

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 21 November , 2015

Auditor Information			
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Telephone number: 602-374-3320			
Date of facility visit: 11-13 November, 2015			
Facility Information			
Facility name: Willacy County Regional Detention Facility			
Facility physical address: 1601 Buffalo Drive, Raymondville, Texas 78580			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 956-689-5098			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: John Ybarra			
Number of staff assigned to the facility in the last 12 months: 182			
Designed facility capacity: 572			
Current population of facility: 525			
Facility security levels/inmate custody levels: Medium custody			
Age range of the population: 19-77			
Name of PREA Compliance Manager: Brenda Sosa		Title: Classification Manager	
Email address: Brenda.sosa@mtctrains.com		Telephone number: 956-689-5098	
Agency Information			
Name of agency: Management and Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 801-693-2600			
Agency Chief Executive Officer			
Name: Scott Marquardt		Title: President and 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	
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AUDIT FINDINGS

NARRATIVE

The PREA audit of the Willacy County Regional Detention Facility (WCRDF) was conducted on November 11-13, 2015. The facility is a 572 bed, medium custody level prison operated by the Management & Training Corporation (MTC).

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

It is the stated mission of the **Willacy County Regional Detention Facility** “ Willacy County Regional Detention Facility is committed to being a leader in the area of implementing our plans to achieve high performance standards and goals by: Maintaining a foundation based on integrity, accountability, and excellence; Providing long-term growth and stability while ensuring fiscal responsibility; Creating opportunity through a positive environment for personal growth and development; Empowering employees to implement innovative ideas for continuous improvement; Building esteem and pride for celebrating our diversity and accomplishments”.

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

John Ybarra, Warden
Rolando Trevino, Deputy Warden
Alexander Sanchez, Captain
Nora Morales, ACA Manager
Lisa Villegas, Health Services Administrator
Brenda Sosa, PREA Compliance Manager
Carl Nink – Management Training Corporation PREA Coordinator
Jack Falconer – Auditor

The auditor briefed the group on the audit process and responded to questions.

After the entrance meeting, a tour of the WCRDF was made looking at detainee housing, program areas, and conducting staff and detainee interviews. On Thursday, the remainder of the interviews of staff and detainees were completed.

Facility Description

The Willacy County Regional Detention Facility (WCRDF), located in Raymondville, Texas, was initially opened in 2003. The facility is owned by Willacy County, Texas and is privately operated by the Management and Training Corporation located in Centerville, Utah. It functions as a pre-trial detention facility for the United States Marshall Service

The facility is located on 13 acres of a 50 acre site. The physical plant is a single large structure providing space for entry, control, administration, visitation, medical, food service, segregation, programs, religion, recreation, staff training, and detainee housing units.

Detainee housing includes 4 separate units consisting of dormitories and single cells. Most of the units have dayrooms, telephone and television availability. The facility also has Segregation Housing for both the male and female detainee population. These serve as Administrative Detention units. The male SHU is a 40 single cell unit and the female Separation Unit has 24 single cells.

Food is served via trays in the dormitory housing and in the cell units. The housing units showers, commodes, and urinals have partitions and shower curtains.

The facility is surrounded by (2) chain link fences with multiple rolls of razor wire. The fence is equipped with state of the art computerized intrusion detection system which is monitored by staff using closed circuit cameras and screen monitors in a central control room. The security perimeter includes an armed roving perimeter vehicle, posted 24hours a day,7 days per week. In addition, a stationary mobile patrol is posted. The facility has numerous cameras to enhance security capability. The facility has funded plans to upgade and add more cameras to the system. The facility also monitors and controls all traffic moving into and out of the facility at the front entry and at the rear sally port.

The facility has a variety of rehabilitative programs that are offered to the detainee population. These include; Self-Help/Social Programs, Religious, Substance Abuse, Recreation,and Medical/Mental Health programs.

An Academic program is not offered due to the transitory nature of this facility.

The Self-Help and Social Services program includes Book of the Month, Cage Your Rage, Financial Peace University, Inside-Out Dads, Life Skills, Cognitive Skills and Facility Writing. The facility reported that 534 detainees were involved in the programing. Certificates are given to those detainees that complete the program.

The Religious Program is staffed by one full time Chaplain. In addition, the Chaplain is assisted by 28 volunteers from the community. The Religion Program ensure that the inmates are provided access to religious activities, religious materials, religious diets, and other legitimate requirements of their faith. Current services held include Jehovah's Witnesses, Catholic Services, Evangelical Services, and Dorm Bible study.

A Substance Abuse Program consist of Substance Abuse Education and Alcoholics Anonymous. The facility reported that 7 were enrolled in SA education and 7 were involved in AA at the time of the audit.

The Medical Program operates 24/7 for the facility. Staffing includes 13 Health Care providers. Sick call is offered 5 days per week and staff attend to emergencies at any time. Mental Health services are provided by a licensed Professional Counselor. The medical facility has eight medical isolation cells in the clinic area. All of the detainees interviewed indicated the medical program met their needs.

Detainees are not permitted to work per policy of the USMS.

WCRDF is accredited by the AmericanCorrectional Association and the National Commission on Correctional Health Care

The facility has a zero-tolerance policy regarding sexual abuse of any detainee. The PREA information is provided to all detainees upon arrival at the facility. Posters and signs are available in all detainee areas reminding them of how to report incidents of sexual abuse

PREA Audit Comments

The facility has a efficient and orderly appearance. The grounds are well manicured and the facility appears to be very well maintained. The Correctional Officers and other staff provide security supervision.

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

The auditor interviewed 42 facility staff and detainees during the PREA audit. 12 detainees from the housing units, 12 Specialized Staff, 8 Management Staff, and 10 Correctional Officers were interviewed using the questions provided in the audit documents. The staff and the detainees were very positive and answered all questions.

The Pre-Audit document provided by the facility indicated 1 detainee allegations of sexual abuse. The allegation was investigated and was substantiated. The detainee who the submitted the complaint was informed of the actions taken.

In this auditor's opinion, the Willacy County Regional Detention Facility was well managed and the staff were well trained in their assignments. The detainees interviewed indicated that they felt safe, that the medical program met their needs, and the food program was good.

On Thursday, the on-site staff and detainee interviews were completed and an exit meeting was conducted at the end of the day. The attendees were;

- John Ybarra, Warden
- Rolando Trevino, Deputy Warden
- Alexander Sanchez, Captain
- Nora Morales, ACA Manager
- Lisa Villegas, Health Services Administrator
- Brenda Sosa, PREA Compliance Manager
- Carl Nink – Management Training Corporation PREA Coordinator
- Jack Falconer – Auditor

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

DESCRIPTION OF FACILITY CHARACTERISTICS

Facility Demographics

WCRDF

Rated Capacity:	572
Actual Population (10 Nov, 2015)	525 (434 male, 91 females)
Security/Custody level:	Medium
Gender	Adult Male/Female
Age Range	18-74
Average length of Stay	123 days

Number of full time staff:

Administration	16
Security	140
Programs	11
Support/Food services	24
Other	2
Medical	13

Total Facility 206

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 1 (115.16)

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 2 (115.12, 115.14)

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

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

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

Management Training Corporation (MTC) and the WCRDF both have policies that mandate a zero tolerance for sexual abuse and sexual harassment of their detainee populations.

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

Policies are found in MTC 903E.02, pg 1 & 6 & WCRDF 2.1.18.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not applicable

The WCRDF does not contract for the confinement of detainees. The facility is owned by Willacy County and operated by the Management Training Corporation (MTC). The MTC policy and WCRDF policy is to ensure full compliance with the PREA requirements. The USMS Contract also requires PREA Compliance.

Policies are found in MTC 903E.02 & USMS Contract a.

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.

WCRDF & MTC both have developed staffing plans to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary staffing requirements when vacancies occur. The facility used overtime to meet a safe staffing mandate. The facility reported, with the use of overtime, no deviations from the custody staffing plan for the past 12 months. Unannounced rounds are conducted for all shifts and recorded by senior management staff. A review of the staffing plan was documented. The Auditor examined direct contact correctional staff vacancy rates for an 12 month period Oct 2014 thru Oct 2015. The correctional staff vacancy rate for this period averaged 1.7 %. The facility staffing plan is predicated on a detainee population of 572.

Policies are found in MTC 903E.02 pg 6.

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.

Not Applicable

No detainee is under 18 years of age at WCRDF. The facility did report receiving a youth for a very short period of time. The detainee was held in sight and sound separation for this very short period until transfer.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

The MTC & WCRDF have policies that do not allow cross-gender strip or visual body cavity searches of detainees. The facility reported zero instances where these types of searches had occurred. All showers have curtains or protective screens. Opposite gender staff are required to announce their presence when entering the units. Policies are in place to prevent staff (other than medical) to examine a detainee solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.

100% of the staff has been trained in the correct procedure for searches.

Policies are found in MTC 903E.02, pg 7 (a-f) and WCRDF 2.32 (a-f).

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.

WCRDF provides a variety of ways to ensure detainees with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Interpreters are available to provide any needed service. Detainee interpreters are prohibited.

One of the detainees interviewed was deaf. He could sign and read English. Facility staff professionally and comprehensively sought out materials and protocols to be able to communicate efficiently and effectively with this detainee. A guide was purchased from Eileen Baker, which also is used to train staff. As Eileen mentioned in the letter of transmittal, “the publication and accompanying DVD, *American Sign Language for Law Enforcement & Corrections Communication and Correctional HealthCare Professionals*, [is] a tool which combined with training, will maximize communication in routine and emergency situations, which is in compliance with the Americans with Disabilities Act and the Department of Justice.”

As part of the communication protocol, the facility set up a *Skype* call with a person through a contract with *LanguageLine Solutions Network* services who could see and communicate with the detainee, thereupon enabling the auditor to communicate with and through the translator with the detainee, who was sitting next to the auditor. The protocols observed exceeds standard/normal communication capabilities.

Policies are found in MTC 903E.02 pg 7,a-b & WCRDF 2-1.13 & 6.2.4, b.

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.

WCRDF has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed. Review of MTC & WCRDF policy and the interview of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. The facility reported 49 (100%) new employees/applicants background checks were made and 7 contractor background checks were completed.

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

Policies are found in MTC 903E.02 pg 8,a-c; 201.3 e; 203,1 pg 1-4 & WCRDF 7.5.3,a-f.

Standard 115.18 Upgrades to facilities and technologies

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

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

MTC policy requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the detainees from sexual abuse.

The facility is owned by Willacy County. The facility reported no substantial improvements have been made to the facility. However, it was reported by the facility that a major request has been approved for the upgrade and additions to the camera system. In addition, the airconditioning system is currently being upgraded.

Policies are found in MTC policy MTC 903E.02, pg. 8, a-b.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Per policy, the Willacy County Sheriff or the Federal OIG/FBI conducts all criminal investigations. In accordance with the MTC contract with Willacy County, any allegation involving sexual abuse or criminal activity requires that the Sheriff be notified immediately to assume control of the investigation. The facility has an MOU with SAFE and SANE examiners using an outside health care provider. The auditor interviewed the SAFE/SANE service provider and they are available 24/7, 365 days per year. The facility conducted zero SAFE/SANE examinations during the last 12 months. Victim advocates to provide outside services are under contract.

Policies include MTC 903E-02, pg 1 & 9, 904E.31 & WCRDF 2.1.18, pg 7 & 9.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Per policy, the Willacy County Sheriff or the Federal OIG/FBI conducts all criminal investigations. In accordance with the MTC contract with Willacy County, any allegation involving sexual abuse or criminal activity requires that the Sheriff be notified immediately to assume control of the investigation. During the past 12 month period, 19 allegations of detainee sexual abuse and sexual harassment were received. These were all investigated and all but one, were unfounded. Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com.

Policies include MTC 903E.02, pg 1 & 9; WCRDF 2-1-8, p 1 & 7, & USMS Directive pg 1-6.

Standard 115.31 Employee training

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

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

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

The staff training provided by WCRDF meets policy requirements of PREA & MTC. All employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 182 staff were trained. The facility has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates their presence when the training was presented. The interview process documented that employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

MTC policies include 903E.02, pg 10 & WCRDF policy 2-1-18, pg 2 & 7.

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.

33 volunteers and contractors at WCRDF were trained about PREA and correctional requirements during the last 12 months. Signatures documented that they understood the training presented.

MTC policies include 903E.02, pg 10; 901D.02, pg 1 & 4 & WCRDF policy .7.2.5 pg 1-3; 7.6.2 pg 1-2.

Standard 115.33 Inmate education

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

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

By policy of both MTC & WCRDF, detainees are provided information at intake about the zero-tolerance policy for sexual abuse or harassment. In the past 12 months, 2267 detainees were trained on the principles of PREA. Provisions are made to assist those detainees with disabilities or those not proficient in English to ensure their

understanding of PREA. Orientation videos, posters, signing capability, detainee handbooks, etc. are readily available to the population. The detainee interviews indicated that they understood their rights under PREA.

MTC policies include 903E.02, pg 10 & WCRDF policy 2.1.18 pg 1-4-5; 6.2.4 pg 1 & 2 & 2.1.10 pg 1 & 3.

Standard 115.34 Specialized training: Investigations

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

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

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

WCRDF conducts only administrative investigations and if found criminal in nature, the investigation is immediately turned over to the Sheriff or Federal OIG/FBI. Four WCRDF staff have received PREA investigation training.

Policies include MTC 903E.02,pg 1 & 5; WCRDF 2.1.18, pg 1 & 7 , 7.2.5 pg 1 & 11; & USMS Directive 9.8

Standard 115.35 Specialized training: Medical and mental health care

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

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

By policy of both MTC and WCRDF, medical and mental health staff are provided PREA training. Documentation and the interviews with staff indicated that 19 (100%) Medical and Mental Health services staff have been trained in the requirements of PREA. Forensic examinations are not conducted by the MTC medical staff. These exams, if needed, are provided by a certified local health care organization.

Policies are found in MTC 903E.02, pg 11 ; 904E.31FN, pg 1 & 2; & WCRDF 2.1.18, pg 1 & 2.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

By policy of both MTC and WCRDF, detainee screening for risk of sexual abuse victimization and sexual abusiveness towards other detainees is required. 2267 detainees (100 %) received by WCRDF were screened for the risk of sexual abuse victimization or sexual abuse towards other detainees. This screening is accomplished within the first 24 hours of arrival. The risk assessment documents of MTC and WCRDF meet the PREA requirements. The detainees are reassessed for the risk of sexual victimization or being sexually abusive within the time frames required. The facility reported 69 reassessments with new information occurred in the past 12 months. MTC and WCRDF policies both prohibit discipline of any detainee for refusing to answer questions in the screening process.

Policies are found in MTC 903E.02, pg 1-11-12 & WCRDF 2.1.18, pg 1-2-3.

Standard 115.42 Use of screening information

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

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

The information obtained by WCRDF in the detainee screening process is used to make individualized determination to ensure their safety and make appropriate housing, work, and program assignments. The placement decisions are made by a classification committee. In making assignment decisions for transgender or intersex detainees, the decisions are made on a case-by-case basis. Any transgender or intersex detainee is allowed to shower separately from other detainees. LBGTI detainees are not placed in dedicated units.

These policies are found in MTC 903E.02, pg. 18,a-b & WCRDF 2.1.18 pg 5.

Standard 115.43 Protective custody

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

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

The MTC/WCRDF policies govern the use of segregation housing. These policies include looking at alternatives for victims of sexual abuse. The facility reported four detainees were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any detainee in segregation.

The policies for detainees in protective custody are found in MTC 903E.02,a1,e1 and WCRDF 2-1-18, a-e.

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.

WCRDF has several ways that an detainee can report sexual abuse/harassment. They can report an incident to any staff person, write a grievance or report, write letters, or notify a third person.

Staff are required to document any and all detainee reports and are informed of this requirement with required training and employee handbooks.

The facility has a policy that requires that the detainee held for civil immigration purposes be provided information on how to contact relevant consular or DHS officials.

Detainees and staff interviews confirm that the process is well understood.

The policies that require this are found in MTC 903E.02, pg 1, 12 & 13 and WCRDF 2.1.18.

Standard 115.52 Exhaustion of administrative remedies

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

- Does Not Meet Standard (requires corrective action)

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

MTC and the WCRDF have an detainee grievance process that meets the requirements of PREA. The process allows the detainee to file an informal written complaint/grievance about sexual abuse or any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. The Detainee Handbook outlines the process required. In the past 12 months, there was zero grievances filed concerning sexual abuse or harassment.

Policies include MTC 903E.02 pg 1 & 13 ; WCRDF 6.2.1 & 2.1.18 pg 1 & 6.

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.

WCRDF provides to the detainees, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the detainee handbook. The facility maintains MOU's with the Family Crisis Center to provide advocate services and informs the detainees of limits to confidentiality.

Policies are found in MTC 903E.02,pg 1 & 14; MTC Med 904E.310FN, pg 1 & 3 and WCRDF 2.1.18 pg 1 & 7.

Standard 115.54 Third-party reporting

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

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

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

MTC has a website (mtctrains.com) that provides the opportunity for third party reporting of sexual violence. The website also provides the reporting policies regarding any sexual violence.

Policies are found in MTC 903E.02, pg 1 & 14; WCRDF 2.1.18 pg 1 & 6.

Standard 115.61 Staff and agency reporting duties

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

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

The MTC and WCRDF have policies that require all staff to immediately report any incident of sexual abuse/harassment. The policies also address the need to maintain confidentiality and address possible retaliation. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded. The staff are required to maintain confidentiality of all reports except for those in the need to know.

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

These policies are found in MTC 903E.02 pg 1,14-15; MTC Med 904E.310FN pg 1 & 3 & WCRDF 2-1-18 pg 1 & 7, 7.2.5 pg 1 & 2.

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.

WCRDF requires all staff to immediately take steps to protect an detainee who is the subject of imminent sexual abuse. There has been zero incidents of this action being required in the past 12 months.

These policies are found in MTC 903E.02, pg , pg 1 & 7; WCRDF 2.1.18, pg 1 & 7, & 2.1.15 pg 1 & 2.

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.

WCRDF has policies that requires notification of another facility when they learn of a detainee that had been sexually abused at that other facility. This notification is done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. In the past 12 months, the facility reported zero allegations of sexual abuse that detainees received at another facility.

These policies are found in MTC 903E.02 pg 1 & 5 & WCRDF 2-1-18.

Standard 115.64 Staff first responder duties

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

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

The MTC & WCRDF policies meets all first responder requirements of PREA. This policies were verified by the responses from the staff being questioned. In the past 12 months, one allegations of sexual abuse from an detainee was recorded. First responders were not required for the incident.

These policies are found in & MTC 903E-02 pg 1 & 15; WCRDF 2.1.18 pg 1 & 6.

Standard 115.65 Coordinated response

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

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

A written institutional plan for a coordinated response to any incident of sexual abuse was developed by WCRDF. The plan meets the requirements of both MTC and PREA.

Policies are MTC 903E.02 pg 1 & 10, 904E.319 FN pg 1 & WCRDF 2.1.18 pg 1 & 6.

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.

The WCRDF has a collective bargaining agreement with the Federal Contract Guards of America International Union. The agreement does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or determination as to the extent of discipline warranted, if any.

Policies are MTC 903E.02 pg 15.

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.

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

These policies are found in MTC 903E.02 pg 1 & 16; WCRDF 2-1-18 pg 1 & 7.

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 and WCRDF have policies in place that govern the use of involuntary segregation. These policies meet the PREA requirements. The facility reported that no detainees who reported sexual abuse were held in involuntary segregation in the past 12 months. If this would occur, policies require 30 day reviews.

These policies are found in MTC 903E.02 pg 1 & 16 & WCRDF 2.1.18 pg 1 & 4.

Standard 115.71 Criminal and administrative agency investigations

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

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

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

Four staff assigned to the facility have been trained for administrative investigations to meet PREA standards. Should an allegation be substantiated, the case will be referred for prosecution. The facility reported zero cases of sustained criminal allegations since 20 August, 2012. Written reports are developed and retained per PREA, MTC, & WCRDF requirements.

These policies are found in MTC 903E.02 pg 1,7,& 16; WCRDF 2.1.18 pg 1 & 8; and USMS Directive pg 1,3, & 6.

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 MTC & WCRDF policy indicated they use as a standard the preponderance of the evidence.

MTC 903E.02 pg 1 & 16; WCRDF 2.1.18 pg 1 & 7.

Standard 115.73 Reporting to inmates

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

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

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

In the past 12 months, nineteen detainee on detainee allegations was recorded. Eighteen were administratively investigated and found to be unfounded. All investigations were documented. One allegation was investigated by others and found to be substantiated. Per policy, the detainees were informed of the outcomes. There were zero complaints directed towards staff.

Policies are MTC 903E.02 pg 1 & 17 and WCRDF 2.1.18, pg 1 & 8

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.

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

Policies are MTC 903E.02 pg 1 & 17, 203.2 pg 1, 203.10 pg 1 & WCRDF 2.1.18 pg 1 & 8.

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.

WCRDF has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported zero cases of volunteers/contractors terminated for violating policies on sexual abuse/harassment.

Policies are MTC 903E.02 pg 1,17-18 & WCRDF 2-1-18.

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.

Both MTC & WCRDF have policies providing sanctions for detainees engaged in sexual abuse of another detainee. These sanctions meet the PREA requirements. Consideration is given to the detainee's mental status in final determinations. Treatment is also offered to those found guilty. Both MTC & WCRDF have policies that do not permit consensual sex between detainees. The facility reported zero cases of administrative or criminal findings of detainee-on-detainee sexual abuse in the past 12 months.

Policies are MTC 903E.02 pg 1 & 18 & WCRDF 2.1.18 pg 1 & 5.

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 and WCRDF policies require that all detainees (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required within 14 days of the initial screening. The facility reported that 69 detainees (100%) were provided the follow-up meeting.

The same policy also applies to detainees who perpetrated sexual abuse. Documentation is maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental health, security, and management staff. Informed consent is obtained by the medical staff.

Policies are MTC 903E.02, pg 1 & 18; 904E .02 124 FN and WCRDF 2-1-18 pg 1 & 9.

Standard 115.82 Access to emergency medical and mental health services

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

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

The WCRDF medical program is staffed 24 hours per day, 7 days per week. All detainees who report to be sexual abused have unimpeded access to medical treatment. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the detainee.

Policies are MTC 903E.02 pg 1 & 19, 904E,310FN & WCRDF 2.1.18 pg 1 & 9.

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.

WCRDF provides medical and mental health evaluation and treatment consistent with the community standard for health care. The detainees are offered tests for sexually transmitted disease. These services are provided to all detainees who have been sexually abused. These services are at no cost. Detainee abusers are also offered mental health evaluations within a 60 day period.

Policies are MTC 903E.02, pg 1 & 19 & WCRDF 2.1.18 pg 1 & 9.

Standard 115.86 Sexual abuse incident reviews

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

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

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

Policies are MTC 903E.02 , pg 1, 19-20 & WCRDF 2.1.18 pg 1,9-10.

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

Policies are MTC 903E.02 pg 1 & 29 & WCRDF 2.1.18 pg 1 & 10.

Standard 115.88 Data review for corrective action

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

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

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

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

Standard 115.89 Data storage, publication, and destruction

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

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

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

Policies are MTC 903E.02.

AUDITOR CERTIFICATION

I certify that:

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



A handwritten signature in black ink that reads "Jack Falconer". The signature is written in a cursive style and is positioned above a horizontal line.

21 November, 2015

Auditor Signature

Date