve as a victim advocate. his staff is available for callout when OIG orders a forensic exam for an offender victim. SAFE PRISONS/PREA OPERATIONS MANUAL, 02.02, Offender Victim Representative, iii., Responsibility and Role of the OVR, provides that the OVR may only provide the offender victim of sexual assault with counseling and other emotional support services but is not to delay or otherwise impeded the screening for stabilization or an emergency medical condition. They are required, by policy, to be available, when summoned to provide OVR services on or off the facility. Duties are described in the policy as well. The facility provided a Statement of Fact, signed by the Warden, documenting the staff who received training to provide victim advocacy services. Two staff were identified in the MEMO. It also acknowledged these individuals were trained by the TDCJ Cofield Unit on April 11, 2015 to serve as Offender Victim Representatives.

Offenders are offered a forensic exam if the alleged assault occurred within 96 hours, although an interview with an OIG investigator indicated they may offer a forensic exam even if the alleged incident took place over, but close to the 96 hours. Forensic exams are conducted at the East Texas Medical Center.

Specialized training was provided by a Sexual Assault Nurse Coordinator. During that training a basic evidence protocol was described, including maintaining the chain of evidence.

A statement of fact, issued by the Warden, documented that forensic exams are conducted off site at the request of the Office of the Inspector General and by a Sexual Assault Nurse Examiner. This memo also documented there have been no forensic exams conducted during the past twelve months.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 10., Referrals of Allegations for Investigations, requires MTC to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse or staff-on-inmate sexual misconduct). The agency requires allegations of sexual abuse or sexual harassment to be referred to investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.

Administrative Directive 16.20, Reporting Incidents/Crimes to the Office of the Inspector General, policy, states that certain administrative violations, criminal offenses and emergency incidents which occur on TDCJ property or affect TDCJ interests shall be reported to the Office of the Inspector General. In that same policy, Procedures 1., General, authorizes the OIG’s broad investigative responsibilities and designates the OIG as the primary investigative organization within the TDCJ. OIG investigators are commissioned as Texas peace officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the TDCJ. They are also charged with serving as the primary channel for communicating with outside law enforcement agencies where applicable. Paragraph III. Reporting of Administrative Violations, requires incidents or allegations of serious employee misconduct are reported to the OIG for determination regarding OIG action to be taken in response to the incident. IV., Reporting of Criminal Offenses, requires all felony offenses, as defined in the Texas Penal Code, or allegations of a felony offense that occurs on TDCJ property or affects TDCJ property/authorized interests, are reported to the OIG; however, this requirement, according to policy, does not prohibit the reporting of incidents that require immediate law enforcement response from local law enforcement authorities. AD 16-20, Attachment A, Incidents Requiring Immediate Reporting, identifies sexual assaults that are reported within 96 hours of occurrence or involve serious bodily injury with an elderly offender or disabled offender as well as all sexual assaults involving employees, visitors, volunteers or any civilian while on state property as well as any incident of sexual misconduct between an employee and an offender.

Allegations of sexual abuse or sexual harassment may be initially investigated by the facility investigators and referred to the Office of Inspector General investigators if warranted. If it is readily apparent a sexual assault has occurred the OIG would be called in immediately. OIG is notified however on all allegations. The Office of Inspector General Investigator has arrest powers and has the legal authority to conduct investigations of sexual abuse in confinement settings.

Interviews with staff, random and specialized, confirmed that they are required to report any suspicion, allegation, reports or information regarding an allegation of sexual abuse of sexual harassment. Too, they all knew the facility investigator conducts Offender Protection Investigations (OPI) and that the Office of Inspector General also conducted investigations. Interviews with the facility investigator confirmed the Offender Protection Investigation process culminating with a written report presented at the Unit Classification Committee meeting to determine if the allegation is substantiated, unsubstantiated, or unfounded. Reviewed OPIs indicated staff take allegations seriously and that they refer them to their immediate supervisor who ensures an investigation is initiated. An interview with an Office of Inspector General indicated he responds promptly to an obvious sexual assault. He conducts the investigation of all allegations that appear to be criminal in nature.

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.

MTC Policy, Ensuring Safe Prisons, 11. Employee Training, requires that MTC train all employees on matters related to PREA as detailed in MTC Policy, 901/D-02, Training Requirements.

MTC Policy, 903E.02, Ensuring Safe Prisons, B.11, Employee Training, states that MTC trains all employees on matters related to PREA as detailed in MTC Policy 901D.02, Training Requirements. MTC Policy, 901D.02, C.4 Training Requirements, requires that training is tailored to the gender of the inmates at the facility. It also reiterates that employees reassigned from facilities housing the opposite gender are given additional training and between training, MTC provides the employee information about current policies, regarding sexual abuse and harassment. It also requires sexual abuse and sexual harassment training will be provided in pre-service and in-service training and include the following: 1) MTC’s Zero Tolerance Policy for sexual abuse and sexual harassment; 2) How to fulfill their responsibilities under MTC sexual abuse and sexual harassment prevention, detection reporting and response policies and procedures; 3) The right of inmates to be free from sexual abuse and sexual harassment; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5) The dynamics of sexual abuse and sexual harassment in confinement; 6) The common reactions of sexual abuse and sexual harassment victims; 7) How to detect and respond to signs of threatened and actual sexual abuse; 8) How to avoid inappropriate relationship with inmates; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender-non-conforming inmates; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. MTC also documents that employees understand the sexual abuse and sexual harassment training they receive.

Power Point slides demonstrating the PREA training indicated the training covered all the required topics and more. The training plan/guide for pre-service training was provided for review.

The Safe Prisons PREA Plan also requires training in all the topics listed above. It also requires that all employees who have contact with offenders, including medical and mental health care practitioners, receive training as outlined in the policy at least every two years and in the interim years, receive refresher information on current sexual abuse and sexual harassment policies.

Interviewed staff indicated they are PREA trained in multiple ways. Newly hired employees, they related receive PREA training at the academy, followed by annual in-service, PREA information given in shift briefings and via posters located throughout the facility. Staff were asked about each of the topics required by the PREA Standards and one-hundred percent (100%) of those interviewed stated they are responsible for and required to report “everything” to their immediate supervisor and to follow it up with a written report prior to the end of the shift.

In addition to formal interviews, the auditor informally interviewed the receptionist, a secretary, staff from maintenance, education staff, laundry room staff as well as multiple correctional officers.

Multiple training rosters and PREA Acknowledgement Statements documented staff training. These included a sample of rosters from pre-service as well as annual in-service training.

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.

MTC Policy, Ensuring Safe Prisons, Paragraph 12. Volunteer and Contractor Training, requires all volunteers and contractors who have contact with inmates to be trained in compliance with MTC Policy, 901D-02, Training Requirements. MTC Policy 901D.02, Training Requirements, 10., Part Time, Volunteer, and Contractor, requires that volunteers and contractors who have contact with inmates will be trained on their responsibilities under MTC’s policies and procedures regarding sexual abuse/harassment prevention, detection and response. The level and type of training provided to volunteers and contractors is based on the service they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have at least been notified of MTC’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. MTC maintains documentation confirming that the volunteer/contractors understand the training they have received. It also requires that orientation for part-time staff, volunteers, and contractors will include training on security and confidentiality appropriate to their needs and based upon experience, frequency of contact with offenders and program responsibility. Topics for training are identified. Policy requires volunteers and contractors who have contact with inmates to be trained on their responsibilities under MTC’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response. All volunteers and contractors who have contact with inmates have at least been notified of MTC’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report these incidents.

The Texas Department of Criminal Justice Volunteer Services Handbook for Volunteers, October 2013, provides information to the volunteer on PREA. This information includes, ZERO TOLERANCE FOR SEXUAL MISCONDUCT, prohibition against volunteers establishing or engaging in personal relationships with offenders and consequences for violating this policy. Definitions of sexual abuse, sexual assault, sexual fondling, and improper sexual activity with a person in custody and sexual harassment are discussed. The TDCJ provided a Volunteer Facilitators Guide. It addressed a training DVD, Zero-Tolerance, acts of sexual misconduct, TDCJ’s responsibility to report if a volunteer violates the rights of a person in custody or engages in sexual contact or sexual intercourse with a person in custody, volunteer’s rights not to be retaliated against for reporting, Definitions, what sexual abuse is, and other vital information.

An interview with the Chaplain, who serves as the facility’s volunteer coordinator indicated a very thorough process for training volunteers. He related prospective volunteers

Background checks are conducted by the Texas Department of Criminal Justice.

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.

MTC Policy 903E-02, 13., Inmate Education, requires inmates to receive information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Policy also provides the training may also include: 1)

Definition of Sexual Violence; 2) Specifics about the Prison Rape Elimination Act; 3) Rights as a Victim; 4) Prevention/Intervention; 5) Self-Protection; 6) Reporting Sexual Violence; 7) Treatment and counseling; 8) Information about the effects of sexual violence on victims; 9) Who to contact if an offender feels vulnerable; 10) How to contact outside Victim service providers; 11) How to report incidents that happen to others; 12) Ways to avoid sexual violence; 12) What happens if an offender makes a false report; and 13) Confidentiality.

Policy also requires inmates who are transferred from one facility to another will be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on MTC policies and procedures if the new facility differ from those of the previous facility.

MTC Policy requires this information to be available and provided in accessible formats for all inmates. MTC Facilities are also required to continuously make available through posters, inmate handbooks and other written formats, PREA education materials.

The TDCJ Safe Prisons/PREA Operations Manual, Offender Sexual Abuse Awareness Training, requires offenders to receive comprehensive education either in person or through video regarding his rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The Safe Prisons Manager is responsible for ensuring offenders receive the education in formats provided by the TDCJ. Training is required to be documented. Policy requires inmates to view the training video within 30 days of arrival into the TDCJ. The video can be present in part with the SAA peer education course or individually.

Offenders are provided PREA information immediately upon arrive at the facility during the intake process. During the orientation process, that occurs within seven (7) days of admission, the offenders see the PREA Video and are then provided additional PREA information from "peer educators." Too, the PREA Compliance Manger comes in and addresses the class about PREA. Interviews indicated these inmates apply to become "peer educators" and following training they may become one of the presenters.

The Safe Prisons Manager provided an email identifying offenders who have been trained and approved as peer educators. An interview with a staff responsible for peer educators stated that inmates apply, are interviewed by two of their peers, have their inmate screen in the database reviewed to ensure the inmate does not have assaultive behavior. The inmate is then on probation status for two weeks while they are also being trained. The facility also provided multiple samples of training rosters confirming the offender sexual abuse awareness education. These rosters document the type of class presented as "combined video and class."

Posters are located throughout the facility. In addition to PREA related posters, there are posters about Extortion and advise inmates if they engage in extortion the facility will make every effort to prosecute them.

Offenders are provided PREA information immediately upon arrive at the facility during the intake process. Interviews with three (3) separate staff who conduct intake indicated that during the admissions process intake staff provided the offender with the PREA Pamphlet as well as an Inmate Orientation Handbook. They also, when asked, stated they do not simply give the offender the PREA package but instead go over the high points in the brochure, including the zero tolerance for sexual abuse and sexual harassment and ways an offender could report it if it happened to them. All but two of the 21 interviewed offenders related they were given the pamphlet and handbook at intake and that they did go over the highlights verbally with them. Those two could not remember what happened during the intake process.

During the orientation process, the offenders see the PREA Video and are then provided additional PREA information from "peer educators". Interviews indicated these inmates apply to become "peer educators" and following training they may become one of the presenters.

Twenty (20) of the 21 interviewed inmates explained that not more than a week following intake, they received PREA education and through the video were informed again of the zero-tolerance policy, their rights to be free from sexual abuse and sexual harassment, how to report allegations of sexual abuse, and that they have a right not to be punished for

reporting. Again, 20 of the 21 related they were informed more about PREA, following viewing the PREA Video, by the peer educators. A review of the documentation conformed the inmate who said he did not receive the information confirmed he was provided that information. Furthermore, the inmates stated the PREA Compliance/Safe Prisons Manager also comes to orientation and discusses PREA. He related, in an interview that his portion was to tell them more about PREA, Zero Tolerance, bullying and extortion and how to report allegations of sexual abuse. They also stated a staff person was there all the time and was in charge of the orientation process.

Multiple PREA Acknowledgment Statements were provided, documenting the inmate education.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 13. Specialized Training: Investigations, requires if the facility conducts its own investigations of allegations of sexual abuse, investigators are trained in conducting sexual abuse investigations in confinement settings. Documentation of that training is required to be maintained documenting the training. If an external agency or Department of Justice Component conducts investigations of allegations of sexual abuse, all agents and investigators are trained in conducting investigations in confinement settings.

The Texas Department of Criminal Justice, Board Policy, BP-01-07, Inspector General Policy Statement, requires the Inspector General to appoint criminal investigators as authorized by TCCP art.2.12 and licensed by the Texas Commission on Law Enforcement Officer Standards and Education, as licensed peace officers to serve under the direction of the OIG and assist in performing law enforcement duties of the OIG. This policy affirms the mission of the OIG is to serve as an independent office to conduct investigations in accordance with those professional standards that related to the fields of investigations in a government environment and certain regulations and policies of the Texas Board of Criminal Justice., the laws of the State of Texas and the Constitution and laws of the United States, as applicable.

The provided job description for incumbents of the position of OIG Investigator Trainee, in addition to providing a description of duties, requires that upon selection, applicants are required to successfully complete a pre-service law enforcement training program selected by the OIG. The knowledge and skill section of that job description requires successful trainees will have knowledge of federal and state statutory and procedural law to include the Texas Penal Code and the Code for Criminal Procedures; current case law that impacts the functions of the Investigations Division, legal and procedural rules of evidence and laws of arrest, search and seizure. Another skill described is to secure and process crime scenes and preserve physical evidence; to prepare comprehensive and detailed reports of investigations and to prepare criminal cases for prosecution.

A “Statement of Fact” provided by the Warden and dated June 28, 2017, entitled, “Specialized Training: Investigations” states that security supervisors at the East Texas Treatment Facility conducts Offender Protection Investigations pursuant to an offender’s allegation of sexual abuse. If, at any point during this initial investigation the supervisor believes a criminal act has occurred, the Office of Inspector General is notified. They will assign certified peace officers to complete a more thorough investigation. These peace officers, according to the Statement of Fact, received specialized training to include: 1)

Techniques for interviewing sexual abuse victims; 2) Proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; and 4) Criteria and evidence to substantiate a case for administrative action or prosecution referral. The facility requested documentation from the OIG that provide proof of that training but has not yet received training documentation. This request was confirmed via and email provided to the auditor. The facility did provide portions of the Correctional Leadership Training Lesson Plans indicating training in how to properly complete and Offender Protection Investigation. A training roster was provided documenting five East Texas Treatment Facility staff had completed the training.

Following the on-site audit, the facility provided the Certificates documenting training for facility investigators. That training documented the National Institute of Corrections Specialized Training; PREA: Investigating Sexual Abuse in Confinement Settings.

The auditor interviewed an Office of Inspector General Investigator who was on-site responding to an allegation of sexual abuse. He described the process for conducting investigations that appear to involve criminal behavior. He stated there are multiple inmates throughout the state who make multiple allegations however he stated he investigates all allegations. He related that all the OIG investigators have completed extensive training in conducting sexual assault investigations in confinement settings. This training is in addition to the regular PREA Training they receive. But additionally, the investigator related all the OIG investigators have also completed the NIC Training, Specialized Investigations: Conducting Sexual Abuse Investigations in Confinement Settings. The auditor also interviewed a very knowledgeable facility Offender Protection Investigation Investigator. The PREA Compliance Manager conducts these investigations along with other trained staff. His description of the investigative process indicated he takes all allegations seriously and conducts the preliminary investigation basically to determine the facts of the case/allegations and provide that information to the Unit Classification Committee who reviews the evidence and makes a determination of whether the allegations is substantiated, unsubstantiated, or unfounded. The team brings the offender in as well as a part of the process to discuss the allegations and inform him of the findings of the investigation. The facility provided a copy of the National Institute of Corrections Certificate of Training confirming the facility investigator completed the NIC Specialized Training: Investigating Sexual Abuse in Confinement Settings

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.

MTC Policy, 903E.-02, Ensuring Safe Prisons, 15. Specialized Training: Medical and Mental Health Care, requires all full time and part time medical and mental health care practitioners who work regularly in its facilities to be trained in 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. If MTC medical staff conduct forensic exams, they will have completed the appropriate training to conduct such examinations. Training will be documented. The Texas Department of Criminal Justice, Safe Prisons/PREA Plan, requires the same.

The facility provided the slide presentation used to train medical and mental health practitioners. Objectives of the training included: 1) Identifying 5 characteristics of a potential victim, 2) List 3 “red flags” of offender victimization, 3) Define LGBTI

and non-gender conforming, 4) Identify the actions of a 1st Responder and 5) List 3 referrals for services. The presentation covers “emergent care”, the sexual assault evidence collection, dual purposes for the examination, maintaining the chain of custody, head to toe assessment, physical symptoms, collecting clothing, oral swabs and saliva samples, blood samples, pubic hair combing or clipping, drawings, victim information, prophylactic treatment

Multiple training rosters signed by staff were provided and reviewed. The training was conducted by a RN, Sane Coordinator. The Warden provided a “Statement of Fact, Specialized Training: Medical and Mental Health Care, dated June 28, 2017, affirmed that all practitioners have received training as required by Standard 115.35. It also affirmed that forensic medical exams are not conducted by medical staff employed by the agency.

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.

This standard is rated “exceeds” for multiple reasons. The agency staff administering the instruments are very knowledgeable of the screening process. The facility conducts two initial Risk Screenings using the MTC Screening Instrument which is quantitative and they also administer the Texas Department of Criminal Justice screening instrument. Too, both mental health and medical also conduct screening assessments during the intake process and inmates are asked again about prior victimization. Too, reassessments, according to the PREA Compliance Officer, are conducted in 15 days rather than 30 days. MTC Policy, 903E.02, Ensuring Safe Prisons, 16., Screening for Risk for Sexual Victimization and Abusiveness, a) through d), requires that inmates be screened, using an objective screening instrument, for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The facility may determine the screening instrument to be used in consultation with MTC PREA Coordinator and the customer agency. The recommended instrument to be used is the MTC form, Screening for Risk of Victimization and Abusiveness. Within 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information that bears on the inmate’s risk of sexual victimization or abusiveness. An inmate will be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. Policy also prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions asked regarding mental, physical or developmental disability, 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 or the inmate’s own perception of vulnerability. Also, MTC implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this policy in order that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.

Safe Prisons/PREA Operations Manual, Offender Assessment Screening, 03.01, requires an assessment of all offenders during an intake screening and upon transfer to another unit for his/her risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Unit Classification Committee (UCC) or reviewing authority for units without a UCC, will review the screening instrument to facilitate offender housing, job placement, education and program assignments with goal of keeping all offenders with a high risk of sexual victimization separated from those at high risk or being sexually abusive. Policy requires the assessment screening to be conducted not later than 24 hours of arrival at the unit for all newly

assigned offenders at intake and upon transfer at a unit for permanent assignment. It also requires this to be done prior to the initial assignment to unit committee conducted by the UCC to ensure appropriate housing of the offender. Instructions for conducting the assessment are covered in policy as well. Paragraphs C and D require one-on-one interviews in a confidential setting and the interviewer asks each question in a manner which ensures the offender understands the questions. Interpreters are to be used when warranted with limited English proficient offenders. and Paragraph F. prohibits staff from disciplining any offender for refusing to answer, or for not disclosing information in response to the questions posed to them.

The Texas Department of Criminal Justice, Safe Prisons/PREA Operations Manual, Offender Assessment Screening, requires the USPPM or designated alternate to conduct the offender assessment-screening interview and complete the assessment no later than 24 hours of arrival at the unit for all newly assigned offenders at intake and upon transfer at a unit for permanent assignment. III. Form Completion, D. requires review of the offender's prior and current records as available at the time of the interview. Staff are directed to refer to specifically identified screens including reviews of prior numbers and offenses, assaultive/aggressive disciplinary cases and Requests for Offender Victim Predator Safe Code for evidence of victimization or predatory behavior. A Standard Operating Procedure (#12.11.01) effective, June 29, 2017, requires that within 24 hours of arrival all newly assigned offenders will be interviewed by the Unit Safe Prisons Program Manager (USPPM) or alternate and the Offender Assessment Screening form will be completed. Paragraph 4, then requires once an offender has been on the facility for 15 working days, the count room staff will complete a "lay-in" for the offender to report to the USPPM. The USSPM or designated alternate will complete a reassessment for each offender utilizing the MTC Screening for Risk of Victimization and Abusiveness.

Interviews with two staff responsible for conducting the victimization screening confirmed a comprehensive and thorough process that is consistent with the standards. The essentially described the process as this: Offenders arrive at the unit to begin the intake process. Upon arrival, the offender will undergo the TDCJ Offender Assessment Screen which focuses on Mental Health Screening relating to sexual abuse, both inside and outside confinement facilities. The offender will then be screened using an MTC Risk Assessment Screen which is a more objective screening measurement utilizing a numbering system to determine risk for victimization or being a predator. If the offender screens positive on the TDCJ Offender Assessment Screening, an I-214, Referral for Mental Health Services will be completed. If the offender screens positive for victimization or being a predator on the MTC Risk Assessment Screen, the offender will be reviewed by the Classification Committee. The offender is interviewed by intake mental health staff utilizing the CL-69 Offender Mental Health Assessment which also questions the offender's sexual abuse history. The CL-69 generates a ticket in the Mental Health Care System, prompting Mental Health Staff to interview the offender. Treatment staff also interview the offender once he/she is placed on their case load. The offender is questioned yet again about previous sexual abuse history. The screening instrument is the Addiction Severity Index. If the offender screens positive, treatment staff will notify the offender of reporting procedures for sexual abuse and sexual harassment.

Reassessments are documented on the East Texas Treatment Facility, PREA Offender Reassessment Screening Form. If an offender answers "yes" for any questions in either the "AT RISK OF VICTIMIZATION" or "AT RISK OF ABUSIVENESS" scales. He/she is referred to the Unit Classification Committee.

A "Statement of Fact" issued by the Warden, on June 13, 2017, explained that offenders at the facility are assigned here for a maximum of nine (9) months with an average stay of 80 days therefore the requirement for placement and programming to be reassessed at least twice a year to review any threats to safety experienced by the offender is not applicable. The SOP requires if a transgender or intersex offender is housed in general population the offender will be able to shower outside of the dorm housing area (medical, intake, or special housing unit).

Gay, lesbian, bisexual, transgender or intersex offenders are not to be placed in housing wings solely based on identification or status. Housing assignments are made on a case by case basis.

Samples of completed vulnerability assessments were provided. The samples include reassessments documented on the MTC Screening for Risk of Victimization and Abusiveness Form.

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.

MTC Policy 903E-02, Ensuring Safe Prisons B.17, Use of Screening Information, a), requires MTC 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. The housing assignments for transgender or intersex inmates will be made on a case by case basis.

Texas Department of Criminal Justice, Offender Housing Assignments, 4.00, I. requires that to ensure each offender receives appropriate and adequate safety, supervision and treatment, housing assignments will be made based on the offender's total record and as required by the offender's current needs and circumstances, as reflect in the offender's unit file. If applicable, the information in the offender's computerized classification record and institutional records. In making housing assignments, consideration will be given to characteristics such as age, height, and weight, violent or passive tendencies, criminal sophistication, homosexual (active and passive) tendencies, offender enemies, not for same housing (NFSHA), Security Threat Group status and current institutional adjustment. Assignment to two-person cells will be made consistent with the offender's current in-cell integration form, if applicable. Offenders identified as victims/potential victims are not to be cell-housed with offenders identified as predator/potential predators. Paragraph V., asserts that no offender will be assigned to any housing area solely based on race, color, ethnic origin, sexual orientation or gender identity and lastly in VI., policy requires that any offender identified by the classification committee as being too assaultive or too vulnerable to be safely housed with another offender will be housed in a cell alone. Additional criteria for making housing assignments to outside/expansion dorms within the security perimeter are addressed.

Texas Department of Criminal Justice, Unit Classification Procedure, Offender Job Assignments, 4.01, states job assignments, to ensure that each offender receives appropriate and adequate safety, supervision and treatment, will be made based on the offender's total record and as required by the offender's current needs and circumstances as reflected in the offender's unit folder. Procedures III., requires, in making job assignments, consideration must be given to offenders' security characteristics and health-related needs.

The Texas Department of Criminal Justice Administrative Directive, 04.17, Offender Housing Assignment Criteria and Procedures, requires that all offender housing assignments, including assignment to a unit or to specific housing areas, such as dormitories, cellblocks, rows or other similar areas, is to be made on the basis of objective criteria and not on the basis of race, color, nationality or ethnic origin. Section III, Housing Assignment Criteria, requires any staff with the authority and responsibility to make offender housing assignments to be made on the following:

Security Related Criteria to be considered:

- 1) Criminal History
- 2) History of institutional sexual violence or victimization
- 3) Current offense type
- 4) Violent or passive tendencies

- 5) Security Precaution Designator
- 6) Criminal sophistication
- 7) Homosexual
- 8) Characteristics such as height, age, and weight
- 9) Gang affiliation
- 10) Current institutional adjustment
- 11) Special safety requirements
- 12) Predator codes

The “count room” staff make the initial unit and pod assignments based on the offender’s classification and program assignment. The “count room” staff check the inmate database for any flags to ensure the inmate isn’t placed next to a potential predator. The next day the classification committee meets. They have access to the inmates’ screenings and other history. They then have the option to change the housing assignment. Too, they assign the inmate to program and work details based on their review of all available information to ensure a potential victim is not placed in a program or work detail with a potential predator. The AD requires any offender identified by a classification committee as being too assaultive or too vulnerable to be safely housed with another offender will be housed in a cell alone.

A “Statement of Fact” entitled Offenders at Risk of Victimization, issued by the Warden on June 28, 2017, affirms that offenders at risk for victimization are identified on the UCR07 Screen and that all offenders are screened before a housing change or job change to ensure the offenders are not placed in the same location as an offender who is a potential predator. The “count room” staff make the initial unit and pod assignments based on the offender’s classification and program assignment. The “count room” staff check the inmate database for any flags to ensure the inmate isn’t placed next to a potential predator. The next day the classification committee meets. They have access to the inmates’ screenings and other history. They then have the option to change the housing assignment. Too, they assign the inmate to program and work details based on their review of all available information to ensure a potential victim is not placed in a program or work detail with a potential predator. The AD requires any offender identified by a classification committee as being too assaultive or too vulnerable to be safely housed with another offender will be housed in a cell alone.

A “Statement of Fact” entitled Offenders at Risk of Victimization, issued by the Warden on June 28, 2017, affirms that offenders at risk for victimization are identified on the UCR07 Screen and that all offenders are screened before a housing change or job change to ensure the offenders are not placed in the same location as an offender who is a potential predator. Interviews with staff, including staff from the count room and classification indicated housing assignments are made initially based on information available to the count room staff. This information is available on the package accompanying the inmate to the facility as well as the information available in the inmate/offender database. The classification committee then meets and reviews all the information they have on the offender and then if housing changes are needed, the committee makes them based on the vulnerability screening at intake and afterward as well as the classification of the inmate.

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.

MTC Policy, 903E.02, Ensuring Safe Prisons, 18. Protective Custody, a), prohibits 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. Paragraph b), states, if an involuntary housing assignment is made, the facility affords each such inmate a review every 30 day to determine whether there is a continuing need for separation from the general population.

SAFE PRISONS/PREA PLAN, C., Use of Screening Information, Paragraph 3., Requires that offenders at high risk for sexual victimization are not placed in protective custody unless an assessment of all available alternatives has been made and it is determined that there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours. If Protective Custody is used the unit must clearly document the basis of the concern for the offender's safety and the reason why no alternative means of separation can be arranged and offenders assigned to protective custody only until an alternative means of separation from likely abusers can be arranged, for no longer than 30 days. Also, if assigned to involuntary protective custody, the offender is to have access to programs, privileges, education and work opportunities to the extent possible and if these privileges and/or opportunities are restricted the unit must document the opportunities limited, and the duration of the limitation and the reasons for the limitations. A review is required every 30 days to determine if there is a need to continue the separation from the likely abuser.

Interviews with the Warden and PREA Compliance Manager indicated if a resident were a victim of sexual abuse or at risk of imminent sexual abuse, the offender is most likely going to ask for protective custody however in the absence of that request the offender will likely be placed there temporarily while the Offender Protection Investigation is being conducted. The preference would be for the offender to be able to remain in general population however the safety of the offender is paramount.

The SAFE PRISONS/PREA OPERATIONS MANUAL, 05.03, Time Frames Associated with Offender Protection Investigations, requires that upon receipt of a request for offender protection, the unit Major or highest-ranking security supervisor on duty will determine the type of housing required for the alleged offender victim pending completion of the investigation. The type of housing authorized impacts the allowable time requirements for conducting the investigation. If an offender is retained in General Population, the OPI must be completed, reviewed and signed by a major or above within 12 hours from the date and time staff became aware of the offender's need for protection. At the completion of the investigation the Unit Chief of Classification will schedule the offender to appear before the Unit Classification Committee (UCC). Section II of the polity requires offenders placed in transient status security supervisors must complete the investigation within 72 hours from the date and time staff became aware of the offenders need for protection. Section III., Administrative Segregation Status and Solitary Confinement Offenders, dictates that offenders housed in Administrative Segregation Status have their OPI investigations completed within 72 hours.

The Warden, in a Statement of Fact, Re: Involuntary Segregated Housing for Risk of Sexual Victimization, dated June 21, 2017, stated that when an offender is placed in segregated housing, the work and education opportunities will be restricted until the investigation has been completed. If the offender's life and safety were in danger it would not be safe for the offender to be in such areas until the investigation was completed. All offenders placed in the segregated housing unit would continue participating in their substance abuse and cognitive programming. The offenders will also retain all privileges while in segregated housing.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 19., Inmate Reporting, a) through e) discusses multiple ways MTC has established for inmates to report, including at least one way for them to report to a public or private entity or office that is not part of the agency. Offenders/inmates may do this by contacting the Ombudsman and the outside advocacy agency. Contact information for both is provided to the inmates. Inmates detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The Safe Prisons/PREA Plan requires that an Offender Protection Investigation may be requested by anyone who has information that an offender may need protection. The plan requires offenders to be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including but not limited to extortion and violence. They may report retaliation by other offenders or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents. The following ways to report are identified in the plan:

- 1) To the Major
- 2) The Office of Inspector General
- 3) The PREA Ombudsman (Address provided)
- 4) Third Parties

The In-Prison DWI Recovery Program, Resident Orientation Handbook, provides information on the Safe Prisons Program and Reporting Sexual Abuse and Sexual Harassment. The handbook encourages offenders to immediately report allegations of sexual abuse and sexual harassment to correctional staff, facility administrators, or the unit Safe Prisons/PREA Manager. Offenders are also told they may also report allegations to the PREA Ombudsman Office, The Office of Inspector General (OIG) or through the Grievance process. The handbook provides the following “outside” agencies to enable offenders report allegations of sexual abuse or sexual harassment:

PREA Ombudsman Office (phone numbers, mailing addresses and email address provided)

Office of Inspector General (OIG) (phone numbers, mailing addresses and email address provided)

TDCJ Ombudsman Office (phone numbers, mailing addresses and email address provided)

TDCJ Parole Division Ombudsman (phone numbers, mailing addresses and email address provided)

Additionally, the handbook provides the Agency Toll-Free Telephone Number

The Unit Offender Orientation Handbook, Substance Abuse Felony Punishment Facility, is replete with PREA information and reporting.

The Warden provided a “Statement of Fact” entitled, PREA Hotline, affirming that the East Texas Treatment Facility allows offenders to utilize multiple internal methods to report sexual abuse allegations. These methods include: 1) Filing a Grievance; 2) Contacting the Unit Major; 3) Safe Prisons Coordinator or any other staff member; 4) Filing and I-60, and 5) Utilizing the PREA Hotline. The memo reiterates that offenders may also use external methods by contacting the OIG and the PREA Ombudsman. According to the memo, the contact information is provided throughout the facility and in every dorm on the facility.

An additional means of reporting is provided in a brochure identifying services provided by the Women’s Center of East Texas. This brochure provides phone numbers and mailing addresses.

Staff are instructed to accept reports made verbally, in writing, anonymously and from third parties and to promptly document any verbal reports.

The facility is required by the Safe Prisons/PREA Plan to take appropriate steps to ensure offenders with disabilities, including offenders who are deaf or hard of hearing, blind or who 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 TDCJ efforts to prevent, detect and respond to sexual abuse and sexual harassment. Qualified interpreters will be accessed when necessary to ensure effective communication with offenders who are deaf or hard of hearing. Written materials are to be provided in accordance with TDCJ policies and procedures to ensure effective communication with offenders with disabilities, limited reading skills, or who are blind or have low vision. Those offenders who are limited English proficient will be provided meaningful access as well, including steps to provide interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary vocabulary. Staff are prohibited from relying on offender interpreters, readers or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties or the investigation of the offender's allegations.

MTC Policy, 903E.02, Ensuring Safe Prisons, 17., Use of Screening Information, requires MTC to use information from the risk screening required to inform housing, bed, work, education, and programs.

The Texas Department of Criminal Justice Administrative Directive, 04.17, Offender Housing Assignment Criteria and Procedures, requires that all offender housing assignments, including assignment to a unit or to specific housing areas, such as dormitories, cellblocks, rows or other similar areas, is to be made on the basis of objective criteria and not on the basis of race, color, nationality or ethnic origin. Section III, Housing Assignment Criteria, requires any staff with the authority and responsibility to make offender housing assignments to be made on the following:

Security Related Criteria to be considered:

- 13) Criminal History
- 14) History of institutional sexual violence or victimization
- 15) Current offense type
- 16) Violent or passive tendencies
- 17) Security Precaution Designator
- 18) Criminal sophistication
- 19) Homosexual
- 20) Characteristics such as height, age, and weight
- 21) Gang affiliation
- 22) Current institutional adjustment
- 23) Special safety requirements
- 24) Predator codes

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 Policy, 903E.02, 20., Exhaustion of Administrative Remedies, a) through h), provides inmates with administrative procedures for dealing with inmate grievances regarding sexual abuse. MTC allows inmates to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the alleged incident is alleged to have occurred. MTC also does not require the inmate to use any informal grievance process or to otherwise attempt to resolve the issue with staff, for an alleged incident of sexual abuse. The grievance will not be referred to the staff member who is the subject of the complaint. Decisions on the merits of any grievance or portion of a grievance alleging sexual abuse will be made within 90 days of the filing of the grievance and MTC will notify the inmate in writing when the organization files for an extension, including notice of the date of the filing of the grievance. Third parties may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Inmates may decline third party assistance in filing a grievance alleging sexual abuse. MTC documents the inmate's decision to decline. Paragraphs g) and h) relate to emergency grievances. MTC has established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Each MTC facility is required to have a procedure for emergency grievances alleging substantial risk of imminent sexual abuse that require an initial response within 48 hours. Emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision is issued within five days. MTC has written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the facility demonstrates the inmate filed the grievance in bad faith.

MTC Policy, 503, Inmate Grievances, 3. Emergency Grievances, states once the receiving staff is approached by an inmate and determines that he/she is in fact raising an issue requiring urgent attention, emergency grievance procedures will apply. The emergency grievance is immediately reviewed by the Chief of Security of designee who is then required to decide if it is life threatening or requires immediate attention. If the Grievance Officer determines it is not, it is processed as a regular grievance. Emergency grievances are processed immediately if possible and not longer than 24 hours. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or any portion thereof that alleges the substantial risk) to a level of review at which immediate corrective action may be taken and provide an initial response within 48 hours and issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Texas Department of Criminal Justice, Executive Directive, ED-02-03 (rev.6), Ombudsman Program, V. Emergency Grievances, requires grievances alleging sexual abuse to be coordinated with the unit warden, major, chief of unit classification, Unit Safe Prisons/PREA Program Manager, OIG, and PREA ombudsman as provided for in the TDCJ Safe Prisons/PREA Plan. Texas Department of Criminal Justice, Executive Directive, ED-02-03 (rev.6), Ombudsman Program, VI. Third Party Grievances, requires that a third-party grievance received from a fellow offender on behalf of an alleged victim that includes allegations of sexual abuse will be processed as an emergency grievance. The alleged offender victim will be given the opportunity to agree or disagree with the allegations and to have the request processed on the offender's behalf. The offender's decision will be documented on a Third Party Preliminary Investigation form. Too, notifications from non-incarcerated third parties, including staff members, family members, attorneys and outside advocates, relating to allegations of sexual abuse or sexual harassment are required to be immediately forwarded to the PREA ombudsman and OIG. Unit grievance staff are required, by policy, to immediately notify the administration with the unit administration responding within five (5) days describing the action taken.

A memo from the Warden, Exhaustion of Administrative Remedies, states a grievance for sexual abuse/assault or harassment will be addressed with immediacy as the objective.

Interviews with staff confirmed inmates may make a report of sexual abuse or sexual harassment via the grievance process. They were also generally aware that the grievance would be treated as an emergency grievance. Interviewed inmates rarely mentioned the grievance as a way to report however they were aware that a fellow-inmate or a relative might make a report for them.

The Warden issued a Statement of Fact dated June 21, 2017, affirming that the facility has not received any grievances regarding allegations of sexual abuse. It also affirmed the facility would follow the procedures outlined in the TDCJ Offender Grievance Operational Manual.

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.

MTC Policy, 903#-02, Ensuring Safe Prisons, 21. Access to Outside Confidential Support Services, requires MTC facilities to 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) for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes and enables reasonable communication between inmates and these organizations in as confidential manner as possible. MTC facilities inform inmates prior to giving them access to outside support services, the extent to which such communications will be monitored. MTC also is required to inform the inmate, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including the limits of confidentiality under relevant federal, state or local law. Additionally, the policy requires MTC facilities to maintain memoranda of understanding or other agreements with community service providers that can provide inmates with emotional support services related to sexual abuse. MTC also maintains copies and documentation of attempts to enter such agreements.

The facility has a MEMO from the Rusk-Panola Sexual Assault Response Team. The memo acknowledges that the response team is supportive of a victim centered team response to sexual assault. The Women’s Center of East Texas provides emotional support services to victims of sexual abuse. This agency provides crisis intervention and comprehensive support services to victims of sexual violence. They provide a 24- hour Crisis Hotline, Individualized Safety Plans, Hospital Accompaniment, Legal Advocacy and Accompaniment, Individual Counseling and Referrals. This information is communicated to offenders via the Women’s Crisis Center of East Texas Brochure.

An interview with the PREA Compliance Manager indicated the facility has two staff who have been trained as victim advocates. He related that the Chaplain and the Chief of Classification completed 16 hours of training provided by the Texas Department of Criminal Justice to become an advocate. He also related the information related to the Rusk County Women’s Crisis Center is available in the inmate handbook. He also related if an inmate is victimized he will provide them the information once again on how to contact the outside victim advocates, if they desire.

Interviewed inmates were generally not aware of this outside source however they did acknowledge the posters and information provided them during orientation and stated they would be able to access one if they ever needed it. Inmates also have access to the Ombudsman and all contact information has been provided to them.

Additionally, inmates have access to their attorney’s through written legal correspondence, via phone and through legal visitation.

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 Policy, 903E-02, Ensuring Safe Prisons, 22. Third Party Reporting, a)-b) states MTC provides a method to receive third party reports of inmate sexual abuse or sexual harassment in accordance with MTC Policy and this information is publicly distributed on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

Texas Department of Criminal Justice, Correctional Institution Division, SAFE PRISONS/PREA PLAN, August 2014, Paragraph 5., Third Parties, provides for third party reports. Third Parties, including fellow offenders, staff members, family members, attorneys, and advocates are permitted to assist offenders in filing requests for administrative remedies relating to an allegation of sexual abuse, and shall also be permitted to file these requests on behalf of offenders. This policy also provides a stipulation that if third-party files a request on behalf of an offender, the unit may require, as a condition for processing the request, the alleged victim to agree to have the request filed on his/her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process in accordance with TDCJ Offender Grievance Operations Manual. If an offender declines to have the request processed on his/her behalf, the decision must be documented in accordance with TDCJ Offender Grievance Operations Manual.

Executive Directive, ED-02.10, Prison Rape Elimination Act Complaints and Inquiries, B. Public, requires the names, mailing address and phone numbers to be used for directing inquiries and complaints to the PREA ombudsman to be available on the TDCJ website.

The TDCJ website provides information regarding reporting sexual abuse and sexual harassment to the agency's ombudsman. It states that family and friends of offenders and the general public are encouraged to report allegations of sexual abuse and sexual harassment to the PREA Ombudsman or to the TDCJ Ombudsman Office. It also informs the public that all allegations of sexual abuse or sexual harassment received in the PREA Ombudsman Office are referred to the Office of the Inspector General for possible criminal investigation. The site provides the mailing address, office phone, fax, and email address for anyone desiring to make a third-party report.

The Safe Prisons/PREA Plan, Staff and Third-Party Reporting of Allegations.³, states that family members or other individuals may report verbally or in writing to unit administration, the TDCJ Ombudsman Office, OIG, or PREA Ombudsman Office any time they have knowledge of or suspect an offender has been sexually abused, sexually harassed or requires protection.

The East Texas Treatment Facility uses MTC website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through visitor's information and pamphlet.

One-hundred percent (100%) of the interviewed staff related, in their interviews, that they would accept third-party reports and report them verbally to their immediate supervisor and follow-up with a written report prior to leaving their

shift. Staff, who were interviewed, also identified “third parties” as a way inmates could report. They indicated they would take a report from another offender or family member or other interested third party.

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.

MTC Policy 903E-02, Ensuring Safe Prisons, 23. Staff and Agency Reporting Duties, requires all staff to report immediately and according to MTC Policy 203.10 Employee Discipline, any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the organization. Policy also requires staff to report immediately any retaliation against inmates or staff who report an incident of sexual abuse or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to the designated supervisors or officials and designated state or local services agencies, MTC 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.

Texas Department of Criminal Justice, Correctional Institutions Divisions, SAFE PRISONS/PREA PLAN, August 2014, B., Staff and Third Party Reporting of Allegations, requires all staff members to immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also requires that staff have a method to privately report sexual abuse or sexual harassment of offenders. Staff are required to accept reports made verbally, in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance, anonymously, and from third parties and verbal reports must be documented.

Administrative Directive, Reporting Incidents/Crimes to the Office of the Inspector General, AD-16-20 (rev.2), II. Duty to Report; requires employees to report occurrences or allegations of administrative violations, criminal offenses, and other incidents required to be reported by the directive immediately upon becoming aware of such conduct or as soon as practical. Reports are to be made directly to the OIG or through the employee’s supervisor. Supervisory staff then are required to ensure that incidents reported to them are also reported to the OIG. Specific instructions are then given for reporting administrative violations and then criminal violations. Paragraph V. Reporting of Emergency Incidents, A. requires emergency incidents to be reported immediately to the entity that can provide the most effective and timely response. Instructions are provided for reporting to the OIG on a 24-hour basis.

Correctional Managed Health Care Policy Manual, G-57.1, Sexual Assault/Sexual Abuse, VIII. Reporting, requires if an offender less than 18 years of age reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to the OIG. Patient consent is not required. If an offender who is 18 years of age or older reports previous sexual assault/abuse to health care staff that occurred in a correctional setting, health care staff can report such incidents without consent only in the interest of treatment, security, or management issues. If an inmate who is 18 or older reports prior assault/abuse to health care staff

that occurred in a correctional setting, health care staff can report the incident without consent only in the interest of treatment, security or management issues. If reporting the prior assault/abuse in the interest of initiating an investigation into the incident, health care staff must obtain consent from the offender. If an offender who is 18 or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, staff may only report to OIG if the offender provides consent.

The Warden provided a memo dated June 17, 2017 affirming that the facility does not house youthful offenders. The agency makes accessible to offenders a PREA Ombudsman Office Brochure containing multiple ways to report to outside sources and resources. These included the PREA Ombudsman Officer (mailing address, phone number, fax number and email address); Office of the Inspector General (Same information provided); TDCJ Ombudsman Office (Same information provided); TDCJ Parole Division Ombudsman (Same information provided) and the agency's toll-free number. Offenders are encouraged to report to staff, to the Unit Safe Prisons PREA Manager, through family and friends (with an encouragement for family and friends to report to the Agency PREA Ombudsman or TDCJ Ombudsman Office, and to the Office of the Inspector General.

Interviewed staff related they "report everything". They indicated they would report any report made to them, any allegation made to them, or any suspicion they may have, as well as any reports from third parties and when asked, indicated they would accept and report any information related to a sexual assault or sexual harassment received anonymously or through a third party. They indicated their responsibilities to report verbally and to also complete a written report prior to the end of their shift.

Staff acknowledge their duty to report by signing their PREA Acknowledgment Statements. Reviewed Offender Protection Investigations indicated staff take their reporting duties seriously.

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.

MTC Policy, Ensuring Safe Prisons,²⁴. Agency Protection Duties, a) Agency Protection Duties, requires that when MTC learns that an inmate is subject to a substantial risk of imminent sexual abuse, MTC requires immediate action to protect the inmates (i.e. It takes some action to assess appropriate protective measure without unreasonable delay).

Texas Department of Criminal Justice, Correctional Institutions Division, SAFE PRISONS/PREA PLAN, August 2014, discusses the efforts staff make to keep inmates safe beginning with the offender screening and assessment at intake and during the admissions process to attempt to safely house the inmate. Upon learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report separate the offender and monitor him/her and the assailant. The SAFE PRISONS/PREA OPERATIONS MANUAL, 02.04, Intervention Practices, discuss and allow changes in housing assignments, work assignments or work shift hours. Paragraph F. Assignment to Safekeeping Status, designates safekeeping status to any vulnerable offender and other potential victims to be housed together in an area separate from offenders that are more aggressive. The status is also assigned to offenders who require separate housing from general population because of threats to their safety due to a history of homosexual behavior, a potential for victimization or other similar reasons. TDCJ also affords offenders requiring separate housing access to safekeeping and staff are required to conduct a thorough PREA Audit Report

investigation of an offender's request for safekeeping.

SAFE PRISONS/PREA Plan H. Intervention Strategies, mandates that it is the responsibility of all TDCJ employees to ensure the safety and security of offenders. An offender DOES NOT have to prove life endangerment to be considered for intervention options. The agency provides intervention methods to be performed to mitigate the threat. These are the intervention methods the agency requires: 1) Verbal Intervention which involves listening and observing to identify problems as well as asking questions to be or become aware of the offender's situation; 2) Changes in Housing Assignments, Work Assignments or Work Shift Hours; 3) Custody Changes and Administrative Segregation provides for placement of an aggressive or assaultive offender in a more restrictive environment restricting his ability to victimize others; 4) Transfer to Another Unit of Assignment; 5) Safekeeping Status and 6) Administrative Segregation Protective Custody, providing a high degree of protection from threats of harm by other offenders.

The agency provided Offender Protection Investigations for review. These often documented placing the offender who may be in danger in the Special Housing Unit until the investigation could be completed.

Interviews indicated that offenders who are placed in alternative housing during an investigation are brought before the classification committee who reviews the facts of the allegations and the subsequent investigations to determine if an allegation is substantiated, unsubstantiated or unfounded. At that time, the offender is asked about his feelings for his own safety. The committee has the flexibility of housing the offender back in his original dorm, in another dorm or possibly transferring the offender to another facility. If an offender is placed in the Special Housing Unit (SHU), the reasons are documented and the goal is to get the offender out of SHU as soon as a safe alternative is available. The majority, according to the Warden and staff, request the protective custody housing to begin with.

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.

MTC Policy, 903E-02, Ensuring Safe Prisons, 25. Reporting to Other Confinement Facilities, a) through c), requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred and that this notification is within 72 hours after receiving an allegation and provide documentation of the notification. Policy also requires all allegations received from other facilities/agencies are investigated.

SAFE PRISONS/PREA OPERATIONS MANUAL, .04-01, Reporting Allegations of Sexual Abuse to Other Confinement Agencies, provides instructions for processing offender reports of sexual abuse alleged to have occurred while incarcerated at a confinement facility outside TDCJ. Policy requires that upon receiving an allegation that an offender was sexually abused while confined at an outside agency facility, the Safe Prisons PREA Officer will notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible but no later than 72 hours after receiving the allegation at the TDCJ. Not later than 24 hours after receiving the allegation, the USPPM will document the details of the allegation, submit a priority email via TDCJ mainframe, followed by a phone call to alert the SPPMP of the allegation and impending email. A copy of the email is printed and retained.

The Warden articulated his response to receiving an allegation from an offender that he was abused while at another facility. He also provided a Statement of Fact stating that upon receiving an allegation that an offender was sexually abused while at another facility, he would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and that that notification would be made as soon as possible and not later than 72 hours after receiving the allegation. The notification is made via a memo to the sending facility. The memo essentially quotes the requirements of the standard and provides the inmate's name, the nature of the allegation and an investigation summary at that time.

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.

MTC Policy, Ensuring Safe Prisons, 903E.02, Paragraph 26, Staff First Responder Duties, requires that upon learning that an inmate was sexually abused with a time frame that still allows for the collection of physical evidence, the first security staff member to respond to the report is required to 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence 3) Instruct the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing clothes, urinating, defecating, smoking, drinking or eating and 4) 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 first responder is non-security staff, he or she is required to instruct the victim not to take any actions that could destroy physical evidence and then notify security staff.

The facility provided power point slides taken from the PREA Training Curriculum addressing First Responding. Slide #6, Staff First Responder Duties, requires that upon learning that an inmate was sexually abused within a time period that still allows for the collections of physical evidence, the first security staff member to respond to the report is required to: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence 3) Instruct the victim not to take any actions that could destroy physical evidence, including washing, brushing his teeth, changing his or her clothes, urinating, defecating, smoking, drinking or eating and 4) 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. For non-security staff first responders the slide presentation teaches non-security staff to instruct the victim not to take any actions that could destroy physical evidence and then notify security staff. Samples of signed training rosters were provided for review. Staff are also provided a first responder card that provides readily accessible step by step instructions about what to do upon becoming aware of a sexual assault or sexual abuse.

Staff at this facility could describe the steps they would take in responding to an allegation of sexual abuse. Staff consistently reported they would take all allegations and reports, including suspicions, seriously. All of them stated they would immediately separate the alleged victim from the alleged abuser, notify their immediate supervisor, treat the area/cell as a crime scene and not let anyone in or out, and not allow the offender victim and abuser to change clothing, shower, use the restroom or brush their teeth or take any action that would degrade or destroy the evidence.

Standard 115.65 Coordinated response

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

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

MTC Policy, 903.02, Ensuring Safe Prisons, 27. Coordinated Response a), requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership. Staff are required staff to follow the coordinated response plan after an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership.

The Safe Prisons/PREA Operations Manual, Sexual Abuse Response and Investigation, requires a coordinated effort between unit security staff, the Office of Inspector General (OIG), medical and mental health services, and victim advocates (where available) or an Offender Victim Representative (OVR). Procedures were developed to provide a systematic notification and response process following a reported sexual abuse incident. Detailed instructions are given for staff who are involved in responding to an allegation of sexual abuse. The agency also has provided a Sexual Abuse Investigation Checklist (Initial Response Following and Allegation of Sexual Abuse). The response plan identifies each required procedure for various responders. Notifications are also already identified in the Notifications Section. Staff use the Coordinated Response Plan to document each notification, documenting the date and time. SAFE PRISONS/PREA OPERATIONS MANUAL, 05.01, Sexual Abuse Response and Investigation, provides procedures for responding to allegations of sexual abuse with a coordinated effort between security staff, the OIG, medical and mental health services, and victim advocates or an offender victim representative. The policy goes on to provide very specific and detailed instructions for coordinating responses and activities for each component.

Essentially the plan requires staff to immediately notify the shift supervisor when an incident of sexual abuse became known. The shift supervisor makes the required notifications. Mental health and health services are notified. The Emergency Action Center is notified and the OIG Investigator is contacted. The facility has a trained victim advocate on staff. The victim advocate will be notified as will the Unit Safe Prisons/PREA Manager. The victim and abuser are separated and immediately taken to medical. The shift supervisor conducts an interview with the victim to determine the location of the incident and to identify the alleged assailant. The shift supervisor assigns an officer to preserve and protect the crime scene until all evidence is collected. Photos are to be taken of the alleged victim for any injuries.

The Warden, in a Statement of Fact Memo, re: Coordinated Response, states that the East Texas Treatment Facility has adopted the TDCJ Safe Prisons Plan as the Facility's written institutional plan for coordinated actions among staff first responders, medical and mental health practitioners, investigators and facility leaders regarding responding to incidents of sexual abuse.

Interviewed staff from every department and level articulated their specific responses to an allegation or actual sexual assault. The facility also uses an agency sexual assault response form that guides the actions of first responders, shift supervisors and others in response to an allegation of sexual abuse.

contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

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.

This standard is rated “not applicable”. Texas SAFE PRISONS/PREA PLAN, page 39, 8., states that neither the TDCJ nor any other governmental entity responsible for collective bargaining on behalf of the TDCJ shall enter into or renew any collective bargaining agreement or other agreement that limits the ability of the TDCJ is removed alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The East Texas Treatment Facility, Standard Operating Procedure, #09.06.01, Selection and Promotion, states that except as otherwise implicated by an active collective bargaining agreement the hiring of an employee will bet be considered as creating contractual relationship between the individual and the facility. The Warden issued a Statement of Fact, dated June 19, 2017, re: Preservation of ability to protect inmates from contact with abusers, states the East Texas Treatment Facility has not had any collective bargaining agreement or other agreement for an employee.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 28. Preservation of Ability to Protect Inmates from Contact with Abusers, a) through c), states MTC protects 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. Policy also requires MTC to designate staff members or charges departments to monitor for possible retaliation. The facility will 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 will be offered for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

SAFE PRISONS/PREA PLAN, C., Protection from Retaliation, requires that offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other offenders or staff. The Unit Safe Prisons/PREA Manager is required to monitor for retaliation and as appropriate will take multiple protective measures, including things such as housing changes, transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who report sexual abuse or sexual harassment or for cooperating with investigations. Monitoring will be conducted and documented for at least 90 days following a report of sexual abuse or victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff, and promptly address the retaliation. Monitoring may go beyond 90 days depending on circumstances.

Policy requires that monitoring include a review of offender disciplinary reports and housing or program changes and negative performance reviews and reassignments of staff. It will also include periodic status checks of offenders. If an inmate is transferred the PREA Compliance Manager is required to coordinate with the receiving facility's PREA Compliance Manager to ensure continued monitoring if needed.

If the investigation determines the allegation to be unfounded, the monitoring is to be discontinued.

There were no cases of retaliation during the past twelve (12) months.

The Warden, in a Statement of Fact documented the following:

- 1) The facility has had no reports of retaliation in the past twelve (12) months and that MTC protects all inmates and staff who report sexual abuse or sexual harassment from retaliation by other inmates or staff.
- 2) The Facility charges departments with monitoring for possible retaliation. MTC does not tolerate any form of retaliation on the facility.
- 3) The HR Department will monitor retaliation of all staff for 90 days after the reported incident. Items monitored will include disciplinary reports, negative performance reviews and reassignments of staff. The Unit Safe Prisons Coordinator will monitor retaliation for all offenders for 90 days after the reported incident. If retaliation does occur, the SPC will continue to monitor for an additional 90 days after the date of retaliations and will monitor items like disciplinary reports, housing changes and program changes.
- 4) The facility will monitor such inmates including periodic status checks.
- 5) The agency will take appropriate measures if the individual who cooperates with an investigation expresses a fear of retaliation and the facility will take appropriate measures to protect that individual immediately.
- 6) The facility's obligation to monitor will terminate if the agency determines the allegation is unfounded.

Retaliation monitoring is documented on the OPI form entitled Offender 90 Day Monitoring Form. Samples of these forms were provided as a part of the investigation package.

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 Policy 903E.02, Ensuring Safe Prisons-Prison Rape Elimination Act, 29. Post Allegation Protective Custody, indicates MTC may house inmates who are alleged to have suffered sexual abuse in restrictive housing for protective custody subject to the requirements of PREA.

Interviews with the Warden and other staff indicated an inmate might be initially placed in restrictive housing pending initial investigation if there were no other options at the time however the inmate would remain in restrictive housing until an alternative housing arrangement could be made. Inmates may request protective custody. The facility would document the reasons for placing the inmate into restrictive housing after considering all other alternatives.

The facility has not had any allegations of sexual abuse or sexual harassment during the past twelve months. This was confirmed through interviews with staff and inmates.

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.

The MTC Policy, 903E.02, Ensuring Safe Prisons, 10. Referrals of Allegations for Investigations, a) through c) affirms MTC will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate on inmate sexual abuse or staff-on-inmate sexual misconduct). The agency also requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Referrals are required to be documented. If administrative or criminal investigations of alleged sexual abuse are performed by an entity other than MTC, efforts will be made to obtain the agencies investigative policy.

The Facility’s Warden issued a “Statement of Fact” that provided the following information relative to investigations. 1) The PREA Officer has completed the National Institute of Corrections Specialized Training for conducting sexual abuse investigations in confinement settings. He also related that all sergeants and above receive PREA Incident investigation training during Correctional Leadership Training; 2) The Office of Inspector General conducts its own investigation and that the East Texas Treatment Facility refers all substantiated allegations of conduct that appear to be criminal to the OIG for review and disposition; 3) when the quality of evidence appears to support criminal prosecution the case is referred for prosecution; 4) the agency will conduct compelled interviews only after consulting prosecutors as to whether compelled interviews may be an obstacle for subsequent for subsequent criminal prosecution.

The Warden related that his facility has not had a sexual assault incident on the facility as of July 18, 2017. The Statement continues by reiterating that the OIG documents their investigations in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The facility retains all written reports pertaining to administrative or criminal investigations of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by MTC plus five (5) years. Investigations also continue regardless of the departure of the alleged abuser or victim from the employment or control of the facility or agency and do not provide a basis for termination of the investigation.

MTC Policy 903E.02, Ensuring Safe Prisons, B., Policy, 2., affirms that MTC will aggressively respond to, investigate and

support the prosecution of incidents of sexual violence in all MTC operated prisons, through internal administrative disciplinary processes and external partnerships with law enforcement and county prosecutors.

MTC Policy, 903E.02, Ensuring Safe Prisons, 30., Criminal and Administrative Agency Investigations, a) through e) discusses investigations and states that where MTC investigators are involved, they will be responsible for gathering evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and will review prior complaints and reports of sexual abuse involving the suspected perpetrator. If MTC investigators are involved, when the quality of evidence appears to support criminal prosecution, the investigator will turn such evidence over to outside investigators. In the event the MTC investigators are involved, they will conduct compelled interviews only after consulting with the Warden, prior to seeking out prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The facility, however, will take appropriate steps to ensure that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy requires written reports of administrative and criminal investigations of sexual abuse and sexual harassment cases for as long as the alleged abuser is incarcerated or employed by MTC, plus five (5) years. MTC Policy, in paragraph e) assets that any state entity or DOJ component that conducts administrative or criminal investigations of alleged sexual assault or sexual harassment does so pursuant to the requirements of standard 115.71 (k)-1. The Texas Department of Criminal Justice, Correctional Institutions Division, Safe Prisons Plan, August 2014, E. Investigation Process, 1. Sexual Abuse Investigations, require that investigations will include at a minimum, interviews with alleged victims, suspected assailants, and witnesses; a review of prior complaints and reports of sexual abuse where available; and any evidence, including physical evidence. The credibility of an alleged victim, assailant or witness will be assessed on an individual basis and not on the status as an offender or staff member. Descriptions of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Information regarding staff actions or inaction that may have contributed to the alleged abuse will be included in the report. Staff who conduct the OPIs will cooperate with the OIG, when applicable, to avoid interfering with possible criminal investigation related to the same incident.

The Texas Department of Criminal Justice, Safe Prisons/PREA Operations Manual, Sexual Abuse Response and Investigation, provides guidelines related to initial notification and response to an allegation of sexual abuse using the Sexual Abuse Investigation Checklist.

The Texas Department of Criminal Justice requires an Offender Protection Investigation of all allegations of sexual abuse and sexual harassment. The Safe Prisons/PREA Operations Manual, "Time Fames Associated with Offender Protection Investigations" requires the upon receipt of a request for offender protection, the unit major or highest-ranking security supervisor on duty will determine the type of housing required for the alleged offender victim pending completion of the investigation. The major is responsible for ensuring the timely completion of an OPI in accordance with PO-07-002, Major of Correctional Officers and the Safe Prisons PREA Plan. When offenders remain in General Population following an allegation, the OPI must be completed, reviewed and signed by a major or above within 12 hours from the date and time staff became aware of the offenders need for protection. If additional time is needed, a security supervisor authorizes the offender's placement in transient status. Following review of the OPI, the major forwards the OPI to the unit chief of classification for review and schedules the offender to appear before the Unit Classification Committee (UCC). If an offender is placed in transient status following an allegation the OPI must be completed within 72 hours.

When an allegation is made the Emergency Action Center is notified and an incident number issued. The OPI is documented on the Texas Department of Criminal Justice, Safe Prisons/PREA Program, Offender Protection Investigation forms. The investigation process includes documenting information about the offender, how the allegation was received, notifications to the Emergency Action Center and OIG, first responders, other offender involvement, offender statement, previous Protection Requests Facts, Resources/Information used to Investigate Allegations, additional information, Investigative Summary, Investigation Review, UCC Review and Committee Recommendations. The committee reviews the investigation and determines if the allegations are substantiated, unsubstantiated, or unfounded. Based on the investigation and consideration of the concerns of the offender the committee may recommend housing changes, job changes, unit transfers, safekeeping, protective custody, or no action taken. The offender is advised of the findings and acknowledges the offender was present at the UCC Meeting and was made aware of the investigative outcome.

Interviewed in-house investigators were knowledgeable of the process. They indicated that the investigation is conducted, presented to the UCC Committee who decide if the allegations are substantiated, unsubstantiated or unfounded based on the investigation and the results presented to the offender who is present at the meeting. The committee considers the concerns the offender may have regarding his housing, work assignments and other issues and may make housing or other changes if they are needed.

An interview with the Office of Inspector General Investigator confirmed that allegations that appear criminal are investigated by an OIG Investigator who has arrest powers. These staff are trained extensively in conducting sexual abuse investigations in confinement settings.

If forensic evidence has to be collected the offender is take to the East Texas Medical Center where there are Sexual Assault Nurse Examiners. The rape kit is then turned over to the OIG investigator. When evidence clearly supports the criminal allegation, the case is referred for prosecution.

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 Warden, in a “Statement of Fact”, dated June 27,2017, affirmed that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. MTC Policy 903E.02, Ensuring Safe Prisons, 31. Evidentiary Standards for Administrative Investigations, a), states that MTC imposes a standard of a preponderance of evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

An interview with a facility investigator indicated that once the Offender Protection Investigation has been completed, the information is reported to the UCC who decide if the case is substantiated, unsubstantiated or unfounded. They also would be responsible, according to the interview, for deciding administrative cases based upon the preponderance of the evidence.

Standard 115.73 Reporting to inmates

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

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

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

MTC Policy 903E.02, Ensuring Safe Prisons 32. Reporting to Inmates, a) through d), requires that any inmate alleging that he or she suffered sexual abuse in an MTC facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by MTC. If an outside entity conducts such investigations, MTC requests the relevant information from the investigative entity to inform the inmate as to the outcome of the investigation. MTC will take appropriate steps to ensure that MTC subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. MTC requires notifications are documented.

SAFE PRISONS/PREA PLAN, C. Offender Notification by Type of Investigation, requires offenders to be notified of relevant information regarding criminal investigations, in accordance with the SPPOM. It requires if an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden will inform the offender when: 1) The staff is no longer assigned to the offender's unit or 2) The staff member is no longer employed by the TDCJ. Paragraph 5., requires if an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO is required to inform the offender when: 1) The staff member has been indicted on a charge related to sexual abuse within the unit; or 2) The staff member has been convicted on a charge related to sexual abuse within the unit. In paragraph 5., the SAFE PRISONS/PREA PLAN requires if an offender alleges to have been a victim of offender-on offender sexual abuse, the SPPMO will subsequently inform the alleged victim when: 1) The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or 2) The alleged assailant has been convicted on a charge related to sexual abuse within the unit. All the offender notifications or attempted notifications are to be documented. The requirement to provide offender notification terminates if the offender is released from the custody of the TDCJ.

Interviews with staff who serve on the classification committee indicated that at the conclusion of an investigation, the inmates are brought before the classification committee and is notified, at that time, as to whether an investigation into allegations of sexual abuse were substantiated, unsubstantiated, or unfounded.

A Statement of Fact, dated, June 16, 2017, affirmed the facility notifies offenders verbally as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the Unit Classification Committee. Too, it affirms that the facility has all alleged sexual abuse investigations completed by the OIG and when this happens the facility requests the relevant information from the investigative entity to inform the inmate as to the outcome of the investigation. The Statement of Fact also states the facility has not had an inmate allegation that a staff member committed sexual abuse against an offender. The facility's obligation to report under this standard terminates if the offender is released from the facility.

The Warden provided a Statement of Fact, dated June 28, 2017, entitled "Reporting to Inmates". The statement stated at the conclusion of an OPI, the offender would be brought before the Unit Classification Committee. The offender would be informed of the outcome of the investigation and notified of the action being taken by the committee. The statement affirmed that the facility has not had an alleged abuser that has been indicted or convicted on a charge related to sexual abuse within the facility. Too, the East Texas Treatment Facility has not had an offender allegation that a staff member has committed sexual abuse within the facility. IF that occurred, the Warden stated the offender will be notified when the staff member is no longer posted within the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. The facility also provided documentation on the Offender Protection Investigation Forms documenting that the offender was notified of the outcome of the investigations.

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.

MTC Policy, 903E.02, Ensuring Safe Prisons, 33. Disciplinary Sanctions for Staff a) through c), affirms staff engaging in sexual abuse/sexual harassment against inmates are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of MTC policies relating to sexual abuse/sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s history and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of MTC sexual abuse/sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

The Employee Handbook, Rules of Conduct/Discipline, provides for rules for conduct and states the seriousness of the infraction will determine the action to be taken by a supervisor. Offenses are categorized as Category I and II. Category II covers abuse, violation of Company or facility rules, policies, the handbook, or federal, state or local laws, violation of company fraternization policy, involvement in a criminal act or negative behavior, and improper abuse. The Handbook states the company reserves the right to counsel or impose discipline on employees, up to and including termination of employment. Employees are told they are expected to comply with company rules and policies and to satisfactorily perform their job duties.

SAFE PRISONS/PREA PLAN, VIII. Administrative Considerations, A. Employees, requires that disciplinary sanctions for violations of TDCJ policies, relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, is 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. Policy also requires that all terminations of TDCJ sexual abuse or sexual harassment policies, or resignation in lieu of termination are reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Warden provided a Statement of Fact, “Disciplinary Sanctions for Staff”. The statement confirms any alleged acts of sexual assault (criminal intent) will be properly reported to law enforcement agencies. It also affirmed that the East Texas Treatment Facility has not had a substantiated allegation against staff alleging sexual abuse or harassment for the period of July 18, 2014 through June 16, 2017.

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.

MTC Policy, 903E.02, Ensuring Safe Prisons, 34. Corrective Action for Contractors and Volunteers, a)-c), requires that any contractor or volunteer who engages in sexual abuse is prohibited further contact with inmates and requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. Facilities take remedial measures and prohibit further contact with inmates in the case of any other violation of MTC sexual abuse or sexual harassment policies by a contractor or volunteer. The Volunteer Services Acknowledgment of Volunteer Training/Orientation informs the volunteer the facility has a zero-tolerance policy for sexual misconduct and that individuals who engage in sexual misconduct will be referred for prosecution. They are also informed that any volunteer who violates the rights of a person in custody or engages in sexual contact, sexual intercourse, or deviant sexual intercourse with a person in custody.

The Warden provided a Statement of Fact, "Corrective Action for Contractors and Volunteers", affirmed the facility has not had any incidents involving either contractors or volunteers during the past twelve months. However, the facility would, according to the Warden, prohibit contractors or volunteers who engage in sexual abuse from contact with inmates. The memo also asserts if a contractor or volunteer violated any agency sexual abuse or sexual harassment policy, the facility would take appropriate remedial measures and consider whether to prohibit further contact.

The facility provided a memo from the Warden affirming there have been no sexual assault/abuse incidents in the last 24 months involving contractors or volunteers at this facility. The Warden provided a Statement of Fact affirming that the facility has not had to take any corrective action against contractors or volunteers for sexual abuse or sexual harassment during the last twelve (12) months.

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.

MTC Policy, 903E.02, Ensuring Safe Prisons, 36. Disciplinary Sanctions for Inmates, a)-h), Requires that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The facility does offer counseling (as required in policy), therapy or other interventions to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. MTC disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Reports made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

SAFE PRISONS/PREA PLAN, H. Disciplinary Sanctions, 1-4, addresses discipline for inmates engaging in sexual misconduct or

sexual abuse. This policy requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantial acts of violence or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with TDCJ Disciplinary Rules and Procedures for Offenders. The sanctions will be appropriate to the nature of the abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories. Policy asserts that the disciplinary process must consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining the type of sanction, if any, that should be imposed. Subparagraph 5, states an offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact. Again, reports made in good faith, based on a reasonable belief that the alleged conduct occurred, will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The OIG May pursue criminal prosecution for allegations determined to be criminal in accordance with OIG policies and procedures.

The Warden issued a Statement of Fact, "Disciplinary Sanctions for Inmates". This memo stated that this facility did not have, in the past twelve (12) months, any offender who required a disciplinary for Level I, Code 7.0, of the inmate disciplinary code.

An interview with the Disciplinary Hearing Officer indicated they would determine what the appropriate charge would be. He also stated that the TDCJ sets the limits on the sanctions and the sanction would depend on the level of the charge, with Level I being a Major, II being a Standard and III being a Minor. He also related he and his staff have access to the inmate's case history prior to the hearing to determine any limitations and prior history.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 36. Medical and Mental Health Screenings for History of Sexual Abuse, a) and b), requires all inmates who have disclosed any prior sexual victimization during a screening to be offered a follow-up meeting with a medical or mental health practitioner and MTC requires facilities to take appropriate steps to ensure that the follow-up meeting is offered within 14 days of the intake screening. MTC's medical staff maintain secondary materials documenting compliance with the required services. The same is to be offered for inmates who ever previously reported previously perpetrating sexual abuse.

The reviewed screening instrument, Offender Assessment Screening, requires a file review, history of sexual abuse, and interviewer follow-up questions. This process is to assess each inmate in an attempt to determine the inmate's potential for victimization or abusiveness.

SAFE PRISONS/PREA PLAN, page 17, #6 and #7, require if the screening indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff are required to ensure the offender is offered a follow-up with a medical or mental health practitioner within 14 days of the intake screening. Likewise, if the offender indicates that he/she has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in

PREA Audit Report

the community, staff will also ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The facility documents on the victimization/abusiveness assessment form if an inmate reports prior victimization. On page two of the assessment, at section IV, Interviewer Follow-Up Questions, the assessor documents at item #2, if an inmate reporting prior victimization wants to be referred to a representative from mental health. If the inmates respond in the affirmative, the interviewer documents yes and the date of the referral, and attaches a copy of the mental health referral form (I-214). The date the referral is made is documented as well. The reviewed I-214, Referral to Mental Health Services, documents the reason for referral in Section II, Reason for Referral. This is dated as well. Mental Health sees the inmate and documents in Section III, Mental Health Staff Response to Referral, indicating the date the inmate was seen by mental health and the actions taken as a result of the evaluation. Samples of the Assessment Forms were provided. These included documentations on the I-214, Referr

The plan also addresses screening information management. In Paragraph D.2, the plan limits any information related to sexual victimization or abusiveness that occurred in an institutional setting to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education and program assignment or as otherwise required by federal, state, or local law. Too, in D.3, Medical and mental health practitioners must obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Correctional Managed Health Care Policy, G-57.1, Sexual Assault/Sexual Abuse, VIII., Reporting, requires that if an offender is less than 18 reports previous sexual assault/abuse to health care staff, regardless of whether the incident occurred in a correctional setting or in the community, health care staff must report the incident to OIG. Patient consent is not required. If an offender is older than 18 when they report prior victimization, health care staff can report the incident(s) without consent only in the interest of treatment, security, or management issues. If reporting prior assault/abuse in the interest of initiating an investigation, health care staff must obtain consent from the offender. IF an offender 18 or older reports previous sexual assault/abuse to health care staff that occurred in a community setting, health care staff may report only to OIG if the offender provides consent.

An interview with a mental health professional indicated mental health staff review the CL-69, Medical Intake Screen and if the inmate reported prior victimization a mental health evaluation is completed within 10 days. Staff indicated they would receive an email from intake making the referral after which they would schedule the follow-up. The Warden provided a Statement of Fact, "Medical and Mental Health Screenings; History of Sexual Abuse", affirms there have been no offenders with a past prisons or jail record that indicates the offender perpetrated sexual abuse. Also, it states that if that occurred, the offender would be referred to Mental Health by way of an I-214, Referral to Mental Health Services. A second part of that statement relates that medical or mental health practitioners have not had any incidents of sexual abuse that have been reported and in the event that those staff do report an allegation of sexual victimization, the security staff of the facility will handle the matter with as much confidentiality, respect and compassion as can be appropriately afforded consistent with security policy.

Interviewed staff who conduct the victimization/abusiveness assessments, medical and mental health staff affirmed that if an inmate reports prior or current sexual abuse, the inmate is seen or referred to medical and/or mental health for follow-up.

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.

MTC Policy, 903E.02, 37. Access to Emergency Medical and Mental Health Service requires MTC's medical and mental health staff to maintain secondary materials documenting the time frames of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. These services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Texas Department of Criminal Justice, SAFE PRISONS/PREA PLAN, F. Immediate Response, requires that offenders of sexual abuse receive timely, unimpeded access in 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. If there are no qualified medical or mental health practitioners on duty at the time a report is made, correctional staff first responders are required to take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners. Offenders who are sexually abused while incarcerated are to be offered timely information about access to emergency contraception (facilities housing female offenders) and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate in accordance with CMHC policies. Services are provided to the offender victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigations arising from the incident.

The facility uses the Sexual Abuse Investigation Checklist when responding to an allegation of sexual abuse. This form essentially serves as a coordinated response plan. One section is for Health and Mental Health and the required procedure is, if the incident occurred within 96 hours, staff instructs the offender victim not to shower, use restroom, brush teeth, change clothing, drink, or eat to preserve evidence. Dates and Times documenting the actions are required.

The Correctional Manager Health Care Policy Manual, G.5701, Sexual Assault/Sexual Abuse, I. Requires all offender who present with complaints of sexual assault/abuse to be immediately evaluated, examined, and appropriately referred for required services. Staff may take a brief history. Paragraph III. Requires if a sexual assault it is required, then the physical examination and collection of evidence are accomplished by a qualified medical practitioner exactly according to instructions provided in the standard rape kit. If a qualified medical professional/practitioner is not available, the facility must transport the offender to the nearest Hospital Emergency Department that has medical staff qualified to perform forensic medical exams. Prophylactic treatment of venereal diseases is offered to the victim on the facility. For HIV or Hepatitis B exposure, education and testing should be scheduled and when indicated, prophylactic meds will be offered. Victims of penile-vaginal sexual abuse will be offered pregnancy tests. If negative, victims are offered an emergency contraceptive pill and if positive the victim is given access to all lawful pregnancy related medical services. Offenders, who reported an incident occurring within 96v hours will be seen by a mental health professional after a sexual assault medical exam is completed and if after 96 hours, the offender is seen within 10 business days.

The Correctional Managed Health Care Policy, G-57.1, Sexual Assault/Abuse, I. requires that all offenders with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriately referred for required services. A brief history may be obtained nursing staff. It also provided for prophylactic treatment of "venereal diseases". For HIV or Hepatitis B exposure, education and testing is to be scheduled. When indicated prophylactic medications will be offered.

The sexual abuse investigation checklist documents notifications to medical and mental health, including ensuring offenders do not take any actions that might contaminate or destroy the evidence.

The Warden provided a Statement of Fact asserting the facility has not had an offender who has been a victim of sexual

abuse during the audit period.

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.

MTC Policy, 903E.02, Ensuring Safe Prisons, 38. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers a) through e), states MTC facilities offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. Female victims while incarcerated are offered pregnancy tests in MTC facilities. If pregnancy results from sexual abuse while incarcerated at an MTC facility, victims receive timely and comprehensive information about, and time access to, all lawful pregnancy related medical services. Inmate victims are offered tests for STIs. A mental health evaluation of all known inmate-on-inmate abusers is conducted within 60 days of learning of such abuse history and treatment offered when deemed appropriate by mental health practitioners. There have been no sexual assaults at the facility reported during the past twelve months.

The TDCJ SAFE PRISONS/PREA PLAN, G., Ongoing Medical and Mental Health requires all offenders who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile unit will be offered medical and mental health evaluation and treatment, as appropriate. The evaluation and treatment will include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies of their release from custody. The services provided are consistent with the community level of care. Female offenders who become victims of sexually abusive penile-vaginal penetration, while incarcerated will be offered pregnancy tests. If pregnancy results from the conduct, the victim will receive timely and comprehensive information about and access to all lawful pregnancy related medical services in accordance with CMHC policies. Victims of sexual abuse will also be offered tests for STIs as medically appropriate. Mental health evaluation of all known offender-on-offender abusers will be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with the health care policies.

Correctional Managed Health Care Policy Manual, G-57.1, Sexual Assault/Sexual Abuse requires in paragraph I., That all offenders who present with complaints of sexual assault/abuse will be immediately evaluated, examined and appropriate referred for services. Policy also affirms the health care services rendered are at no cost to the victim.

Interviews with medical and mental health staff confirmed the services they would provide on an on-going basis. Medical staff indicated they would provide any follow-up required, including any discharge orders from the hospital.

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.

MTC Policy, 903.02, requires a review after every sexual abuse investigation, and ordinarily within 30 days of concluding the investigation, unless the allegation has been determined to be unfounded. MTC Teams consist of upper level management and allows for input from line supervisors, investigators, and medical or mental health practitioners. The incident review team considers all the items addressed in the PREA Standards. MTC requires that sexual abuse incident reviews are ordinarily conducted within 30 days of conducting the investigation. The facility prepares a report of its findings including but not limited to determinations made and recommendations for improvement. MTC policy requires the facility to implement the recommendations for improvements or document the reason for not doing so.

The Texas Department of Criminal Justice, SAFE PRISONS/PREA PLAN, I. Incident Review Team, requires an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Unit Warden will obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team, according to policy, includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. It also reaffirms company policy by requiring the recommendations to be implemented and if not, the reasons documented.

AD-02.15 (rev.12), III. Administrative Incident Review Process, requires that after reporting a serious or unusual incident, the warden or supervisor will conduct a prompt, thorough investigation, and complete an Administrative Incident Review. The review will include:

- Alleged sexual abuse and alleged staff sexual harassment information, if applicable.
- A review of the circumstances of the incident
- The names of the person involved
- Events leading up to and following the incident
- A consideration of whether the actions taken were consistent with TDC policies and procedures
- A review of whether lesser alternative means of managing the situation were available
- An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs
- A determination of whether Incident Command System levels or response were used during the incident
- A determination of whether employee’s actions or inactions was a factor in the incidents
- Corrective action taken
- Escape information, if applicable

The Warden issued a Statement of Fact, dated June 28, 2017, “Sexual Abuse Incident Reviews”. This statement documented the process for reviewing incidents following an investigation. The memo stated the TDCJ Classification Plan dictates that at the conclusion of the investigation of the Offender Protection Investigation, it will be submitted to the Unit Classification. The Unit Classification Committee will schedule a meeting to review the investigation. The team will include upper level management, classification staff and other departmental staff. The committee makes recommendations for improvement or document the reasons for not doing so.

Interviews with staff, including classification staff and the PREA Compliance Manager, confirmed that following an Offender Protection Investigation, the classification committee convenes and conducts a review of the incident.

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 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.

The reviewed 2015 MTC Annual Report, dated May 19, 2016, was comprehensive and detailed and included Demographics of MTC Operated Facilities as well as detailed PREA Data. A chart of PREA Allegations and Investigations Results for 2015 within MTC operated facilities compared allegations from 2013 and 2014. An assessment of the agency’s progress discusses potential reasons for increased allegations for 2014 and 2015 (allegations between 2014 and 2015 increased by 16 allegations) as well as on-going efforts to continue to ensure sexual safety in all its facilities. The report analyzes the data and considers potential reasons for the slight “uptick” in allegations.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 41. Data Review for Corrective Action, a)-d), requires MTC to review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training, including the following; 1) Identifying problem areas 2) Taking corrective action on an ongoing basis and 3) Preparing an annual report of its findings from its data review and any corrective actions for each

facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of MTC's progress in addressing sexual abuse. With approval of the respective customer agencies, MTC makes its annual report readily available to the public at least annually through its website. Annual reports are approved by the head of MTC. MTC's annual report does not redact material from its annual report because identifying material is never included. If material was redacted, the agency would limit that to specific materials where publication would present a clear and specific threat to the safety and security of the facility. MTC would indicate the nature of material redacted.

The facility conducts administrative incident reviews (After Action Reviews) after each investigation resulting in a finding of either substantiated or unsubstantiated. The facility inputs this information into the company's database enabling the company to generate multiple reports related to PREA. This information is used then as a management tool. The reviewed annual report for 2015 contained a summary of facility reports for 2015. This information was collected from sexual abuse incident reviews following an investigation finding of either substantiated or unsubstantiated. The review indicated there was generally no need to change policy or practices; motivations were typically not motivated by gang affiliation, status or other group dynamics; physical barriers were not seen as enabling abuse; staffing levels were considered adequate and although there was typically no need for additional monitoring technology, some Texas Department of Criminal Justice contracted sites commented on work requests that were pending or in progress to make specific modifications to TDC owned facilities.

Interviews with both the Agency's PREA Coordinator and Assistant PREA Coordinator confirmed how the company collects data and uses that data to make management decisions and to continuously review data coming in from each MTC Facility. This sophisticated data base enables management to identify potential problem areas in specific facilities as well as results for the company as a whole. Additionally, that system enables management to track investigations, notifications and incident reviews.

The Warden's Statement of Fact, dated, June 27, 2017, "Data Review for Corrective Action" stated that upon request, the facility will submit all information requested to the Bureau of Statistics. Too, he indicated that the facility reports to the Management and Training Corporation through the company's Offender Data System immediately upon completion of a preliminary investigation regarding sexual abuse or sexual harassment allegations and to the Texas Department of Criminal Justice monthly through monthly Safe Prisons PREA Reports.

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.

MTC Policy 903E.02, Ensuring Safe Prisons, 42. Data Storage, Publication and Destruction, a) – c), states MTC ensures that incident based and aggregate data are securely retained; that MTC aggregates sexual abuse data from MTC facilities under its direct control and makes that information, after removing all personal identifiers, readily available to the public at least annually through its website. Information and data collected pursuant to 115.87 is maintained for at least 10 years after the date of initial collection, unless federal, state or local law requires otherwise.

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.

Robert Lanier

August 14, 2017

Auditor Signature

Date