

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 7 July,2016

Auditor Information			
Auditor name: Jack L. Falconer			
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Email: jfalconer1@cox.net			
Telephone number: Click here to enter text.			
Date of facility visit: 14-16 June, 2016			
Facility Information			
Facility name: Lockhart Correctional Facility			
Facility physical address: 1400 Industrial Blvd, Lockhart, Texas 78644			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 513-398-3480			
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: James Frawner			
Number of staff assigned to the facility in the last 12 months: 160.1			
Designed facility capacity: 1000			
Current population of facility: 939			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 19-61			
Name of PREA Compliance Manager: Norman Schuetz		Title: Quality Assurance/PREA Compliance Manager	
Email address: norman.schuetz@mtctrains.com		Telephone number: 512-398-3480 ext. 104	
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 Lockhart Correctional Facility (LCF) was conducted on June 14-16, 2016. The facility is a 1000 bed, female offender Correctional Facility, operated by the Management & Training Corporation (MTC) for the Texas Department of Criminal Justice (TDCJ).

It is the stated mission of the Lockhart Correctional Facility “To create and maintain active roles in assisting offenders in identifying and solving problems to improve the quality of their lives. We are dedicated to enhancing life, as well as maintaining order while ensuring fair and equal treatment to all offenders. Our goal is to address gender specific issues related to trauma and PTSD, along with empowering them to become independent women able to withstand pressures in their roles in everyday life. These goal are accomplished through the efforts of programmatic activities, volunteer services, and with the learned skills through the Prison Industry Enhancement Certification Program.”

Preparation for the audit included a thorough review of all materials submitted by the facility to include the Pre-Audit Questionnaire. The documentation included both MTC and Texas Department of Criminal Justice policies and procedures, forms, training curriculum, organizational charts, and other PREA related information that the facility uses to implement the PREA standards. The documentation was reviewed by the auditor and any questions were clarified by sending questions to the facility PREA Compliance Manager. Responses were reviewed prior to the on-site visit.

The facility documentation also included staff and offender rosters. These rosters were used to select offender and staff names for the interview process. For the interview process, the auditor randomly selected from each of the LCF housing units offender names for interview. The facility had a total of 4 cell type housing units and a Segregation Unit. The Segregation unit had one offender at the time of the audit. Offender names were selected at random (ethnic groups were included) from each of the facility housing locations. The purpose of the offender interview is to ensure that the offenders understand their rights under PREA, how to report any incident, and validate that their PREA provisions are being provided by the facility.

The auditor also provided to the facility a second list of offender categories that must be interviewed. These included a disabled offender, a LBGTI offender, an offender in segregation for protection, an offender who reported sexual abuse, and an offender who disclosed being a victim during risk screening. The facility indicated that they had offenders that disclosed being a victim at risk screening but none of their offenders met the other descriptions.

Additionally, a random sample of ten Correctional Officer staff were selected for interview. This process included all shifts, both male and female. The purpose of the CO interview was to verify whether the policies and procedures were actually being enforced and that the Officer understood their responsibilities under PREA. The questions included asking about their understanding of the zero tolerance policies, how to repond to PREA incidents, and a variety of other questions.

The auditor also provided a list of management and specialized staff that must be interviewed as outlined in the PREA audit guidance. The Training Manager and the TDCJ Monitor were also interviewed.

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

- James Frawner, Warden
- Norman Schuetz, PREA Compliance Manager/Quality Assurance Manager
- Carl Nink – Management Training Corporation Asst PREA Coordinator
- Jack Falconer – Auditor

In addition, 10 LCF staff were present.

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

After the entrance meeting, a complete tour was made looking at all areas of the facility and conducting staff and offender interviews. The auditor toured the facility accompanied by the Warden, the MTC Coordinator, the Facility PREA Manager, and others. All areas were examined looking at the design of the facility, blind spots, camera

locations, security operations that ensure offender safety, camera monitors, shower and commode locations, privacy screens, and offender programming to include social services, medical, education and work programs. Other areas examined included all offender housing, administration, medical, food service, recreation, maintenance and the facilities outside the perimeter fence..

The auditor interviewed forty-three staff and offenders during the PREA audit. Thirteen random offenders from the housing units, seventeen specialized staff, three management staff, and ten random correctional officers were interviewed using the questions provided in the PREA audit documents.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Lockhart Correctional Facility (LCF), located in Lockhart, Texas, was initially opened in 1993. The facility is a minimum security correctional facility, owned by the Texas Department of Criminal Justice and is operated by the Management and Training Corporation (MTC) headquartered in Centerville, Utah. The Texas Department of Criminal Justice (TDCJ) contracts with MTC to operate the facility and is used to house TDCJ offenders.

The facility is located on a 25 acre site with a perimeter fence. The 110,00 square feet physical plant consists of three separate buildings including a core building, a maintenance building, and the industries building. The core building provides space for security & control, administration, visitation, medical, food service, segregation, programs, religion, recreation, staff training, and offender housing.

Offender housing includes four, 250 bed cell type(2 per cell) units and a Segregation Unit of 17 beds. All cells have wash basins and toilets. Showers with shower curtains and screens are available in each of cell pods.

The security perimeter consists of a double fence with razor wire. Numerous cameras are provided to enhance the security operation.

The buildings have sprinklers and LCF uses a fire watch system in all areas for fire protection.

The facility central control monitors and controls all traffic moving into and out of the facility.

Program spaces are provided and indoor/outdoor recreation areas are available adjacent to the housing areas. Food is prepared in a central kitchen and served in the housing units day spaces. In the Segregation Unit, the food is served to each cell on trays.

All the offenders at the facility are TDCJ offenders. Approximately 500 of the offenders are general population and the other 500 are considered transient offenders.

The facility has a variety of rehabilitative programs that are offered to the offender population. These include education programs, self help/social services programs, religion programs, recreation, work, and medical/mental health services

Academic Programs; 31 GED graduates, 184 enrolled in academic programs

ABE 1
ABE2
ABE3
GED
ESL

Vocational ; 25 Graduates, 78 curenly enrolled

Business Information Management
Culinary Arts
Open Office Computer Applications
Printing and Imaging

Life Skills/Self-Help Programs; 403 graduates, 226 currently enrolled

Changes II
Cage Your Rage
How to be a Responsible Mother
Moving On
Peer Education- Somebody Cares
Peer Education- Woman to Woman
Peer Education-Wall Talk
Anger Management
Money Smart, Typing and Workforce Readiness

DWI Program; 751 currently enrolled.

Faith Based Programs

Substance Abuse Programs;

- Al-Anon
- AA
- NA

Beyond Program- 7 Habits of Highly Effective Family

Recreation

The Religious Program is staffed by a Chaplin and volunteers from the community.

The Medical program, operated by the University of Texas-Medical Branch (UTMB), is under a separate contract with TDCJ. Staffing for the medical program includes 18 Health Care providers. The Medical Program is staffed 5:30 am to 5:30 pm, seven days per week. The staff also provide a 24/7 on-call service. Mental Health services are provided by a licensed Professional Counselor and by use of Tele-Medicine technology. Most of the offenders interviewed indicated the medical program met their needs. The clinic area is located to provide easy access to the offender population. There is no infirmary at the facility and a local hospital is used for that purpose.

LCF has two Prison Industries Enhancement (PIE) Programs that provide the offenders the opportunity to work and learn a skill that can be used upon release. The work program is very impressive and does offer offender certification for particular skills. In addition, offenders incarcerated at the facility are afforded the opportunity to participate in work programs in most of the operational areas of the facility.

LCF has been accredited by the American Correctional Association in past years and is scheduled for reaccreditation in September, 2016.

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

The facility has a very clean and orderly appearance. The grounds are well manicured and the facility appears to be well maintained. The correctional security program appears to be appropriate for the minimum security classification. Correctional Officers provide the security supervision. The offenders interviewed indicated that they felt safe in the correctional environment provided by the LCF.

Design Capacity:	1000
Actual Population (14 June, 2016)	T3-486, LC-453 939 total
Security/Custody level:	Minimum
Gender	Adult Female
Age Range	19-61
Average length of Stay	T3(Transient) 373 days, LC(GP) 1802 days

Staffing:	
Administration	13
Support	29
Security	105
Programs	13
DWI Program	7
Total	167

Medical (UTMB)	18
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SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated zero allegations of staff sexual abuse and zero allegations of offender sexual abuse and there were no administrative nor criminal investigations related to sexual abuse or harassment conducted at LCF in the past 12 months.

The offenders interviewed indicated that they were aware of and understood the Agency's zero tolerance policy and what it meant for their protection. All received the information at intake and other PREA training and understood the multiple ways to report sexual abuse and harassment and how to protect themselves. The interviewed offenders were able to describe how to report, use of the phone, and what they would do if they were abused. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers.

The facility staff that were interviewed indicated that they were trained on PREA and what zero-tolerance actually means and how to enforce the PREA policies. They were very knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and harassment of the offender population. They all carried the first responder cards and knew very well the steps they must follow as a first responder.

The auditor interviewed the SAFE/SANE nurse in charge of that program at the local hospital to confirm the LCF agreement and to verify that that service would be available if needed. In addition, the auditor interviewed a religious volunteer to verify that she had received the zero-tolerance and other training required by PREA.

In summary, after review of all documentation, the results of the interview process, the auditor determined that the Lockhart Correctional Facility has made the requirements of PREA a very high priority by properly training their staff and offender populations on the key components of PREA. The Warden and his top management staff displayed a very high commitment to the PREA process.

It was also clear to the auditor that the Management Training Corporation and the Texas Department of Criminal Justice has made the compliance to PREA a very high priority. Their policies and practices are very good and address the requirements of PREA

Overall Final Compliance Report for the Lockhart Correctional Facility:

Number of standards exceeded:	0
Number of standards met:	40
Number of standards not met:	0
Number of standards not applicable:	3 115.12, 115.14, 115.66

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

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

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

The Lockhart Correctional Facility has policies that:

- mandate a zero tolerance for sexual abuse and sexual harassment of their offender populations.
- present an approach to preventing, detecting and responding to sexual abuse/harassment issues
- include definitions of prohibited behavior.
- provide for sanctions of prohibited behavior.
- policies include strategies to reduce & prevent sexual abuse and harassment.

The facility PREA Compliance Manager indicated that the facility follows all components of this standard.

The agency (MTC) employs both a PREA Coordinator and an Assistant PREA Coordinator. The facility assigns a Quality Assurance Manager as the PREA Compliance Manager. All are shown on organizational charts provided in the documentation. The Coordinators report to top MTC management and the Manager reports to the facility Warden. In the interview process, The PREA Coordinator and PREA Compliance Manager indicated they have sufficient time to address the needs of PREA.

Policies, other evidence reviewed:

LCF Pre-Audit Questionnaire.

MTC 903E.02, pg 1.

TDCJ SPP, pg 1

LCF & MTC organizational charts, interviews, and memos.

Interviews with PREA Coordinator & the PREA Compliance Manager confirm that the standard is met.

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 (LCF) does not contract with external entities for the confinement of offenders.

The facility is owned by TDCJ and operated by the Management Training Corporation (MTC). The MTC and TDCJ contract does require full compliance with the PREA standards

The standards define Agency as a unit of a State, local, corporate, or non-profit authority with direct responsibility for the operation of any facility that confines inmates, detainees, or residents. Given this definition, MTC is the agency and does not have the authority to contract with other entities for the confinement of offenders or inmates.

A monitor is assigned to the facility by TDCJ.

Policies and other evidence reviewed

LCF Pre-Audit Questionnaire.

MTC memo.

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.

LCF has developed a staffing plan to safely meet the PREA and correctional needs. The facility indicated (by documentation and in the interview process) that their staffing plan has addressed all issues of providing a safe staffing level, filling all mandatory positions, and provides for the use of monitoring technology. Their contract with TDCJ requires that all security posts are always filled. All relevant factors provided for in the standard are considered by the facility. LCF has an average daily population of 953 offenders and the staffing plan was predicated on 1000 offenders.

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. The Auditor examined direct contact correctional staff vacancy rates for a 9 month period (Sep 2015 thru May 2016). The correctional staff vacancy rate for this period averaged 14.2%. MTC took over the facility operation in September, 2015.

In February, 2016, the Warden reviewed the staffing plan and determined that no changes were needed. The plan was also reviewed by the Agency PREA Coordinator.

Unannounced rounds designed to identify and deter staff sexual abuse and harassment are conducted and documented daily for all shifts by senior LCF management staff. This was verified by documentation of the rounds conducted and in the interview process of the Major and the Captain.

Policies and other evidence reviewed:

LCF staffing plan.

Vacancy report

LCF Pre-Audit Questionnaire.

MTC 903E.02, pg 6-7

TDCJ PO07.002, pg 2

Interviews with the Contract monitor, Warden, PCM, & PREA Coordinator, Major, Captain.

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

Since no offender is under 18 years of age at LCF, the standard does not apply to the facility.

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.

LCF has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of offenders. The facility reported zero instances where these types of searches had occurred. These searches can only be done by medical personnel or by staff in an emergency(must be documented). Policies are also in place that do not allow male staff to pat search the female offenders absent exigent circumstances.

The facility has a female offender population. These policies were confirmed by the Warden and the Correctional Officers interviewed.

All showers have shower curtains and screens, and the commodes are in the cells that allow the offenders a level of privacy. Opposite gender staff are required to announce their presence when entering the offender housing units. This policy was confirmed by interviews of offenders and CO staff.

Policies are in place to prevent staff (other than medical) to examine an offender solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months. The facility reported that 100% of the security staff has been trained in the correct procedure for these types of searches. This was verified by sampling of training plans, training files, and interviews of the CO staff. There were no transgender /intersex offenders to interview.

Policies and other evidence reviewed:

MTC 903E.02, pg 7-8

TDCJ Policy PO 07.27, pg 2, AD 03.22, pg 2-4, SPPP, pg 9.

Training Rosters, Search logs.

Memos and photos.

Interviews with Correctional Staff & Offenders confirm that the standard is met.(No transgender offenders)

LCF Pre-audit questionnaire

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.

Facility policies require that all offenders with special needs have an equal opportunity to understand and receive the benefits of the LCF efforts to prevent, detect, and respond to sexual abuse and harrassment. The facility has developed a variety of ways to ensure offenders with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, offender handbooks, etc. are available in both English and Spanish.

Eight certified staff interpreters are available to provide any needed service. TDCJ also provides for the use of LanguageLine Solutions, a video interpreting network. PREA posters are in offender housing units and the information is available in the offender handbook.

The facility ensures that every offender has the ability to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This was confirmed verbally and by memo by the Warden. The auditor, based on observation of process and interviews of staff, believe that the requirements of the standard are met.

The facility reported that there were zero cases where an inmate intrepreter was used. Offender interpreters are prohibited in first responder situations or any investigations. The auditor requested that an interview be set up with any offender with a disability. The facility indicated that none were present at LCF.

Policies and other evidence reviewed:

MTC 903E.02, pg 8.

TDCJ AD 04.05, pg 1

Posters, offender handbooks, certificates.

Interviews of Agency Head and random staff. There were no offenders with disabilities.

LCF Pre-audit questionnaire

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.

LCF has an on-site HR position that manages the recruitment and hiring process. MTC policies require background checks to look at any issue of prior sexual misconduct. The background checks are requested by the Facility HR manager and completed by TDCJ. All contractors are screened by using the same process. The facility reported 65 (100%) new employees/applicants background checks were made and 3 (100%) contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process.

MTC policies also require a 5 year re-check of all employees and contractors. LCF and the TDCJ does the check on a daily, exception basis. The MTC policy does indicate that any employee/contractor misconduct or false reporting is subject to the possibility of termination of employment.

The HR Manager indicated that the MTC HR office responds to any request for information from an institutional employer seeking information on a former employee.

Policies and other evidence reviewed:

MTC 903E.02, pg 8, & MTC 201.3 pg 4.

TDCJ Background check form.

LCF Pre-audit questionnaire.

Interviews with HR Manager and memos.

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 offenders from sexual abuse. The MTC management indicated that areas such as blind spots, sight lines, and other spaces not under constant visual supervision would be reviewed for the addition of cameras.

The facility is owned by TDCJ and operated by MTC. The facility reported that all security cameras in the facility have been repaired or replaced.

On the tour, the auditor observed many cameras and monitors throughout the facility. The functionality and clarity were considered outstanding.

Policies and other evidence reviewed:

LCF Pre-audit questionnaire

MTC 903E.02, pg 8.

Interviews of the Agency Head and Warden, confirm that the standard is being met.

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 MTC & TDCJ policy, the TDCJ Office of Inspector General (OIG) conducts all criminal and administrative investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. The LCF staff will assist the OIG with administrative investigations. The OIG Investigator reported that all allegations will be promptly investigated and that they use a uniform evidence protocol. In addition, MTC policy requires that all investigations follow the uniform evidence protocol. No administrative or criminal investigations were required or completed in the past 12 months.

To provide all victims of sexual abuse access to forensic medical examinations, the facility has an MOU with SAFE and SANE examiners using an outside health care provider(Central Texas Medical Center). The facility reported that zero SAFE/SANE exams were required and zero medical exams were made in the past 12 months. Facilities policies all indicate that SAFE/SANE examinations are provided at no cost to the offender. The auditor interviewed the SAFE/SANE service provider and verified that their service is available 24/7, 365 days per year.

Victim advocates to provide offender support services are also under contract (Hays-Caldwell Women's Center). The information on how to obtain this assistance is provided to the offender by the means of posters, training and the offender handbook. All offenders are issued handbooks and the posters are located in the housing locations.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

TDCJ AD 16.04, SPOM 05.01, & CMHC Policy A12.1

Interviews of the random sample of staff, the SAFE/SANE provider, & the PCM confirm standard is met.

LCF Pre-audit questionnaire

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 MTC & TDCJ policy, the TDCJ OIG has the legal authority to conduct all criminal and administrative investigations. The OIG officers are commissioned Texas peace officers. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. The OIG is available on a 24/7 basis to assume control of the investigation. The facility Major, Captain, and local law enforcement (if necessary), will maintain control of the incident until the OIG arrives. The Major/Captain will continue to assist the OIG with administrative investigations. All sexual abuse and sexual harassment incidents will be promptly be investigated and will be documented. This action is required by policy and by contract with the TDCJ.

During the past 12 month period, zero allegations of offender sexual abuse/harassment were received and zero criminal or administrative investigations were required.

This information was verified in the interview with the facility Major and Captain who would assist the OIG with any investigation at LCF.

Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

TDCJ AD 16.20 pg 1-9, AD 16.04 pg 1, SPPP pg 25-26.

Interviews of the Agency Head, the OIG investigator, the PREA Coordinator, the LCF Major and the Captain.

LCF Pre-audit questionnaire.

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 LCF meets policy requirements of PREA, MTC & TDCJ. All points mandated in the standard are met. All employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 160 (100%) staff were trained. The facility has a comprehensive training program for PREA and other correctional topics developed by TDCJ which includes pre-service, annual in-service training and is tailored to meet the offender gender needs of the facility. Refresher information is available in the employee handbook and in shift briefings.

The training documentation includes a signature roster that indicates staff presence when the training was presented. Attendance rosters and lesson plans were reviewed by the auditor

The interview process with the random staff and the Training Administrator documented that the employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

Policies and other evidence reviewed:

MTC 903E.02, pg 10 & 23, 901D.02 pg 1-4

TDCJ AD 12.30 pg 1, SPPP 32-34, AD 12.20 pg 1, TDCJ Pre-service and In-service curriculum.

LCF Pre-audit questionnaire.

Interviews of a random sample of staff, Training Manager & review of training records.

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.

All volunteers and contractors who have contact with offenders at LCF have been trained to understand the requirements of PREA and the zero tolerance policy.

100% of the 242 volunteers and 11 contractor were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and offender contact they provide. This was verified by examination of training records and the signatures that documented that they understood the training presented.

Interviews with the SAFE/SANE provider and the Volunteer verified that they understood the PREA requirements associated with being a contractor and a volunteer. The policies found in MTC 903E.02, the TDCJ Volunteer Handbook and the Training Guide support compliance with the standard.

Policies and other evidence reviewed:

MTC 903E.02, pg 10.

TDCJ Volunteer handbook & Volunteer Training Plan.

Volunteer sign-in roster & application forms.

LCF Pre-audit questionnaire.

Interviews with Volunteer & contractor.

Standard 115.33 Inmate education

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

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

By policy of both MTC & TDCJ, all offenders are provided information in the intake process about the zero-tolerance policy for sexual abuse or harassment. In the past 12 months (on their first day of arrival), 1055 (100%) of the offenders received information on the principles of PREA. The offenders are provided this information verbally and provided with brochures and the offender handbook that contains the PREA information.

In addition, within their first 30 days, all offenders receive comprehensive education on their rights to be free from any sexual abuse or harassment. The facility reported 1055(100%) received this education program. This was verified by examination of attendance records and in the interview process.

Provisions are made to assist those offenders with disabilities such as limited English proficiency, deaf, visually impaired, otherwise disabled, and limited reading skills or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, signing capability, offender handbooks, etc. are readily available to the population. The facility provides to the offender population, eight certified staff interpreters and a telephonic interpreter service if needed.

The facility maintains signature documentation that the offenders received the training. This documentation was reviewed by the auditor.

The offenders interviews indicated that they understood their rights under PREA and the interview with the intake staff verified that the information is presented and available to all offenders.

Policies and other evidence reviewed:

MTC 903E.02, pg 10.

TDCJ SPOM 03.01

Offender assessment forms, handbooks, offenders signatures of tng attendance, & orientation schedule.

Training rosters, PREA tng materials, slides, etc.

LCF Pre-audit questionnaire.

Posters, brochures, lesson plans.

The interviews Intake staff & random sample of offenders.

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 MTC & TDCJ policy, the TDCJ OIG has the legal authority to conduct all criminal and administrative investigations. The OIG officers are commissioned Texas peace officers. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. The OIG is available on a 24/7 basis to assume control of the investigation. The facility staff and local law enforcement (if necessary), will maintain control of the incident until the OIG arrives. The Major and Captain will continue to assist the OIG with administrative investigations. All sexual abuse and sexual harassment incidents will immediately be investigated and will be documented. This action is required by policy and by contract with the TDCJ.

Six LCF staff have received certificates indicating that they are PREA investigation trained. The training included interviewing sexual abuse victims, use of Garrity and Miranda, & evidence collecting. The TDCJ OIG investigator that was interviewed also indicated that he had received the PREA training which was also required by TDCJ policy. LCF maintains certificates that the six facility staff are PREA Investigation trained.

Policies and other evidence reviewed:

MTC 903E.02, pg 11.

TDCJ BP 01.07 pg 1

LCF Pre-audit questionnaire.

Investigative staff training certificates.

The interviews of OIG and LCF investigators.

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.

LCF policies require that all 18 of the medical and mental health staff are provided the same PREA training as all other facility staff. Documentation and the interviews with facility and medical staff verified that 100% of the Medical/ Mental Health services staff have been trained in the requirements of PREA. The documentation is maintained by the facility and was provided to the auditor.

Forensic examinations are not conducted by the UTMB medical staff. These exams, if needed, are provided by a certified local health care organization which is available 24/7. That organization is the Central Texas Medical Center. The interview with the SAFE/SANE certified provider indicated that they will provide the service to LCF on a 24/7 basis, 365 days per year.

Policies and other evidence reviewed:

MTC 903E.02, pg 11.

CMHC E-34.4 pg 1

CMHC I-68.3, pg 1

TDCJ Memo on Forensic Medical Exams

LCF Pre-audit questionnaire.

The interviews of Medical/Mental staff and review of training logs.

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.

LCF has policies that require all offenders be screened for risk of sexual abuse victimization and sexual abusiveness towards other offenders. This screening is accomplished within the first 24 hours of arrival. The Pre-Audit questionnaire indicated that 1055 offenders (100 %) were screened for the risk of sexual abuse victimization or sexual abuse towards other offenders.

The facility uses the TDCJ Screening for Risk of Victimization and Abusiveness document which appropriately meets the ten points required by the standard. The screening document does ask questions to determine if any offender might have any prior history as a sexual abuser. A total of 18 questions are asked and the responses scored. Based on the score and responses, a decision is made to properly house the offender.

Intake staff conduct the screening and the information is secured. The screening process and a completed form was reviewed by the auditor

The high risk offenders and other offenders are reassessed for the risk of sexual victimization or being sexually abusive within 30 days. The facility reported 1055 (100%) reassessments occurred in the past 12 months. Additionally, the offender is reassessed when warranted due to any new information. A sample record of the reassessment form was reviewed.

LCF policies prohibit discipline of any offender for refusing to answering questions in the screening process.

The facility has applied appropriate controls on all information received to avoid the offender being exploited by staff or other offenders. Only those in a need-to-know positions have access to the information.

Policies and other evidence reviewed:

MTC 903E.02, pg 11-12.

TDCJ SPPOM 03.01, pg 1-2.

LCF Pre-audit questionnaire.

Interviews of risk screening staff, random offenders, PREA Coordinator, & PREA Compliance Manager.

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 in the offender screening process is used to make individualized determination to ensure the offender's safety and make appropriate housing, work, and program assignments. The placement decisions are made by a facility classification committee.

In making assignment decisions for transgender or intersex offenders, the decisions are made on a case-by-case basis. These decisions are required by policy to be reassessed twice each year to review any new information or threats. These offenders view of their own safety must be given serious consideration. Any transgender or intersex offender is allowed to shower separately from other offenders. LBGTI offenders are not placed in dedicated units. The facility reported that no transgender or intersex inmate has been received by LCF in the past 12 months.

TDCJ policy 4.00 indicates that no offender shall be assigned to any housing area solely on the basis of race, color, ethnic origin, or sexual orientation. LCF follows this policy.

Policies and other evidence reviewed:

MTC 903E.02, pg 12.

TDCJ UCP 4.00, pg 1-2

SPPOM , pg 1

SPPP, pg 9

Offender Screening for Risk of Victimization and Abusiveness form.

LCF Pre-audit questionnaire.

The interviews of risk screening staff, PREA Coordinator, & PREA Compliance Manager. No T/I offender available

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 policies govern the use of segregation housing. These policies include looking at all available alternatives for victims of sexual abuse.

The LCF is not allowed by contract with TDCJ to house offenders in protective segregation. If that was needed, the facility would place the offender in an “In-transit” status and then transfer within 30 days.

The facility reported zero offenders were involuntary held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review of any offender held in segregation to occur not later than 30 days.

Policies and other evidence reviewed:

MTC 903E.02, pg 12.

TDCJ UCP 2.04, pg 1-2 & TDCJ AD-04.63 pg 12 & pg 4-6.

Warden Memo

LCF Pre-audit questionnaire.

Interview of the Warden and Segregation Staff. There were no Seg offenders.

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.

LCF has several ways that an offender can report sexual abuse and harassment, retaliation, or staff neglect. Offenders receive information at intake on how to report any issue. They can report an incident to any staff person, do so verbally, write a grievance or report, write letters, notify a third person, or the TDCJ PREA Ombudsman. Phones are available in all housing units and have a toll free line available for any PREA issue. Interviews with the offenders clearly demonstrate that they are knowledgeable about PREA and the various ways they can report any incident.

Staff are required to document any and all offender reports and send to supervisor within 24 hours of receiving allegation and the staff are also informed of this requirement by required training and employee handbooks. No offenders are held for civil immigration purposes.

LCF also provides to the staff a method to privately report sexual abuse/harassment of inmates. This can be done in writing, Form I-60, verbal, or by a grievance. The staff are provided this information in training, staff handbooks, etc.

The offender and staff interviews confirm that the process is well understood.

The facility had no reports of offender or staff sexual abuse.

Policies and other evidence reviewed:

MTC 903E.02, pg 12-13.

TDCJ ED 02.10, pg 1, 3-4 & SPPP pg 21-23.

LCF Pre-audit questionnaire.

Interview of random offenders, random staff & PREA Comp Mgr.

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.

LCF has a formalized offender grievance policy. The process allows the offender to file a formal written complaint/grievance about sexual abuse or any correctional issue. The complaint can be filed with any staff member and will be directed to the Warden for response. The offender handbook outlines the process required. By policy, the offender is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

By policy, the facility will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit on the filing of a sexual abuse or sexual harassment grievance.

LCF permits a third party to assist offenders to file any grievance. TDCJ policy also allows any offender to file immediately, a sexual abuse/harassment grievance to the Texas Ombudsman, the unit administration and the OIG. Emergency grievances are also permitted in reporting a grievance concerning sexual abuse/harassment.

If received, the grievance is immediately addressed.

Facility policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 days.

In a memo from the Warden, the facility does not compute the time consumed by offenders in preparing any administrative appeal. Policy does limit any sanctions to an offender who filed the grievance in bad faith.

In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. The process is well defined in the offender handbook and would be used by the offender if necessary.

Policies and other evidence reviewed:

MTC 903E.02, pg 12-13.

TDCJ AD 03.82, pg 1-9

LCF Pre-audit questionnaire.

Offender handbook.

There were no offenders who reported a sexual abuse to interview.

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.

LCF has had no reported allegations of sexual abuse in the past 12 months.

The facility provides to the offender confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the offender handbook. The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the offender. This information is provided to the offender on bulletin boards and is in the offender handbook.

The facility also informs the offender of the extent that communications will be monitored.

The facility maintains an MOU with Hays-Caldwell Women's Center to provide advocate services and the facility informs the offender of limits to confidentiality. This agreement was provided in the Pre-Audit questionnaire.

Policies and other evidence reviewed:

MTC 903E.02, pg 14.

TDCJ SPPP, pg 12-13.

LCF Pre-audit questionnaire.

Offender handbook and information posters

MOU with Hays-Caldwell Women's Center

Random offender interview. There were no offenders who reported a sexual abuse to interview.

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.

The LCF grievance policy allows third parties to assist the offender in filing a PREA related grievance.

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

Policies and other evidence reviewed:

MTC 903E.02, pg 14.

TDCJ ED-02.10, pg 1-5.

Ombudsman Pamphlet

LCF Pre-audit questionnaire.

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 facility has policies that require all staff to immediately report any knowledge, suspicion, or any information received of an incident of sexual abuse/harassment. Policies also address the requirement of all staff to immediately report any retaliation against offender or staff who reported an incident of sexual abuse or harassment. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded. The policies also address the need for all staff to maintain confidentiality. 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 offender of their duty to report.

No offender is under the age of 18 at LCF.

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

Policies and other evidence reviewed:

MTC 903E.02, pg 14-15.

MTC203.2, pg 1

TDCJ AD-16.20, pg 3-7.

TDCJ SPPP, pg 22-23.

CMHCPM, pg 2-3

SPPPOM, pg 2

LCF Pre-audit questionnaire.

Interviews with Warden, random staff, medical/mental health staff.

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.

Facility policies require all staff to immediately take steps to protect any offender who is the subject of imminent sexual abuse. These actions include; separate the offenders, protect the scene of the incident, prevent victim and abuser from destroying any evidence, notify supervisor, refer offenders to medical, etc.

At LCF, there has been zero incidents of this action where first responder actions were required in the past 12 months. The auditor was unable to measure the reponse process documentation. All staff were very familiar with the procedure and would take action if required.

Policies and other evidence reviewed:

MTC 903E.02, pg 15.

TDCJ SPPOM pg 2, SPPP, pg 2, AD04.63, pg 2

LCF Pre-audit questionnaire.

Interviews with Agency Head designee, Warden & random staff.

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.

LCF has policies that require notification of another facility when they learn of a offender that had been sexually abused at that other facility. This notification is done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon.

The PREA Manager is required to notify both the MTC and TDCJ PREA Coordinator that the abuse information was received. Interviews with the Warden and Agency Head designee ensure that all allegations would be investigated in a prompt and professional manner.

In the past 12 months, the facility reported zero allegations of sexual abuse that an offender received at another facility and no documentation was available to review.

Policies and other evidence reviewed:

MTC 903E.02, pg 15.

TDCJ SPPOM pg 1 & 25.

LCF Pre-audit questionnaire.

Interviews with Agency Head designee, Warden.

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.

In the past 12 months, LCF reported zero allegations that an offender was sexually abused. There were no victims nor first responders to interview. The CO staff interviewed carried their first responder cards which listed the steps to be taken in response to any sexual abuse or harassment incident.

The facility policies address the 4 first-responder duties required in the PREA standard. This policies were verified by the responses from the staff being questioned in the interview process. All facility staff are provided training on the 4 staff responder actions required in a report of sexual abuse. This would include all security and non-security staff that might be a first responder. All security staff interviewed were well informed on the actions required in the event of a sexual abuse/harassment report from an offender.

Policies also address the actions required if the responder is not a security staff member. The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff.

Policies and other evidence reviewed:

MTC 903E.02, pg 15-15.

TDCJ SPPOM pg 3 & 25-26.

LCF Pre-audit questionnaire.

Interviews with random CO staff.

PREA first responder card

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.

LCF has developed a facility institutional plan for a coordinated response to any incident of sexual abuse. This plan follows very closely the TDCJ requirements found in TDCJ SPOM 05.01. The plan address the coordination of first responder staff, Major, Duty Warden, medical and mental health staff, OIG, the victim advocate/offender victim representative (OVR), Emergency Action Center, and the facility PREA Compliance Manager. The plan meets the requirements of both MTC and PREA.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

TDCJ SPPOM 05.01pg 1-4.

LC Pre-audit questionnaire.

Interviews with Warden.

TDCJ Sexual Abuse Investigation Checklist.

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

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

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

Not applicable.

The LCF employees do not participate in collective bargaining.

Policies and other evidence reviewed:

Memo from Warden about no collective bargaining authority.

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.

LCF has policies that protect offenders and staff who report sexual abuse/harassment from retaliation. The Warden and PREA Compliance Manager are designated by TDCJ policy to monitor possible retaliation and all monitoring must be recorded. The policies require the facility to employ multiple protection measures such as transfers, housing changes, etc, to protect both the offender and staff from retaliation. Any monitoring required will be conducted for a minimum of 90 days or longer if needed. The policies also require periodic status checks all designed to protect an individual from retaliation. In the past 12 months, the facility reported zero allegations that an offender was sexually abused.

Policies and other evidence reviewed:

MTC 903E.02, pg 16 & 202.2 pg 1.

TDCJ SPPOM 05.08, pg 1-4, & SPPP pg 23-24.

TDCJ 90 day Monitoring Form.

LCF Pre-audit questionnaire.

Offender handbook.

Interviews with Warden, MTC Assistant Director & Retaliation Monitor. There were no offenders who were involuntary in Seg. or those that were abused. to interview.

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.

LCF has policies in place that govern the use of involuntary segregation. The facility has a 17 bed segregation unit.

The facility reported that they are not authorized by TDCJ to use any segregation space for protective custody. The facility reported that zero offenders reported sexual abuse and none were held in involuntary segregation in the past 12 months. In the event of an incident of sexual abuse, facility policy requires that the offender victim be held in an “In-transit” unit no longer than 30 days during the investigation and then recommended for transfer to another facility that offers protective custody.

Policies and other evidence reviewed:

Memo from Warden.

LCF Pre- Audit questionnaire.

Interviews with Warden. There were no offenders nor segregation staff to interview.

MTC 903E.02 pg 16.

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 MTC & TDCJ policy, the TDCJ Office of Inspector General (OIG) will conduct all criminal and administrative investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation.

The LCF staff will assist the OIG with administrative investigations. The OIG Investigator that was interviewed reported that all investigations will be promptly, thoroughly, and objectively investigated. In addition, MTC policy requires that all investigation follow the uniform evidence protocol.

Six LCF staff have received “Investigating Sexual Abuse in a Confinement Setting” training. The OIG Investigator also indicated he had received the same training.

The LCF Major, Captain & the OIG interviewed were professional and very knowledgeable. They indicated the facility & OIG investigative process was very thorough by collecting all evidence including DNA, interviewing witnesses, perpetrators, victims, and review any prior reports of sexual abuse by the suspected perpetrator, etc. The OIG Investigator indicated all key components of 115.71 would be addressed. The departure of the staff or offender abuser will not be a basis for the termination of any investigation.

For administrative investigations, the OIG and the LCF staff work together to determine if staff actions or failures to act contributed to the abuse and to gather information needed to make reports such as physical and testimonial evidence.

Reports are documented and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

The facility reported zero substantiated offender allegations since 20 August, 2012.

Written reports would be developed and retained on a permanent basis per TDCJ policy. Since there have been no investigations at LCF, there was no documentation to review.

Policies and other evidence reviewed:

MTC 903E.02, pg 16.

TDCJ SPPOM 05.01 pg 3, AD-16.20 pg 2-3, BP-01.01 pg 1-2, , SPPP pg 28-30, & AD-16.03 pg 1.

LCF Pre-audit questionnaire.

Training certificates.

Interviews with OIG and LCF investigative staff, Warden, PREA Coordinator, & PCM. No Offenders.

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 & TDCJ policy indicated that no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or harassment are substantiated. Interviews with investigative staff confirm compliance with this standard.

Policies and other evidence reviewed:

MTC 903E.02 pg 16 & TDCJ SPPP pg 28.

LCF Pre-audit questionnaire.

Interviews with OIG and investigative staff.

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 LCF policies, any offender who makes an allegation of sexual abuse or harassment will be informed in writing as to whether the outcome of the allegation was substantiated, unsubstantiated, or unfounded following the investigation. In the past 12 months, zero allegations were recorded by the facility, no offenders were required to be informed, and the auditor was unable to review any notification documents.

The staff interviewed assured that any information on any investigation would be obtained and the policy to inform the offender would be followed. There were no complaints directed towards staff. Should there be a complaint against staff, the offender would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

Policies and other evidence reviewed:

MTC 903E.02 pg 17.

TDCJ SPPOM 05.10, pg 27

LCF Pre-audit questionnaire.

Interviews with Warden & investigative staff. No offenders who reported a sexual abuse.

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.

LCF has disciplinary sanctions for staff. The policy requires that the staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse, harassment, or sexual misconduct. Any violation considered criminal will be reported to law enforcement.

The facility reported zero cases of staff violating sexual abuse or harassment policies in the last 12 months and none were terminated or resigned for violating policies on sexual abuse/harassment. There was no disciplinary documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 17.

TDCJ SPPP pg 38-39.

LCF Pre-audit questionnaire.

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.

LCF has policies that require 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. Interviews with the Warden confirm that the facility practice conforms to the standard. There was no disciplinary documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 17-18.

TDCJ SPPP pg 39.

LCF Pre-audit questionnaire.

Warden memo.

Interviews with Warden.

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.

LCF has policies that provide sanctions for offenders engaged in sexual abuse of another offender. These sanctions are applied only after a formal disciplinary process for any administrative or criminal finding of offender-on-offender sexual abuse. The facility reported zero cases of administrative or criminal findings of offender-on-offender sexual abuse in the past 12 months.

Sanctions are proportionate with the type of abuse and similar to sanctions imposed on other offenders with similar histories. Consideration is given to the offender’s mental status in final determinations. Treatment is also offered to those found guilty. The facility has policies that do not permit consensual sex between offenders. Policies state that offenders are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Offenders would be removed from the program if they committed a PREA related sexual abuse/harassment incident. Since there were no offenders disciplined for PREA related conduct, none were interviewed, and no documentation was reviewed.

Policies and other evidence reviewed:

MTC 903E.02 pg 18.

TDCJ SPPP pg 30-31.

TDCJ Disciplinary Manual pg 168 & 171.

LCF Pre-audit questionnaire.

Interviews with Warden and Medical/Mental Health.

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 TDCJ policies require that all offenders (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required to be offered within 14 days of the intake screening.

The same policy also applies to offenders who perpetrated sexual abuse. Documentation is required to be maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental health, security, and management staff. In the interview of medical staff, they indicated that informed consent is always obtained, a follow-up meeting scheduled if needed, and any information received is limited to medical/mental or to those within facility management on a need-to-know basis.

The facility had 8 screening reports from offenders who experienced prior sexual victimization in the past 8 months. An offender was interviewed and the referral record was examined. The offender was seen by Mental Health 6 days after arrival.

Policies and other evidence reviewed:

MTC 903E.02 pg 18-19.

SPPP pg 17

CMHC H-61.1 pg 1, 4. & CMHC G-57.1 pg 1-3.

LCF Pre-audit questionnaire.

Interviews with Risk Screening staff , Medical/Mental Health staff and offender.

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 LCF medical program is staffed 12 hours per day, 7 days per week. The medical service staff are on-call for any after hours service. Any offender who reports to be sexual abused has unimpeded access to UTMB medical treatment or the local hospital for emergency care.

Security first responders are trained to protect any offender victim and make contact with medical.

The nature and scope of the medical treatment is determined by the Medical/MH staff according to their professional judgement. The offender is offered timely information and access to emergency treatment for contraception and any sexually transmitted disease. All treatment services would be documented and at no cost to the offender.

At LCF, the community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the offender.

The Medical staff interviewed verified that all policies and treatment services will be implemented as needed.

Policies and other evidence reviewed:

MTC 903E.02 pg 19.

CMHC H-57.1, pg 1-2

TDCJ SPPP pg 13-14.

LCF Pre-audit questionnaire.

MOU letter from SANE Nurse Staffing of Central Texas Medical Center

Interviews with Medical/Mental Health staff and security staff. There were no offenders who reported a sexual abuse.

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.

LCF had no victims of sexual abuse in the past 12 months. The auditor was not able to interview any offender victim or review any documentation of practice. According to policy, the facility would provide medical and mental health evaluation and treatment to all offenders who have been victimized. The policy requires offender victims to receive timely, unimpeded access to emergency medical treatment, and crisis intervention services. All victims would be transported to Central Texas Medical Center. If required, advocacy services are available from Hays-Caldwell Women’s Center. Follow up services are provided to any offender victim to include referrals to other TDCJ facilities or to the community.

LCF is a female facility. The medical services are reported to be consistent with the community standard for health care. The offenders are offered medically appropriate tests for pregnancy and sexually transmitted disease. All treatment services are at no cost to the offender.

Facility policy also requires that offender abusers be offered mental health evaluations and treatment within 60 days of learning of abuse history.

The Medical staff interviewed verified that these policies were being implemented. There were no incidents and no documentation to review.

Policies and other evidence reviewed:

MTC 903E.02 pg 19.

CMHC H-57.1, pg 1-2.

TDCJ SPPP pg 13-14.

LCF Pre-audit questionnaire.

Interviews with Medical/Mental Health staff. There were no offenders who reported a sexual abuse.

Standard 115.86 Sexual abuse incident reviews

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

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

The facility policies require that all incidents of sexual abuse and sexual harassment are thoroughly reviewed by the facility incident review team.

This team includes the Major, PREA Compliance Manager, Captain, and the Compliance Sergeant. The team uses an Offender Protection Investigation Form, required by TDCJ Safe Prisons PREA Plan. This nine page form requires the incident review team to review and make recommendations to all the requirements shown in standard 115.86 (d).

The team is also required to review and make recommendations for improvements within 30 days of the incident. The team’s recommendation shall be implemented by the facility or provide reasons for not making changes recommended.

The facility reported zero sexual abuse investigations were required in the past 12 months and there were no incidents to review.

In the interview process, the staff indicated that any incident would be fully reviewed and acted upon according to policy.

Policies and other evidence reviewed:

MTC 903E.02 pg 19.

TDCJ AD 02.17, pg 1. 7-8.

TDCJ SPPP pg 31.

TDCJ SPP Offender Protection Investigation form.

LCF Pre-audit questionnaire.

Interviews with Warden, PREA Compliance Manager, & member of incident review team.

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.

LCF collects and provides to MTC and TDCJ incident based sexual abuse data annually. Both MTC and TDCJ collect and compile data from all of their facilities on an annual basis.

The facility indicated that their data complies with SSV reporting regarding content and has provided the data to DOJ.

Both agencies aggregate all incident based data to include reports, investigation files, and sexual abuse incident reviews. The TDCJ also include data collection from every private facility under contract. MTC and TDCJ provide reports annually to DOJ.

The MTC report for 2014/2015 was reviewed. LCF was not MTC operated until 2015 but the facility has had zero incidents since September, 2015.

Policies and other evidence reviewed:

MTC 903E.02 pg 20.

TDCJ SPPOM pg 1-3.

TDCJ SPPP, pg 15,36

LCF Pre-audit questionnaire.

MTC 2015/14 annual report.

Interviews with Agency Head Designee, PREA Coordinator & PREA Compliance Manager,

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 & TDCJ require the collection of sexual abuse data from all facilities and aggregates into an annual

report. The MTC report is available on the web at www.mtctrains.com. The report is approved by the Senior Vice President of Corrections at Management and Training Corporation. The TDCJ report is available on both the TDCJ and the PREA Ombudsman web site. It is approved by the Executive Director.

Both compare the data for the current year with prior years and make assessments as to improvement progress. The process require identification of the problem, take corrective action, and preparing annual reports. Both MTC and TDCJ redact sensitive items such as names, etc.

The PREA reports provided by the facility were reviewed by the auditor. The MTC/LCF report for 2015 was not available since MTC took over operation in September, 2015. There have been zero incidents since September, 2015.

The TDCJ report for Calendar Year 2014 was also reviewed by the auditor. Both reports are considered to very through and meet the requirements of the standard.

Policies and other evidence reviewed:

MTC 903E.02 pg 21.

TDCJ SPPP pg 36.

TDCJ 2014 PREA Report, 2014 OIG Report & TDCJ Records Retention Schedule.

LCF Pre-audit questionnaire.

TDCJ PREA Report 2014.

MTC PREA contact listing.

Interviews with Agency Head designee, PREA Coordinator, PREA Compliance Coordinator.

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.

Both MTC and TDCJ require all of their correctional facilities to securely retain incident-based data

dealing with all PREA issues. The aggregated data is available to the public on mtctrains website and on the website of TDCJ & the Texas PREA Ombudsman. Policies require that any personal identifiers be redacted before publishing. MTC requires that all data be retained for at least 10 years and the TDCJ requires the data to be retained on a permanent basis.

Policies and other evidence reviewed:

MTC 903E.02 pg 21.

TDCJ SPPOM pg 36.

LCF Pre-audit questionnaire.

TDCJ PREA Report 2014.

MTC PREA Report 2015.

Interviews with PREA Coordinator.

TDCJ Records Retention Schedule.

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.



Auditor Signature

Date

7 July, 2016