

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** 27 October, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> 3-5 October, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Taft Correctional Institution			
<b>Facility physical address:</b> 1500 Cadet Road, Taft CA 93268			
<b>Facility mailing address:</b> <i>(if different from above)</i> PO Box 7000, Taft, CA 93268			
<b>Facility telephone number:</b> 661-763-2510			
<b>The facility is:</b>	<input checked="" 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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Craig Apker, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 347			
<b>Designed facility capacity:</b> 2500			
<b>Current population of facility:</b> 2192			
<b>Facility security levels/inmate custody levels:</b> FCI Low/IN; SCP Minimum/OUT			
<b>Age range of the population:</b> 18-78			
<b>Name of PREA Compliance Manager:</b> Georgina Puentes		<b>Title:</b> Associate Warden/PREA Compliance Manager	
<b>Email address:</b> georgina.puentes@mtctrains.com		<b>Telephone number:</b> 661-763-2510	
<b>Agency Information</b>			
<b>Name of agency:</b> Management and Training Corporation			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 801-693-2600			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Scott Marquardt		<b>Title:</b> President and CEO	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mark Lee		<b>Title:</b> Sr. Director, Corrections, Corporate PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Taft Correctional Institution (TCI) was conducted on October 3-5, 2016. The TCI is a 2048 bed, male inmate correctional facility, operated by the Management & Training Corporation (MTC) for the Federal Bureau of Prisons (BOP).

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

The Mission of the Taft Correctional Institution (TCI) is "To house federal inmates in a safe, humane, cost-efficient, and appropriately secure institution and to provide necessary and appropriate medical, dental, and mental health services to inmates by professional staff and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens".

Preparation for the TCI PREA audit included a thorough review of all materials submitted by the facility including the Pre-Audit Questionnaire. The documentation included MTC, BOP and TCI policies and procedures, forms, training curriculum, organizational charts, and other PREA related information that the facility used 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 inmate rosters. These rosters were used to select inmate and staff names for the interview process. The auditor randomly selected from each of the housing units the names of the inmates.

The facility had a total of 4 dormitory type housing units and a segregation unit of 73 cells. 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 PREA provisions are being provided by the facility.

The auditor also provided to the facility a second list of inmate categories that must be interviewed. These included a disabled inmate, a LBGTI inmate, an inmate in segregation for protection, an inmate who reported sexual abuse, and an inmate who disclosed being a victim during risk screening.

The facility indicated that they had one inmate that disclosed being LBGTI, one disabled inmate, but none of their inmates met the other descriptions.

Additionally, a random sample of 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 officers understood their responsibilities under PREA. The questions included asking about their understanding of the zero tolerance policies, how to respond to PREA incidents, and a variety of other questions.

The auditor also provided a list of management and specialized facility staff that must be interviewed as outlined in the PREA audit guidance. The BOP Monitor was also interviewed.

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

Craig Apker, Warden

Georgina Puentes, Associate Warden/ PREA Compliance Manager

Jack Falconer – Auditor

In addition, five TCI and BOP staff were present.

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

Following the entrance meeting, a complete tour of the facility was conducted. The auditor toured the facility accompanied by the Warden, the Facility PREA Compliance Manager, and others. All areas were examined looking at the design of the facility, blind spots, camera locations, security operations that ensure inmate safety, camera monitors, shower and commode locations, privacy screens, and inmate programming to include social services, medical, education and work programs. Other areas examined included all inmate housing, administration, medical, food service, recreation, maintenance and the facilities outside the perimeter fence.

On the second and third day of the on-site review the auditor conducted interviews with staff and a sample of the inmate population. The auditor interviewed 44 staff and inmates during the PREA audit. 14 inmates from the housing units, 13 specialized staff, 5 management staff, and 12 correctional officers were interviewed using the questions provided in the PREA audit documents.

On the last day of the audit, the auditor conducted a close out meeting to discuss the audit results.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The TCI is owned by the Federal Bureau of Prisons and the operator is Management & Training Corporation (MTC). The facility includes a Correctional Institution(Low security) and a separate minimum security (Camp) facility. The population in the low security facility is adult male consisting of criminal aliens (non-U.S. citizens). The inmate population in the Camp facility is minimum security adult male. The facility is located at 1500 Cadet Road on a 250 acre site approximately 2 miles south and 3 miles west of the city of Taft, California and 40 miles southwest of Bakersfield, California.

### Facility:

The inmate housing (Low security) consists of three dormitory type housing units. The units are 2 floor construction and are designed to house 1536 inmates (512 beds per unit). Each unit provides basic furnishings, common shower facilities, and common TV areas. All showers and commodes at TCI have partial doors to enhance privacy. The Correctional Officers provide security supervision.

The facility provides a Special Housing Unit (SHU) located in the low security institution that has 72 double occupancy cells and 1 disabled/handicapped cell.

The Camp has one inmate housing unit with space for 512 dormitory style beds. The Camp's mission is to provide support services to the main institution and outside facilities. The Camp has spaces for food service, recreation and programs.

The Low facility is surrounded by two chain link fences with razor wire, cameras, and an electronic intrusion alarm system. One armed vehicle patrols the perimeter 24/7. A Control Center monitors all traffic entering and exiting the facility. The facility has two entry points, the front staff and visitor entrance and the rear wire gate for vehicles.

The ancillary support structures provide spaces for administration, central control, visiting, food service, education, medical, commissary, maintenance, laundry, recreation, and a Chapel.

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 dining halls. In the Segregation Unit, the food is served to each cell on trays.

### Programs:

Educational Programs include General Educational Development (GED), Pre-GED (ABE), Literacy (primary and secondary education), English as a Second language(ESL), vocational training, and Wellness/Life Skills.

### TCI Education accomplishments:

32 GED diplomas (70.34% pass rate), current Pre-GED enrollment is 63, current GED enrollment is 83.

Literacy: Kindergarten,5 completions; Grade School, 10 completions; Middle School, 32 completions.

ESL: 23 certificates.

Vocational Training: Math skill, 13 enrolled; Truck Driving, 18 completions; Electrical theory,89 completions; Building trades/Drawing/Carpentry, 20 completions; NCCER/Core, 15 enrolled; Horticulture, 38 enrolled; Office Computer, 34 completions; Keyboarding, 25 completions; Telemarketing, 11 enrolled; Curlinary Arts, 13 enrolled.

Wellness/ Life Skills: Anger Management, 46 completions; Substance Abuse, 123 completions; Parenting Program(Inside Out Dads), 52 completions. Release Preparation, 48 completions.

It was observed by the auditor that all classroom were full of students. The educational opportunities at TCI are considered very important to the inmate population.

Work Program:

TCI provides institutional work assignments for the inmate population.

They also have a work program called "Wheels for the World". This program employes 60 inmates to restore older, donated wheelchairs to like-new condition. The restored wheelchairs are then shipped to various countries outside of the US. By the end of 2016, the program is scheduled to restore and ship 2532 wheelchairs.

The facility also has quilting program to make and donate handmade blankets. These blankets are donated to pediatric patients at local hospitals.

There are also recreational activities, religious, and social services available.

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

The Medical program is operated by MTC. Staffing includes 30 Health Care providers. The Medical Program is staffed 24 hours per day, seven days per week. Most of the inmates interviewed indicated the medical program met their needs. The clinic area is located to provide easy access to the inmate population. There is no infirmary at the facility and local hospitals are used for that purpose.

TCI was reaccredited by the American Correctional Association in 2015 and the Medical Department has received Joint Commission Accreditation.

The facility has a zero-tolerance policy regarding sexual abuse of any inmate. The PREA information is provided to all inmates 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 inmate handbook.

The facility has a very clean and orderly appearance. The grounds are well manicured and the facility is well maintained. The correctional security program appears to be appropriate for the Low/Minimum security classification. Correctional Officers provide the security supervision. The inmates interviewed indicated that they felt safe in the correctional environment provided at TCI.

Demographics:	Low Unit	Camp
Design Capacity:	1536	512
Actual Population (3 Oct, 2016)	1712	415
Security/Custody level:	Low	Minimum
Gender	adult male	adult male
Age Range	18-78	18-78
Average length of Stay	76 months	76 months

Staffing: (Combined)	
Administration	8
Support	22
Security	178
Programs	63
Other	76

Total 347

Medical contract staff 4



## SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated zero allegations of staff sexual abuse and two inmate allegations of sexual abuse. There were two administrative investigations and zero criminal investigations conducted at TCI in the past 12 months.

The inmates indicated that they were aware of and understood the TCI 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 harrassment and how to protect themselves. The interviewed inmates were able to describe the several ways they can report 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 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 inmate population.

The auditor interviewed the local Advocacy Service Director to confirm the TCI agreement with SAFE/SANE and advocate providers and to verify that that service would be available if needed. In addition, the auditor interviewed a medical contractor to verify that he had received information about the zero-tolerance policy and other training required by PREA.

The auditor also interviewed the BOP Compliance Monitor. He provided information about the processes and protocols he followed to ensure TCI meets both BOP and PREA requirements. The monitor was very professional and knowledgeable about facility operations.

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

It was also clear to the auditor that the Management Training Corporation and the Bureau of Prisons 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 Taft Correctional Institution is as follows:

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 Taft Correctional Institution and MTC have policies that:

- mandate a zero tolerance for sexual abuse and sexual harassment of their inmate 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 TCI 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 an Associate Warden as the PREA Compliance Manager. All are shown on organizational charts provided in the documentation. The Coordinators report to top MTC management and the PCM reports to the TCI 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:

TCI Pre-Audit Questionnaire.

MTC 903E.02, pg 1-6.

TCI Policy 3G, pg 2-26.

TCI & 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**

TCI does not contract with external entities for the confinement of inmates.

The facility is owned by the Federal Bureau of Prisons (BOP) and operated by Management and Training Corporation(MTC). The MTC contract with the BOP 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 the BOP.

Policies and other evidence reviewed;

TCI 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)

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TCI 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 the BOP requires that all security posts are always filled. All relevant factors provided for in the standard are considered by the facility. TCI had a population of 2127 inmates on October 3, 2016 and the staffing plan was predicated on 2355 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 12 month period (Sep 2015 thru Sep 2016). The correctional staff vacancy rate for this period averaged 2.6 % (all direct contact positions filled 100% of the time with the use of OT).

On June 17, 2016, the Warden reviewed the staffing plan and determined that no changes were needed. The plan was also reviewed by the MTC PREA Coordinator.

Unannounced rounds designed to identify and deter staff sexual abuse and harassment are conducted and documented for all shifts by senior TCI management staff. This was verified by documentation of the rounds

conducted and in the interview process of Senior staff.

Policies and other evidence reviewed:

TCI staffing plan and MTC reviews on June 17, 2016, Feb 18, 2015 & Dec 16, 2014.

Vacancy report

TCI Pre-Audit Questionnaire.

TCI Policy 3, A2, pg 2.

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

### **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 inmate is under 18 years of age at TCI, 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.**

TCI has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of inmates. 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). These policies were confirmed by the Warden and the Correctional Officers interviewed.

The facility has a male inmate population.

All showers have shower doors and the commodes and urinals have partitions & swing panels allowing the inmates a level of privacy. Opposite gender staff are required to announce their presence when entering the inmate housing units. This policy was confirmed by observation and interviews of inmates and CO staff.

Policies are in place to prevent staff (other than medical) to examine an inmate 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. The auditor did interview an inmate who identified as being LBGTI.

Policies and other evidence reviewed:

TCI Policy 3G, pg 26; TCI policy 3A2, pg 1-2.

Training Rosters, Search logs.

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

TCI 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.**

TCI policies require that all inmates with special needs have an equal opportunity to understand and receive the benefits of the facility efforts to prevent, detect, and respond to sexual abuse and harrassment.

The facility has developed a variety of ways to ensure inmates with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, inmate handbooks, etc. are available in both English and Spanish.

Staff interpreters are available to provide any needed service. TCI also provides for the use of Language Line Solutions( a video interpreting network), TTD, and OPI. PREA posters are in inmate housing units and the information is available in the inmate handbook.

Inmate interpreters are prohibited in first responder situations or any investigations. The auditor requested that an interview be set up with two inmates that did not speak English. The use of the Language Line and a interpreter were made available and the interviews were accomplished.

Policies and other evidence reviewed:

TCI Policy 4A, pg 2-3; 4A2, pg 2; 3G, pg 9.

Posters, inmate handbooks, certificates.

Interviews of Agency Head, random staff, and inmates that did not speak English.

**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)

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TCI has an on-site HR position that manages the recruitment and hiring process. MTC policies require background checks to examine any issue of prior sexual misconduct. The background checks are requested by the HR manager and completed by BOP. All contractors are screened by using the same process.

The facility reported 51 (100%) new employees/applicants background checks were made and 1 (100%) contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process.

TCI policies also require a 5 year re-check of all employees and contractors. The HR Manager does the check on a yearly basis. Sample re-investigations were provided in the documentation.

The MTC/TCI 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:

TCI Policy 1-C-1, pg 2-3.5-6; 1-C-3, pg 5.

Statement of Work Contract, pg 23-24.

MTC 201.3 pg 4.

Samples of completed background checks.

Samples of HR questions, completed forms, 5 year re-investigation checks and others samples of forms.

TCI Pre-audit questionnaire.

Interviews with HR Manager.

**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)

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MTC policy requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the inmates from sexual abuse. The TCI management indicated that any areas such as blind spots, sight lines, and other spaces not under constant visual supervision would be considered for the addition of cameras. Eleven cameras were added in 2014.

The facility is owned by the BOP and operated by MTC. The facility reported the security cameras in the facility are in excellent working order.

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

Policies and other evidence reviewed:

TCI 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)

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The TCI investigators (SIS), the BOP OIA, and the FBI are responsible for conducting all investigations at the facility. If an incident occurs, the SIS will initiate the investigation and if the incident is considered criminal, the OIA and/or the FBI will take over the investigation. The TCI investigator will continue to work very closely with the Federal authorities.

By policy, the facility is required to follow a uniform evidence protocol that maximizes obtaining usable physical evidence.

No criminal investigations requiring the OIA or the FBI were required or completed in the past 12 months.

TCI does not house any inmates under the age of 18.

To provide all victims of sexual abuse access to forensic medical examinations, the facility has an MOU with SAFE and SANE examiners using outside health care providers (Kern County Hospital and the Bakersfield Memorial Hospital).

The facility reported zero SAFE/SANE exams were required and zero medical exams were made in the past 12

months. Facility policies indicate that SAFE/SANE examinations are provided at no cost to the inmate.

The auditor interviewed the SAFE/SANE service coordinator and verified that their service is available 24/7, 365 days per year. That provider also provides the services of the victim advocate (Alliance Against Family Violence and Sexual Assault). This service will also be available as needed, 24/7. The TCI Psychologist is a member of the Kern County Sexual Abuse Response Team (SART) and attends monthly meetings that keep the facility, hospitals, and service providers current on the local issues.

The information on how to obtain this assistance is provided by posters, training and the inmate handbook. All are issued handbooks and the posters are located in the housing locations. The inmates interviewed were aware of the service availability if needed.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

TCI Policy 3G, pg 13.

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

There were no inmates who reported a sexual assault.

Investigation reports, Nat'l Protocol documents, memos.

TCI 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)

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The TCI investigators (SIS), the BOP OIA, and the FBI are responsible for conducting all investigations at the facility. If an incident occurs, the SIS will initiate the investigation and if the incident is considered criminal, the OIA and/or the FBI will take over the investigation. The TCI investigator will continue to work very closely with the Federal authorities.

All sexual abuse and sexual harassment incidents will be promptly investigated and will be documented. This action is required by policy and by contract with the BOP.

During the past 12 month period, two allegations of inmate sexual abuse/harassment were received. Both were administratively investigated, both deemed as unfounded, and zero criminal investigations were required.

This information was verified in the interview with the facility Investigator.

Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com. BOP Policy is PS 5324.12, pg 44-45.

Policies and other evidence reviewed:

MTC 903E.02, pg 9.

TCI Policy 3G, pg 12, 15-16.

BOP Statement of Work, pg 44-45.

Investigation reports, OIA response memos

Interviews of the Agency Head, the TCI investigator, the PREA Coordinator.

TCI 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)

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The staff training provided by TCI meets policy requirements of PREA & MTC. 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, 348 (100%) staff were trained or retrained.

The facility has a comprehensive training program for PREA and other correctional topics which includes pre-service, annual in-service training, and is tailored to meet the inmate 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 and understanding when the training was presented. Attendance rosters and lesson plans were reviewed by the auditor

The interview process with random staff indicated that the staff 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:

TCI Policy 3G, pg 17-18.

Pre-service and In-service curriculum, tests, memos.

TCI Pre-audit questionnaire.

Interviews of a random sample of staff & 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 inmates at TCI have been trained to understand the requirements of PREA and the zero tolerance policy. 100% of the 47 volunteers and contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and the inmate contact they provide.

This was verified by examination of training records, signatures that documented that they understood the training presented, and interviews with the SAFE/SANE coordinator and a contractor.

Policies and other evidence reviewed:

TCI Policies 1-G, pg 5-6; 1-D, pg 4; 3-G, pg 17-18.

Volunteer/contractor sign-in rosters and samples of the training presented.

Volunteer/Contractor handbooks

TCI Pre-audit questionnaire.

Interview with Contractors.

### 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 TCI policy, all inmates 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), 2023 (100%) of the inmates received information on the principles of PREA. The inmates are provided this information by Power Point presentation, verbally, and provided with brochures and an inmate handbook that contains the PREA information.



In addition, within their first 30 days, all inmates receive comprehensive education on their rights to be free from any sexual abuse or harassment. The facility reported 2023 (100%) received this education program. The training was verified by examination of attendance records and in the interview process.

Provisions are made to assist those inmates with disabilities such as limited English proficiency, deaf, visually impaired, otherwise disabled, 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 inmate population, staff interpreters and electronic interpreter service if needed.

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

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

Policies and other evidence reviewed:

TCI Policy 3-G, pg 5-9; 4-A, pg 3-4; 4A-2, pg 2-4.

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

Training rosters, PREA tng materials, slides, etc.

TCI Pre-audit questionnaire.

Posters, brochures, lesson plans.

The interviews of Intake staff & random sample of inmates.

#### **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.**

The TCI investigators (SIS), the BOP OIA, and the FBI are responsible for conducting and documenting all investigations at the facility. If an incident occurs, the SIS will promptly initiate the investigation and if the incident is considered criminal, the OIA and/or the FBI will take over the investigation. The TCI investigator will continue to work very closely with the Federal authorities.

Four TCI investigative 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 4 certificates were included in the documentation.

Policies and other evidence reviewed:

TCI Policy 3 G, pg 3 & 18.

TCI Pre-audit questionnaire.

Investigative staff training certificates.

The interview of one of the TCI 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.**

TCI policies require that all 31 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 TCI medical staff. These exams, if needed, are provided by certified local health care organizations which are available 24/7. These include the Kern County Hospital and the Bakersfield Memorial Hospital.

The interview with the SAFE/SANE coordinator indicated that they will provide the service to TCI on a 24/7 basis, 365 days per year.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 17-18.

MTC SOP 4024, pg 1'

TCI Pre-audit questionnaire.

Training slides, curriculum, attendance and understanding rosters.

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.**

TCI has policies that require all arriving inmates to be screened for risk of sexual abuse victimization and sexual abusiveness towards other inmates. This screening is accomplished on the first day of arrival.

The Pre-Audit questionnaire indicated that 2023 inmates (100 %) were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates.

The facility uses the BOP 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 inmate might have any prior history as a sexual abuser or as a victim. A total of 20 questions are asked and the responses scored. Based on the score and responses, a decision is made to properly program and house the inmate.

Intake staff conduct the screening and the information is secured. The screening process and completed forms were reviewed by the auditor

All inmates are reassessed as part of the initial classification and on any new information being received on the risk of sexual victimization or being sexually abusive within 30 days. The facility reported 2023 reassessments occurred in the past 12 months.

A sample of the completed reassessment form was reviewed.

TCI policies prohibit discipline of any inmate for refusing to answering questions in the screening process. The facility has applied appropriate controls on all information received to avoid the inmate being exploited by staff or other inmates. Only those in a need-to-know positions have access to the information.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 2, 6-7.

TCI policy 4-A, pg 2-3.

BP-A1030 Assessment Form samples

Screening form samples, Program Review sample reports, Psychology Screening form samples.

Reassessment form samples

TCI Pre-audit questionnaire.

Interviews of risk screening staff, random inmates, 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 inmate screening process is used to make individualized determination to ensure the inmates’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. The inmate’s view of their own safety must be given serious consideration. This is addressed in the TCI policy and in practice.

Any transgender or intersex inmate would be allowed to shower separately from other inmates. The facility reported that no transgender or intersex inmate has been received by TCI in the past 12 months and there are no consent decrees..

LBGTI offenders are not placed in dedicated units.

Policies and other evidence reviewed:

TCI Policy 3 G, pg 6-7.

TCI Policy 4 A, pg 3.

TCI Pre-audit questionnaire.

Samples of BOP Intake screening form, BP a1030 form, Psy services report, Program review form, pictures.

The interviews of risk screening staff, PREA Coordinator, & PREA Compliance Manager. No T/I inmate was available but a LBGTI was interviewed.

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

The TCI policy is to not place an inmate victim of sexual abuse involuntary in SHU unless the chief psychologist in conjunction with a TCI medical/management team has conducted an assessment that there is no other

means for protection and this separation will not last ordinarily longer than 30 days. If a victim is placed in SHU, the inmate will have access to the same programs and privileges as any other inmate except work and the durations and reasons for the placement shall be documented.

The facility reported zero inmates were involuntarily held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim.

Policies and other evidence reviewed:

TCI Policy 3 G, pg 8

TCI Policy 3 D, pg 1-9.

Warden Memo-No involuntary segregation placements in past 12 months.

TCI Pre-audit questionnaire.

Sample forms, memos, etc.

Interview of the Warden & staff that supervise segregation. There were no SA victims in SHU.

#### **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.**

TCI has provided several ways that an inmate can report sexual abuse and harassment, retaliation, or staff neglect.

The inmates 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, or notify a third person. Phones are available in all housing units and have a toll free line available for any PREA issue. The information is provided in training and the inmate handbook.

TCI provides to the inmates a third party line to the National Sexual Assault hotline for reporting any abuse or harassment and they can write to the Office of the Inspector General (OIG).

Interviews with the inmates 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 inmate reports and send to a supervisor as soon as it can be safely done after receiving allegation. The staff are informed of this requirement by required training and employee handbooks.

No offenders are held for civil immigration purposes.

TCI provides to the staff a method to privately report sexual abuse/harassment of inmates. This can be done in

writing, verbal, or by a grievance. They can report this to the Warden, supervisor staff, and SIS staff. They are provided this information in training, staff handbooks, etc.

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

The facility had no criminal reports of inmate or staff sexual abuse.

Policies and other evidence reviewed

TCI Policy 3 G, pg 9-11.

TCI Policy 4 A, pg 3-4.

TCI Pre-audit questionnaire.

2 reports provided in documentation.

Interview of random inmates, 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.**

TCI uses a formalized inmate grievance policy (PS-1330.18). The policy allows the inmate to file a formal written complaint/grievance about sexual abuse or any correctional issue at any time. The complaint can be filed with any staff member and will be directed to the Warden for response. The inmate handbook outlines the process required.

By policy, the inmate 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 and the decision related to the grievance must be made within 90 days. If an extension on the time limit is needed, the inmate will be notified of the extension.

Policy permits a third party to assist inmates to file any grievance. The assistance can come from fellow inmates, staff, family, attorneys, or outside advocates. If the inmate declines any assistance, that decision will be documented.

Emergency grievances are 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.

The policy does limit any sanctions to an inmate 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 inmate handbook.

Policies and other evidence reviewed:

TCI Policy 3 E, pg 9-10.

BOP Administrative Remedy Program PS-1330.18, pg 13-16.

TCI Memo

TCI Pre-audit questionnaire.

Inmate handbook.

Interview with PREA Coordinator. There were no inmates 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.**

TCI reported zero allegations of sexual abuse in the past 12 months.

The facility provides to the inmate confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate 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. This information is also available to the inmate on bulletin boards.

The facility maintains an MOU with the Alliance Against Family Violence and Sexual Assault to provide advocate services and the facility informs the inmate of the limits to confidentiality. This agreement was provided in the Pre-Audit documents.

Policies and other evidence reviewed:

TCI Policy 3 G, pg 8-10.

MOU with advocate service.

TCI Pre-audit questionnaire.

Inmate handbook, information posters

Random inmate interview. There were no inmates 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 TCI policy allows third parties to assist the inmate in filing a PREA related grievance.

BOP has a website (bop.gov/sa prevention reporting) that provides the opportunity for third party reporting of sexual violence. MTC also provides for third party reporting on their web site (mtctrains.com).

Policies and other evidence reviewed:

TCI Policy 3 G, pg 9.

BOP Sexual Abuse Prevention Policy PS 5324.12, pg 1

TCI Pre-audit questionnaire.

Posters, inmate handbook, pamphlets.

#### **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. The TCI SIS investigator will begin any investigation promptly. The TCI investigators (SIS), the BOP OIA, and the FBI are responsible for conducting and



documenting all investigations at the facility.

Policies also address the requirement of all staff to immediately report any retaliation against inmate 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 inmate of their duty to report.

No inmate is under the age of 18 at TCI.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 5, 8, 9, 11

MTC SOP 4024, pg 4.

Inmate orientation program.

TCI Pre-audit questionnaire.

2 investigation reports examined.

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 policy requires all TCI staff to immediately take steps to protect any inmate who is the subject of imminent sexual abuse. These actions include; separate the inmates, protect the scene of the incident, prevent the victim and abuser from destroying any evidence, notify supervisor, refer inmates to medical, etc.

At TCI, 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 response process documentation. All staff were very familiar with the procedure and would take action if required.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 6.

TCI Pre-audit questionnaire.

TCI Memo that zero instances where an inmate was at risk of imminent abuse in past 12 months.

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.**

TCI has policies that require notification of another facility when they learn of an inmate 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 Compliance Manager is required to notify both the on-site BOP staff where the abuse occurred 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 inmate received at another facility and no documentation was available to review.

Policies and other evidence reviewed:

TCI Policy 3-G. pg 13.

BOP PS 5324.12, pg 39.

Inmate screening form sample.

Interviews with Agency Head designee, Warden.

TCI Pre-audit questionnaire.

**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, TCI reported zero allegations that an inmate was sexually abused. There were no victims nor first responders to interview.

TCI policies address the 4 first-responder duties required in the PREA standard. The understanding of the policies was verified by the responses from the CO staff being questioned in the interview process. All facility staff are provided training about the five 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 inmate.

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:

TCI Policy 3-G, pg 20-21.

TCI memo.

TCI Pre-audit questionnaire.

Interviews with random CO staff. There were no first responders or inmates who reported abuse.

#### **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.**

TCI has developed a facility specific response protocol for any incident of sexual abuse. This plan is included in the TCI Policy 3-G, pg 19-27.

The plan address the coordination of first responder staff, SIS, facility management, Medical and Mental Health staff, SART Center, & Advocate Agency. The plan meets the requirements of both MTC and PREA.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 19-27.

TCI Pre-audit questionnaire.

Interview with Warden.

**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 TCI employees do not participate in collective bargaining.

**Standard 115.67 Agency protection against retaliation**

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

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

TCI has policies that protect inmates and staff who report sexual abuse/harassment from retaliation. The PREA Compliance Manager and/or the SIS is designated by TCI 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 inmate 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 of any incidents of retaliation

Policies and other evidence reviewed:

TCI Policy 3-G, pg 5.

2 Investigation reports.

2 follow-up reports for any possible retaliation.

TCI Pre-audit questionnaire.

Interviews with Warden, MTC Assistant Director & TCI Retaliation Monitor. There were no inmates who were held 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.**

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The facility has a 73 bed Special Housing Unit. TCI has policies that govern the use of involuntary segregation. These policies include looking at all available alternatives for victims of sexual abuse.

The TCI policy is to not place an inmate victim of sexual abuse involuntary in SHU unless the chief psychologist in conjunction with a TCI medical/management team has conducted an assessment that there is no other means for protection and this separation will not last ordinarily longer than 30 days. If a victim is placed in SHU, the inmate will have access to the same programs and privileges as any other inmate except work and the durations and reasons for the placement shall be documented.

The facility reported zero inmates were involuntary held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim.

Policies and other evidence reviewed:

TCI policy 3-G, pg 8.

TCI Policy 3-D, pg 1-3, 5-9.

Memo from Warden.

TCI Pre- Audit questionnaire.

Interviews with Warden & Segregation Staff. No inmates who reported sexual abuse

#### **Standard 115.71 Criminal and administrative agency investigations**

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

- Does Not Meet Standard (requires corrective action)

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

The TCI investigators (SIS), the BOP OIA, and the FBI are responsible for conducting all investigations at the facility. If an incident occurs, the SIS will initiate the investigation and if the incident is considered criminal, the OIA and/or the FBI will take over the investigation. The TCI investigator will continue to work very closely with the Federal authorities.

Four TCI investigative 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 4 certificates were included in the documentation.

Any substantiated allegations that appear to be criminal is referred for prosecution. The facility reported zero substantiated allegations that appeared to be criminal that were referred for criminal prosecution since the last audit.

The TCI Investigator reported that all investigations will be promptly, thoroughly, and objectively investigated. The investigator was professional and knowledgeable. He indicated that the investigative process included collecting all physical evidence, interviewing witnesses, perpetrators, victims, and reviewing any prior reports of sexual abuse by the suspected perpetrator, etc. The Investigator indicated all key components of 115.71 would be addressed. The departure of the staff or inmate abuser will not be a basis for the termination of any investigation. In addition, TCI policy requires that all investigations follow the uniform evidence protocol.

For administrative investigations, the TCI investigator determines 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 all criminal cases will be referred for prosecution. Polygraph tests for PREA cases are not authorized. Departure of an alleged victim or abuser does not provide a basis for the termination of an investigation.

The facility reported two inmate allegations in the past 12 months. Both were investigated and determined to be unfounded. There were no Criminal investigations to review

Written reports would be developed and retained at least 5 years after inmate or staff have left the facility. The auditor reviewed 2 administrative investigation reports.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 15-16 & TCI Policy 3-F, pg 7-9.

TCI Pre-audit questionnaire.

Four Training certificates, facility memos, incident reports, investigation reports.

Interviews with investigative staff, Warden, PREA Coordinator, & PCM. No inmates reporting abuse at TCI.

### **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 TCI policy indicates 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:

TCI 3-G, pg 15.

TCI Pre-audit questionnaire.

Investigation report.

Interviews with 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 TCI policies, any inmate 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. All outcome reports to the inmate will be documented.

In the past 12 months, two allegations were recorded by the facility and investigated by SIS staff. Both inmates were informed of the outcome and the auditor was able to review both notification documents. There were no criminal investigations required.

The staff interviewed assured that any information on any investigation would be obtained and the policy to inform the inmate would be followed. Should there be a complaint against staff, the inmate would be advised as to staff relocation, no longer employed, or whether staff member has been indicted or convicted. There were no substantiated or unsubstantiated complaints against staff in the past 12 months.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 24-25.

TCI Pre-audit questionnaire.

2 investigation reports and 2 sample follow-up interview forms with inmates.

Interviews with Warden & investigative staff. There were no inmates 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.**

TCI 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:

TCI policy 3-G, pg 25-26.

TCI Pre-audit questionnaire.

Facility Memo.

#### **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.**

TCI 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:

TCI Policy 3-6, pg 26.

TCI Policy 1-C-3, pg 4.

TCI Pre-audit questionnaire.

TCI 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.**

TCI has policies that provide sanctions for inmates engaged in sexual abuse of another inmate. These sanctions are applied only after a formal disciplinary process for any administrative or criminal finding of inmate-on-inmate sexual abuse.

The facility reported zero cases of administrative or criminal findings of inmate-on-inmate sexual abuse in the past 12 months.

Sanctions are proportionate with the type of abuse and similar to sanctions imposed on other inmates with similar histories. Consideration is given to the inmate'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 inmates.

Policies state that inmates are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Since there were no inmates disciplined for PREA related conduct, none were interviewed and no documentation was reviewed. For purposes of inmate disciplinary action, the facility must not assume the inmate is lying when a report is made in good faith.

Policies and other evidence reviewed:

MTC 903E.02, pg 18.

TCI Policy 3-G, pg 2,6,10,25.

PS-5270.09, pg 3, 21-22.

Inmate Handbook, pg 6, TCI memo.

TCI 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.**

TCI policies require that all inmates (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 facility reported that no follow-up meetings were required since there were zero disclosures of prior sexual victimization.

The same policy also applies to inmates who perpetrated sexual abuse. Documentation is required to be maintained for all meetings with medical and mental health. Information found in any follow-up meeting is strictly limited to medical, mental health, security, and TCI management staff.

In the interview with 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 zero screening reports from inmates who experienced prior sexual victimization in the past 12 months.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 5-7.

TCI Policy 4-A, pg 2-3.

Samples of intake screening form, Psychology Services screening form, Mental Health SHU Review form

TCI Pre-audit questionnaire.

Interviews with Risk Screening staff, Medical/Mental Health staff. No inmate who disclosed abuse.

**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 TCI medical program is staffed 24/7, 365 days per year. Any inmate who reports to be sexual abused has unimpeded and timely access to emergency medical treatment at the facility or the local hospital for emergency care and crisis intervention services.

Security first responders are trained to protect any inmate victim and make contact with medical and mental health.

The nature and scope of the medical treatment is determined by the Medical/MH staff according to their professional judgement. The inmate is offered timely information and access to emergency treatment and any sexually transmitted disease.

The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, fully documented, and at no cost to the inmate.

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

Policies and other evidence reviewed:

TCI Policy 3-G, pg 19-21.

MTC SOP-4024, pg 2-3.

TCI Memo, no inmates who reported abuse.

TCI Pre-audit questionnaire.

Interviews with Medical/Mental Health staff and security staff. There were no inmates 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.**

According to TCI policy, the facility would provide medical and mental health evaluation and treatment to all inmates who have been victimized. The policy requires inmate victims to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims would be transported to one of two area hospitals (Kern County Hospital or the Bakersfield Memorial Hospital). If required, advocacy services are available from the Alliance Against Family Violence and Sexual Assault. Follow up services are provided to any victim to include referrals to other BOP facilities or to the community.

TCI is a male correctional facility.

The medical services at TCI are reported to be consistent with the community standard for health care. The inmates are offered medically appropriate tests for sexually transmitted disease. All treatment services are at no cost to the inmate.

TCI reported no victims of sexual abuse in the past 12 months. The auditor was not able to interview any inmate victim or review any documentation of practice.

Facility policy also requires that inmate 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.

Policies and other evidence reviewed:

TCI Policy 3-G, pg 6, 13, 24.

MTC SOP 4024, pg 1-3.

BOP Statement of Work, pg 10-11.

Risk screening and assessment forms, TCI memo.

TCI Pre-audit questionnaire.

Interviews with Medical/Mental Health staff. There were no inmates 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 AW's, Major, SIS Lt., Medical, and the Psychologist. In addition, the Warden can assign additional staff as deemed necessary.

The team uses a MTC Sexual Abuse Response Team Form to document and make recommendations for all incidents. All six point required by the standard are addressed.

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

The facility reported two sexual abuse investigations and two reviews were required in the past 12 months.

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

Policies and other evidence reviewed:

MTC 903E.02 pg 19.

TCI Policy 3-G, pg 27-28.

Two investigation and follow-up forms

TCI Pre-audit questionnaire.

Interviews with Warden, PREA Compliance Manager, & two members of the TCI 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.**

TCI collects and provides to MTC and BOP incident based sexual abuse data annually. MTC collects and compiles 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.

MTC aggregate all incident based data to include reports, investigation files, and sexual abuse incident reviews. MTC provides reports annually to DOJ.

The MTC report for 2015 was reviewed.

Policies and other evidence reviewed:

MTC 903E.02 pg 18-19, BOP 5324.12 pg 54-55 & TCI Policy 3-F, pg 2.

TCI Pre-audit questionnaire.

MTC 2015 annual report & BOP 2015 Annual PREA Report

Sample data entries, completed BOP Monthly Institution Intelligence Report for 1/6/2016.

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 requires the collection of sexual abuse data from all MTC facilities and aggregates into an annual report. The MTC report is available on the web at [www.mtctrains.com](http://www.mtctrains.com). The report is approved by the Senior Vice President of Corrections at Management and Training Corporation. The BOP follows a similar process.

The MTC Report compares 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.

MTC does redact sensitive items such as names, etc.

The PREA MTC Corporate Report and the BOP 2015 Annual PREA Report provided by the facility were reviewed by the auditor.

Policies and other evidence reviewed:

MTC 903E.02, pg 19.

TCI Pre-audit questionnaire.

2015 MTC PREA Corporate Report & BOP 2015 Annual PREA Report

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

**Standard 115.89 Data storage, publication, and destruction**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

MTC requires 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. Policies require that any personal identifiers be redacted before publishing. MTC requires that all data be retained for at least 10 years.

Policies and other evidence reviewed:

MTC 903E.02, pg 19.

TCI Pre-audit questionnaire.

MTC PREA Report 2015.

Interviews with PREA Coordinator.

#### **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.



27 October, 2016

Auditor Signature

Date