

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report February 19, 2020

Auditor Information

Name: Robert Manville	Email: robertmanville9@gmail.com
Company Name: Correctional Management and Communication	
Mailing Address: 168 Dogwood Drive	City, State, Zip: Milledgeville, Ga.
Telephone: 912-286-0004	Date of Facility Visit: January 27-30, 2020

Agency Information

Name of Agency: Management and Training Corporation		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 500 N. Marketplace Drive		City, State, Zip: Centerville, UT 84014	
Mailing Address: 500 N. Marketplace Drive		City, State, Zip: Centerville, UT 84014	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency Website with PREA Information:
https://www.bop.gov/inmates/custody_and_care/sexual_abuse_prevention.jsp

Agency Chief Executive Officer

Name: Scott Marquardt	
Email: scott.marquardt@mtctrains.com	Telephone: 801-693-2600

Agency-Wide PREA Coordinator

Name: Heather Manuz	
Email: heather.manuz@mtctrains.com	Telephone: 801-693-2876
PREA Coordinator Reports to: Scott Marquardt	Number of Compliance Managers who report to the PREA Coordinator 25

Facility Information

Name of Facility: Taft Correctional Institution

Physical Address: 1500 Cadet Road

City, State, Zip: Taft, CA 93268

Mailing Address (if different from above):
P.O Box 7000

City, State, Zip: Taft, CA 93268

The Facility Is:

☐

Military

☒

Private for Profit

☐

Private not for Profit

☐

Municipal

☐

County

☐

State

☐

Federal

Facility Type:

☒

Prison

☐

Jail

Facility Website with PREA Information www.mtctrains.com

Has the facility been accredited within the past 3 years? ☒ Yes ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒

ACA

☐

NCCHC

☐

CALEA

☒

Other (please name or describe: The Joint Commission; CEA

☐

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Contract Facility Monitoring.

Warden/Jail Administrator/Sheriff/Director

Name: Steven Merlak

Email: steven.merlak@mtctrains.com

Telephone: 661-763-2510

Facility PREA Compliance Manager

Name: Georgina Puentes

Email: georgina.puentes@mtctrains.com

Telephone: 661-763-2510

Facility Health Service Administrator ☐ N/A

Name: Stephanie Hicks (Acting HSA)

Email: stephanie.hicks@mtcmedical.com

Telephone: 661-763-2510

Facility Characteristics	
Designated Facility Capacity:	2355
Current Population of Facility:	1239
Average daily population for the past 12 months:	1930
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-77
Average length of stay or time under supervision:	15 months
Facility security levels/inmate custody levels:	FCI Low/In; SCP Minimum/Out
Number of inmates admitted to facility during the past 12 months:	1610
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1610
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1610
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A

Number of staff currently employed by the facility who may have contact with inmates:	347
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	31
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	36
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	16
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4 housing units / 4 dorms per housing unit
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	73
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police	

- | | |
|--|---|
| | <input type="checkbox"/> A U.S. Department of Justice component
<input type="checkbox"/> Other (please name or describe:
<input type="checkbox"/> N/A |
|--|---|

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Taft Correctional Institution PREA audit was previously scheduled for October 2019 but was postponed due to BOP notice that the facility was closing. On December 3, 2019 the facility was advised they were going to stay open at this time. The facility contacted Corrections Management and Communication LLC to conduct a PREA audit. The facility Posted notices of the audit on December 13, 2019. The PREA audit was conducted from January 27 through January 30, 2020. Prior to the on-site visit, the PREA Compliance Manager and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination. BOP policies are provided in the form of Program Statement which are included in the Statement of Work required for contract compliance by MTC in managing TCI. MTC policies and TCI policies and directives were provided for standards that as required for compliance with mandates such as Agency PREA Coordinator and Facility PREA compliance manager. Updates of the Pre audit questionnaire, investigations and updated policies and directives were also discussed prior to the beginning of the audit.

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the Taft Correctional Institution was conducted by certified auditor Robert Manville from 01-27- 30, 2020. Notices of the upcoming audit and the Auditor's contact information were posted throughout the institution on December 13, 2019. This is the third PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the Warden, Associate Warden, Facility PREA Compliance Manager (Associate Warden), Major, Accreditation Specialist, Quality Control Specialist, and Special Investigative Services (SIS).The standards used for this audit became effective August 20, 2012.

The tour of Taft Correctional Institution included the intake processing areas, all housing units, the special housing unit, the health services department, recreation, food service, facility support areas, education, visiting rooms and programming areas. During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted in English and Spanish that indicated employees of the opposite gender

were present in the housing units. Inmates can shower, dress and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. The auditor did not receive any correspondence from inmate or staff. Taft Correctional Institution has a main campus and a Satellite Prison Camp located on the same campus outside of the fenced area of the main campus.

A total of twenty six (26) randomly selected correctional staff members were interviewed, to include employees from the day and night shift. Lieutenants from all shifts were included in the interview process as part of the specialized staff. All were aware of the agency's zero-tolerance policy and their responsibilities to protect inmates from sexual abuse/sexual harassment and could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. Specialized staff members were also interviewed. This includes MTC Director, MTC PREA Coordinator, the Warden, Institutional PREA Compliance Manager (IPCM), two Investigator, and Human Resource Specialist, Intake staff from the main campus and satellite facility, Nurse, Mental Health Director, Classification Supervisor, Training officer, Retaliation Monitor, Unit Manager, two Case Managers, Chaplain, two Volunteers, Associate Warden and Major. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status. TCI maintains an agreement with a community service provider that can provide inmates with emotional support related to sexual abuse which may be used at the inmate's request. The community service provider for TCI is the Alliance Against Family Violence and Sexual Assault (AAFVSA), which has trained Advocates to provide counseling and support for sexual assault victims. TCI utilizes the Kern County SART Center to conduct forensic examinations and sexual abuse treatment. The Center has SANE medical staff to provide the forensic examinations. TCI PREA compliance manager and other staff are members of the Kern County SART community. The SART community meets bi monthly with service provider and stakeholders such as law enforcement, prosecutors, victim advocates, and IPCM to review incidents and identify community resources. AAFVSA is also an active member with the Kern County SART community.

A total of fifty seven (57) inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities and ethnic backgrounds. Inmate random interviewed inmates included inmates housed in every dormitory in each facility. No inmates declined to be interviewed. The below offenders were determined to be a target population:

Targeted population

Populations	Targeted population	Total Available on date of audit	Total Interviewed
Transgender	0		
Allegation of Sexual Abuse	1	1	1

Allegation of Sexual Harassment	0	0	0
Victimization	2	2	2
Gay	2	2	2
Segregation for PREA	0	0	0
Disabled	0	0	0
Deaf	2	2	2
Cognitive	1	1	1
LEP	200*	200	28
Total Random Inmates		1105	19
Total Population	1239		57

**The facility houses criminal aliens and has an above average number of offenders that are part of the targeted population of Limited English Proficient. Therefore, the auditor did not use the LEP as a random part of the sample but used translation services for any offender that reported as LEP during the initial PREA introduction.*

There were no inmates in Protective Custody for any PREA related issue. Two inmates that were housed in the restrictive housing units were interviewed. Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms. The inmates further stated that staff members were responsive to their needs and that they felt safe at the facility.

Investigations

During the audit period, there was a total of 3 reported allegation of sexual abuse/sexual harassment. All cases were investigated. There was 1 allegation of sexual harassment and 2 allegations for sexual abuse. One case was transported to outside medical for forensic examinations. A review of the investigative packets revealed that the investigations was complete and met the requirements of the standard. One case was unfounded and 2 were unsubstantiated. Retaliation monitoring was provided for all inmates. Inmates were notified of the outcome of the investigations in a timely manner by the facility investigator (SIS).

Facility Characteristic

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Taft Correctional Institution is owned by the Federal Bureau of Prisons and the operator is Management & Training Corporation (MTC). The facility includes a Federal Correction Institution (FCI) which is low security and a separate minimum security Satellite Prison Camp (SCP). The population in the FCI is adult male consisting of criminal aliens (non-U.S. citizens).

The inmate population in the SCP is minimum security adult male.

The FCI 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. There are showers located in the front of each dormitory with partitions that provides inmates ability to shower and change clothes. Toilets are partitioned off from each other to provide site separations for inmates utilizing the toilets.

The SCP is a two story dormitory type housing unit. The inmate population at the SCP mission is to provide support services to the main institution and outside facilities. The Camp has spaces for food service, recreation and programs. There are showers located in the center of the dormitory with partitions that provides inmates ability to shower and change clothes. Toilets are partitioned off from each other to provide site separations for inmates utilizing the toilets.

New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. The design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing.

Inmates requiring health care beyond the scope of services provided in the facility are transported to providers at a local hospital in the community. Sexual abuse/assault allegations receive emergency services at the facility and local hospital. Forensic Examination and additional treatment is performed by SAFE and SANE examiners by The Kern County SART Center. The facility reported that one SAFE/SANE examinations were required and one medical examinations was made in the past 12 months. Facilities policies indicate that SAFE/SANE examinations are provided at no cost to the offender. The auditor interviewed the SAFE/SANE service provider and verified that their service is available 24/7, 365 days per year through the Kerns County SART program. Follow up medical and mental health care, testing and treatments are delivered by providers at Taft Correctional Institution or other designated facilities as determined by BOP.

The Receiving/Discharge area has an intake area for orientation and initial intake. Upon arriving at the facility inmates are individually taken to an office for shake down and to be issued clothing. There is a partitions for inmate's privacy during the shakedown. There are other offices located this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area.

The Health Services Department contains treatment rooms, a pharmacy, an X-ray room and dental offices. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area. The health services program is operated by MTC. Staffing includes 30 Health Care providers. The health services program is staffed 24 hours per day, seven days per week. 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.

There are recreation areas located on this compound. These recreational areas include a gymnasium, activity center, exercise equipment, hobby craft rooms, music rooms and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions and doors to provide privacy. There were PREA information boards in each of the recreational areas.

The Education area contains classrooms and support services. The Education department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- English as a Second Language
- Release Readiness Program
- Law Library
- Leisure Library

The vocational and prison industry program is located inside the secure area of the facility. Restrooms in these programs have an offender bathroom that has partitions to allow inmate to utilize the restroom without being in view of other offenders or staff. The vocational and industry area are open bays with no blind spots noted during the facility tour.

The facility has a work program called "Wheels for the World". This program employs 60 inmates to restore older, donated wheelchairs to like-new condition. The restored wheelchairs are then shipped to various countries outside of the US.

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

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services hallway and in the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors or staff supervision. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

The Visitation room is a large seating area with no blind spots noted. It is under supervision of staff whenever offenders visit. There are private offices located in this area. There are PREA information located in the visitation room.

Located in each dormitory are posting that include staff of the other gender are assigned to work in this dormitory, Zero tolerance posters, PREA "Report Line" telephone number, which

may be called to report sexual abuse or sexual harassment.

The Food Service Department has a dining room with a food service preparation area attached. All areas of food service are under constant surveillance with cameras, mirrors or staff supervision. There are zero-tolerance posters in all food service areas.

TCI is accredited by the American Correctional Association. The most recent Re-Accreditation was in August, 2018.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded:

115.15: Limits to cross-gender viewing and searches; 115.21: Evidence protocol and forensic medical examinations; 115.51: Inmate reporting; 115.53: Inmate access to outside confidential support services; 115.65: Coordinated response

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met:

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons (PREA)
 TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 Memo designating MTC PREA Coordinator / MTC organization chart
 Memo designating TCI PREA Compliance Manager / TCI organization chart
 MTC Comprehensive Data
 SART Agenda

Management & Training Corporation (MTC) published the agency policy serial # 903E.02, Sexual Safety in Prisons and Taft Correctional Institution (TCI) policy 3G Sexual Abuse/Assault Prevention and Intervention Program which addresses this standard. The policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines procedures and expectations related to MTC's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It is developed in

compliance with the PREA standards for adult prisons and jails and includes definitions of prohibited behaviors regarding sexual assault and sexual harassment for staff and inmates.

The policy also included sanctions for staff and inmates found to have participated in prohibited behaviors. Staff members who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance to Employee Discipline policy and Facility Rule of Conduct and subject to employment termination. Employees are subject to criminal prosecution.

The policy includes a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Inmates who are found to have perpetrated sexual abuse or sexual harassment are disciplined in accordance with sanctions outlined in the facility's inmate handbook.

MTC memorandum, warden memorandum and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The agency policy and organization chart establishes an upper-level PREA coordinator for the company who has sufficient time and authority to develop, implement, and oversee MTC's efforts to comply with the PREA standards in all MTC operated facilities. TCI policy 3G mandates that the Warden will appoint a PREA Compliance Manager (normally an associate warden) who will be responsible for ensuring all elements of this policy are met in a coordinated, interdisciplinary fashion. TCI Warden issued a memorandum to establish a PREA compliance manager and an assistant with responsibility to coordinate with the Agency PREA coordinator to oversee the implementation and management of the Prison Rape Elimination Act of 2003.

MTC and TCI policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the A&O Handbook, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance and how to prevent and intervene in sexual abuse, sexual assaults or sexual harassment. Compliance was determined by review of policies, memorandums, orientation power point presentations, posters, A&O handbook and interviews with staff, contractors, volunteers and inmates.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
Performance Work Statement
Contractor Quality Requirements

The agency and facility meet the mandates of this standard. TCI does not contract with external entities for the confinement of offenders. The facility is owned by BOP and operated by the Management Training Corporation (MTC). A monitor is assigned to the facility by BOP. TCI does not have authority to contract for confinement of offenders. MTC and BOP address the compliance with this standard if MTC were to contract with other entity for confinement of offenders. Compliance was determined by review of BOP Performance Work Statement,

Program Statement and interviews with MTC PREA coordinator and TCI PREA compliance manager and Warden.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons

TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention

Program Performance Work Statement TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention Program

TCI Policy 2-C Facilities Maintenance, Inspections & Preventative Maintenance Program

TCI Staffing Plan - *See Binder

Organizational Chart, Staffing/Relief Factors

Analysis: Diagrams/Cameras, Position Descriptions, Policy/Post Orders

PREA Annual Assessment Meeting Minutes / Sign in sheet

Copies of officers' log books showing unannounced rounds by supervisors on all shifts

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons (A1, B1, C1, D1-4) and TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention Program requires the facility to review the staffing plans on an annual basis. The annual staffing plan included:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings of inadequacy from Federal investigative agencies;
- Findings of inadequacy from internal or external oversight bodies;
- All components of the facility's physical plant;
- The composition of the inmate population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Applicable State or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Other relevant factors.

Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Warden meets weekly with his executive staff, including to address staffing issues as they relate to the PREA.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are

documented. PREA rounds are documented in operations lieutenants' computerized logs and at the officer's stations logs for housing units.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document visits throughout the institution, during the day, at night and on weekends. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. PREA rounds are documented in operations computerized logs and at the officer's stations logs for housing units. An examination of PREA Annual Assessment Meeting Minutes, policy and supporting documentation and all interviews confirms compliance with this standard. Compliance was also determined by staff interviews conducted during the tour of all areas of the facility, including human resource manager and correctional staff; reviews of documented staffing rosters, daily supervisory checks and facility workforce quarterly meeting records; pay period staffing reports and the examination of the video monitoring system. A staffing plan review was conducted by MTC on December 5, 2019. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. Subsequently, tours of each area of the facility was also reviewed while going throughout the facility to meet with staff and to interview inmates.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement / Statement of Non-Applicability

TCI does not house youthful offenders. Further compliance was provided through Statement of Non-Applicability, and interviews with Warden and Staff.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

1. Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

2. 115.15 (b)

3. Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
a. ☐ Yes ☐ No ☒ NA
4. Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

5. 115.15 (c)

6. Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
7. Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

TCI Policy 4-A Intake Screening

TCI Policy 3-A-2 Patrols and Inspection

TCI Policy 3-A-6 Control of Contraband

Cross-gender Pat Search Training

Security Staff Sign In Sheet

Training PowerPoint

TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention and TCI Policy 4-A Intake Screening limits to cross-gender viewing and searches mandates that Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances and never for the purpose of examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff interviews also confirmed that all officers have been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual stalls for privacy in utilizing the toilets. The facility has implemented a policy TCI Policy 3-A-2 Patrols and Inspections requires that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves

from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender.

Staff of the other gender push a button that rings a bell and activates a strobe light and staff also announce their presence. Staff and inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member. The living areas have showers with partitions that provides for inmate privacy while showering. Some toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Based on the review of policies, training and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates, it has been determined that TCI exceed the expectation of this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 4-A Intake Screening
TCI Policy 4-A-2 Admissions and Orientation
TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
Inmate Handbook (English and Spanish)
Memo & Psychology A&O Lesson Plan
Language Assistance Packet
Memo Regarding Inmates with Disabilities
Staff Translator List
Language Line Personal Interpreter Usage Charges
Intake Packet for Non-English Speaking Inmate
Photographs of PREA Poster
Staff Training

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program mandates that the facility shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program also establishes local facility to respond to needs of inmates with Disabilities or Limited English Proficiency: Upon identification of an inmate with a disability which prevents them from reading or understanding inmate PREA educational materials, staff conducting initial intake screenings coordinate with other staff as needed to obtain appropriate accommodations addressing the inmate's disability (i.e. referral to medical as appropriate).

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The institution has access to additional

languages written material if required. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with over 20 non-English proficient inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. Interviews with staff and inmates and an examination of policy/supporting documentation also confirm compliance with this standard. The facility also employs staff members who are bi-lingual in languages other than English.

Compliance of this standard was confirmed by review of institutions policies contracting services for language interpretation services and interviews with staff and disabled inmates. The demographics of the offender population includes a large number of Hispanic offenders. Interviews with more than 20 Hispanic offenders confirmed that there was not a language barrier when needing to communicate with staff. There were over 85 bilingual staff available during the audit.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Performance Work Statement
MTC Policy 903E.02 Sexual Safety in Prisons
TCI Policy 1-C-1 Personnel – Personnel Procedures
TCI Policy 1-C-3 Personnel – Standards of Conduct

Policy 903E.02 Sexual Safety in Prisons dated November 1, 2018 and TCI Policy 1-C-1 and TCI Policy 1-C-3 Personnel requires all employees, contractors and volunteers have had criminal background checks completed. The background checks are requested by the HR manager and completed by BOP. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with inmates. TCI Policy 1-C-1 Personnel – Personnel Procedures, MTC Employee Handbook,

and MTC Interview Questions mandates that employees, contractors and volunteers are required to receive background check. The facility staff asked applicants and employees who may have contact with inmates directly about previous misconduct; they use a form to document. The facility also imposes upon employees a continuing affirmative duty to disclose any misconduct related to PREA. MTC policy prohibits staff from material omissions and the provision of materially false information. This may result in grounds for termination. Interviewed HR staff confirmed that the facility will provide information on employment hired and released dates and other basic information; however, they are prohibited for giving detail information on employee substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer who may request this information.

MTC requires the facility not to hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates as listed in this standard to include the following provisions as stated in the PREA standards:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or immaterial care.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection

Employees have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Ten new staff member, five promoted staff and five staff that have over five years tenure personnel files were reviewed and found to have completed background checks prior to employment, promotion or after five years of service. Compliance was determined through reviewing personnel files, company policy, statement of work, and interviews with HR staff and IPCM and warden.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons – November 1, 2018

TCI Policy 2-C Facilities Maintenance, Inspections and Preventive Maintenance Program

PREA Annual Assessment Meeting Minutes

Sign in sheet

Physical Plant Diagrams Indicating Camera Placement

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons requires that when designing or acquiring any new facility and in planning and substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The facility is owned by Department of Justice (BOP). TCI Policy 2-C Facilities Maintenance, Inspections and Preventive Maintenance Program mandates that if any alterations or renovations are necessary and approved by the BOP and MTC sexual abuse prevention should be considered in accordance with PREA when planning any substantial modifications to the facility, which may include the installation or updating of video monitoring systems.

Interviews with the PREA Compliance Manager and Warden indicated that was no major expansion during the past four years. The facility Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect inmates from sexual abuse. The facility has made additional enhancement to the cameras in living areas and blind areas identified during the last PREA audit. Compliance was determined by review of camera system, interviews with Warden and reviewing yearly staffing and upgrade plan.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement
TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
TCI Policy 3-F Intelligence Procedures
SOP-4024 Forensic Information and Procedures in the Event of Sexual Assault Memo
MOU's
The Alliance Against Family Violence
Kern Medical Center
Bakersfield Memorial / Mercy / Mercy Southwest
Memo Regarding Qualified Staff Member Chief Psychologist's Current License Status & Resume
SART Meeting Agenda

The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SANE. All sexual abuse advocacy, examinations, treatment, testing and follow-up care are provided without cost to the victim. The facility has access to a local rape crisis center organization to provide victim advocacy services. The facility has an MOU with The Alliance Against Family Violence for victim advocacy services and with Kern Medical Center and Bakersfield Memorial / Mercy / Mercy Southwest for SANE forensic examinations. The Alliance Against Family Violence and Kern Medical Center are part of the Sexual Abuse Response Team. The Sexual Assault Response Team (SART) is a community based team that coordinates the response to victims of sexual assault. The team may be comprised of SANE's, hospital personnel, sexual assault victim advocates, law enforcement, prosecutors, judges, and any other professionals with a specific interest in assisting victims of sexual assault. Taft Correctional Institution has a member of the SART team which meets bimonthly to review incidents, latest trends and available resources.

A review of training records confirmed that the Special Investigative Services (SIS) unit staff have received appropriate investigator training on the investigation of sexual abuse and

harassment in a confinement settings. Interviews with staff, local hospital nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware of the staff responsible for conducting PREA investigations. Staff carry a First Responder card to provide reminders and expected responses to sexual abuse.

The hospital representative indicated in our telephone interview that the hospital is part of the SART networks and works with a victim advocacy groups including staff to accompany inmates that have been sexually abused. There was one forensic examinations conducted during the past 12 months. TCI investigator confirmed that the investigative staff utilize a uniform evidence protocol. The investigation was referred to FBI and local law enforcement for further investigations and for prosecution. The forensic examination was negative.

Compliance was determined through review of policy, documentation of training records, MOU with hospital and advocacy program and interviews with TCI staff and inmates.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement

BOP Website

P.S. 5324.12 Sexually Abusive Behavior Prevention & Intervention Program

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

SIS Report / Referral to Outside Agency

All Sexual Harassment must be investigated by the facility trained Investigator. There have been one referrals in the past 12 months. The investigation was completed iwithin 3 days of the allegations by a SIS trained investigator. The investigation was unsubstantiated.

P.S. 5324.12 Sexually Abusive Behavior Prevention & Intervention Program and TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program establishes responsibility for investigations. In the event that an inmate is alleged to have perpetrated sexually abusive behavior against another inmate, the Special Investigative Agent or (SIS) is notified immediately and will begin the investigation and refer to local law enforcement and FBI for further investigations. The Warden notifies the Regional Director and the Office of Internal Affairs (OIA), who in turn notify the Office of the Inspector General for investigations of staff on offenders. In the event that an inmate is alleged to have perpetrated sexually abusive behavior against a staff member, the SIA/SIS must be contacted immediately, with follow-up notification to the Warden. The Warden refers these matters for criminal investigation and possible prosecution to the local law enforcement and FBI. Cases were reviewed by OIG and referred

back to SIS to conduct the investigations. TCI investigator confirmed that the investigative staff utilize a uniform evidence protocol. The completed investigation was referred FBI and local law enforcement for further investigations and for prosecution. Both entities declined prosecution.

Facility investigators and the Office of Inspector General staff are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard.

Two SIS team members were interviewed and proved very knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff as well as an examination of supporting documentation, confirm the facility's compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Performance Work Statement
TCI Policy 1-D Training and Staff Development
TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
MTC Policy 901D.02 (A1, D1) Training Requirements – (November 1, 2018)
Training and roll call meetings address the requirements of this standard.
Annual Refresher Training Packet:

Prior to having contact with offenders newly hired employees receive 40 hours of classroom training. Included in this training is PREA Standards in accordance with TCI Policy 3-G, Sexual Abuse/Assault Prevention and Intervention Program, and Sexual Harassment Intervention and Prevention training relative to PREA standards during their initial training. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility Volunteer Coordinator or facility training officer. All staff are required to receive PREA training annually. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. Employees carry a PREA first responder reference card.

A review of the TCI training curriculum provided documentation of all areas required in this standard. Staff interviewed including non-custodial staff (first responders) were aware of all areas required for this standard.

A sampling of staff annual training files (15) were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. General and Department Head staff meetings are also held that may address PREA issues. Officers receive additional PREA training/updates when needed and officers assigned to the Segregation Unit also receive additional training. The extensive training provided and staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. Further, a review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge in writing not only that they received PREA training, but that they understood it.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 TCI Policy 1-D Training and Staff Development
 TCI Policy 1-G Volunteer Services
 PREA Training PowerPoint
 Volunteer Handbook

TCI Policy 1-D Training and Staff Development mandates that contractors and volunteers are provided training relative to their duties and responsibilities. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge in writing not only that they received PREA training, but that they understood it. The facility chaplain works with the PREA compliance manager to ensure all volunteers receive annual training. The chaplain provided files for volunteers that documented the annual training. The chaplain indicated the facility updated training quarterly which included training for volunteers after background checks are cleared prior to having contact with inmates. A review of documentation and staff interviews including nurse, facility volunteer coordinator, contracting staff and religious volunteer confirmed that the facility is compliant with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program

TCI Policy 4-A Intake Screening

TCI Policy 4-A-2 Admissions and Orientation

Inmate Handbooks (English & Spanish)

New Arrival (Transfer) Packet

A&O Checklist

Psychology A&O Lesson Plan

Memo Re: New Arrival with Disabilities

Photos

PREA Posters

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program, PREA Posters (English and Spanish); Offender handbook; and Offender Orientation Training establishes the standard required training. Inmates receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are

PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of A&O Checklists verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

There is a translation language line available to LEP inmates. Hispanic translations are provided by TCI bilingual staff. The auditor was provided a random sampling of A&O Checklists/Signature Sheets to verify that inmates received the sexual abuse and sexual harassment (PREA) education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmate and staff confirmed compliance that PREA training is provided during the initial intake at the facility and during the orientation phase which occurs within one week of arriving at the facility. Inmates were aware of available services outside of the facility for dealing with sexual abuse.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative.

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
Investigations Special Training Curriculum
Investigations Staff Training Certificates

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program requires that administrative investigations are conducted by trained SIS staff who are full-time employees at the facility. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a

Confinement Setting. SIS staff certifications and an examination of policy confirmed compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 SOP-4024 Forensic Information and Procedure in the Event of Sexual Assault
 TCI Policy 1-D Training and Staff Development
 Memo – Forensic Examinations
 Medical and Contract Employee Rosters
 Medical Specialized Training

TCI Policy 1-D Training and Staff Development mandates specialized training for medical and mental health staff. The facility has full-time medical care staff and full time mental health staff on site. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA specialized training medical and mental health staff have attended during the last 12 months. Medical staff interviewed were extremely knowledgeable of sexual abuse and sexual

harassment and responses to reporting and identifying sexual abuse or sexual harassment. Compliance was determined by review of training curriculum, interviews with nurse and mental health director.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes
☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 TCI Policy 4-A Intake Screening
 Intake Screening Packet
 Intake Screening
 Screening for Risk of Victimization and Abusiveness (BP-A1030)
 Notes of Inmate Being Reassessed
 Program Review

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program establishes policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The screening is conducted by the mental health staff and case manager. The screening normally occurs within twenty-four hours, but no more than seventy-two hours after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. Medical staff conducts an initial medical screening including questions of prior sexual abuse. Agency Directives require within the first 30 days of arriving at the facility, the unit team meets with the offender to review any additional information that has been received, overall adjustment to the facility and for job placement. During the unit team meeting the offender's risk level is reassessed. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status.

A review of 15 initial and rescreening instruments revealed that all inmates were screened and rescreened as required by standards.

Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the TCI. Also, during intake screening, procedures require staff review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that an inmate has a history of sexually aggressive behavior. Housing assignments are made accordingly. The facility uses the agency Screening form and the Screening for Risk of Victimization and Abusiveness as the objective screening instruments. The Screening for Risk of Victimization and Abusiveness include the following:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmates' criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the inmate has previously experienced sexual victimization;
- The inmate's own perception of vulnerability; and

- Whether the inmate is detained solely for civil immigration purposes

Compliance was determined by review of the screening instrument, review of inmate records with screening and rescreening instrument, review of company inmate data to manage screening instruments. Compliance was further determined by interviews with classification supervisor, PREA compliance manager, inmates, mental health and medical staff.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
TCI Policy 4-A Intake Screening
Intake Screening Packet
PP64 – Intake Screening
Screening for Risk of Victimization and Abusiveness (BP-A1030)
PDS Notes
PP37 Quarters History
PP44 – Indicating Housing, Bed, Work, Education, Programming Assignment
Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program provides that risk screening information is used to determine housing, bed, work, and education and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task. BOP has no dedicated facilities for transgender or intersex inmates. The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. TCI policy mandates that transgender and intersex inmates are given the opportunity to shower, dress and use the toilet facilities separately from other inmates. The facility has no transgender inmates assigned during the last 12 months. The interview with the Agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff and inmates, observations of housing assignments and unit activities, as well as an examination of documentation/policy, confirm that the facility is in compliance with this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program Management and Training Corporation
 TCI Policy 3-D Special Housing Unit
 Involuntary Restrictive Housing Unit (RHU) Placement
 Administrative Detention Order (BP-A0308)
 Special Housing Unit Privileges (CS-039)

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program Management and Training Corporation meets the mandates of this standard. The Administrative Segregation Unit houses both administrative (protective custody) and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. One inmate was placed in protective custody for less than 24 hours during an investigation of sexual abuse. In practice, victims would only will be placed in involuntary protective custody for investigation. If necessary, placement would only

be for a very short time for protection only and only to determine the facts of the incident. There were no inmates housed in the administrative segregation unit. Compliance was determined through review of policy, segregation logs, and interviews with Warden, PREA compliance manager and SIS.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention Program

TCI Policy 4-A Intake Screening

Inmate Handbook

Documentation regarding Staff Acceptance of Inmate Report (if applicable)

Documentation regarding Staff Privately Reporting Abuse or Harassment of Inmate

TCI Policy 3-G Sexual Abuse/Assault Prevention & Intervention Program provide information on reporting allegations of sexual abuse or harassment. Inmates will be provided with information on how to report sexual abuse or harassment to facility staff as well as public and/or private agencies not affiliated with TCI; and procedures for permitting third-party reports of sexual abuse/harassment on behalf of an inmate. Information for third-party reporting, such as from friends or family can be found on the Bureau of Prisons website: www.bop.gov. This information is given during intake, orientation, and is made available through posters, handbooks, and pamphlets. Inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff, and staff neglect or violation of responsibilities that may have contributed to such incidents in several ways. Inmates may speak with any staff member, contact their family or friends, or utilize an Inmate Request to Staff form to report such incidents or utilize a red phone located in the offender phone bank to call directly to the SIS office. All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports, and will immediately report any such information to the shift supervisor. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has

procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display which also explain reporting methods.

Staff members promptly accept and document all verbal, written, anonymous, private and third-party reports of alleged abuse/sexual harassment. 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 Office. Inmates at the facility are not detained solely for civil immigration purposes.

Compliance of this standard was validated by review of the inmate handbook, posters throughout the facility, company policies on inmate reporting sexual abuse or sexual harassment and interviews with staff and inmates.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-E Inmate Rights
P.S. 1330.18 Administrative Remedy Program
Inmate Handbook

Taft Correctional Institution utilized the BOP Administrative Remedy Program. BOP policy 1330.18 Administrative Remedy Program mandates that inmates seeking a formal review of issues relating to sexual abuse should use the regulations promulgated by the Department of Justice under the Prison Rape Elimination Act, 42 U.S.C. §15606, et seq. Administrative remedies regarding allegations of sexual abuse may be filed at any time. For all other issues, the 20 calendar day period specified in Section 8 of this Program Statement shall be followed.

If the inmate includes on a single form multiple unrelated issues, the portion of the administrative remedy regarding allegations of sexual abuse should be accepted and processed.

The inmate shall be advised to use a separate form for each unrelated issue. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances filed involving PREA related issues during the past 12 months. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by review of policy and grievance logs, as well as an interview with the PREA compliance manager and inmates.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 Inmate Handbook
 Rape Crisis Hotline Info
 MOU with The Alliance Against Family Violence

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program mandates that TCI provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility has successfully entered into an agreement with the Alliance Against Family Violence and Sexual Assault to provide advocate services. The group provides emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency). TCI also provides information for inmates Rape Crisis Hotline. Inmate handbook is issued upon the inmate's arrival and cover reporting procedures and provides how to receive the address and phone numbers Alliance Against Family Violence and Sexual Assault. It also outlines the steps on how inmates may report PREA violations and who and where to report, along with the PREA report line number. The facility enables reasonable communication between inmates and these organizations and agencies in as

confidential a manner as possible. Interviews with staff and inmates, interviews with the local victim advocates and an examination of policy/documentation and inmate handbook confirmed compliance with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
TCI Inmate Handbook
BOP Website Indicating 3rd Party Reporting
MTC Website Indicating 3rd Party Reporting

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program and the Inmate Handbook and MTC Website meet the requirements of this standard. BOP websites include www.bop.gov/sa_prevention_reporting.jsp or Bureau of Prisons website: www.bop.gov. MTC websites include heather.manuz@mtctrains.com or Mike Atchison@mtctrains.com. The inmates interviewed indicated they were aware of third-party reporting. Compliance was determined by review of policy, posters, inmate handbook, MTC website and BOP website.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Statement of Work

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
SOP- 4024 Forensic Information and Procedure in the Event of Sexual Assault
Allegation Report to SIS / Referral to OIA

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program and SOP- 4024 Forensic Information and Procedure in the Event of Sexual Assault provides ways of reporting for inmates. Inmates may speak with any staff member, contact their family or friends, or utilize an Inmate Request to Staff form to report such incidents. All staff will accept reports made verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports, and will immediately report any such information to the shift supervisor. All staff is required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at TCI; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The shift supervisor will immediately report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PREA Compliance Manager and SIS staff. Apart from reporting to the shift supervisor or other designated staff acting in their official capacity (normally the PREA Compliance Manager and SIS staff), staff will not reveal any information related to a sexual abuse report to anyone. If an inmate discloses information to the mental health or medical provider that reveals a danger to the inmate and/or corrections personnel, the provider is required by law to inform the inmate that due to the nature and implications of the information, confidentiality cannot be maintained. The facility does not house inmates under the age of 18. A review of established policy and interviews with staff members support the finding that the facility is in compliance with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program addresses the mandate of this standard. If staff learns that an inmate may be at substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate. This may include a change in housing and notification to psychology, chief of security, and SIS staff. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence and contacting the shift supervisor and medical staff. Staff carry PREA information cards which includes what to do if staff members determine that an inmate in responding to inmate protection if he was subject to a substantial risk of imminent sexual abuse. In the past 12 months there was no instance in which non-correctional officers were the first persons made aware of an offender being sexual abuse or harassed. Interviews with the inmate and staff confirmed that facility staff protect the inmate victim and separate victim from the alleged predator.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
PP64 – Intake screening (indicating allegation)
*Notification to BOP
*SIS Investigation Report from other Facility

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program and P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program meets the requirement of this standard. Policy requires that if an inmate alleges sexual abuse while confined at another facility, the Warden or designee will notify BOP on-site staff immediately. BOP on-site staff will notify the Warden where the alleged abuse occurred within 72 hours after receiving the

allegation and copy TCI warden of notifications and investigations. Notification to BOP on site staff will be documented by the SIS Lieutenant. Policy also requires that an investigation be initiated. In the past 12 months, there were 3 allegation from an inmate that he was sexually abuse or harassed while confined at another facility. All cases had been investigated at the sending facility. The Warden received documentation of notification of sending warden and investigative results. Compliance was determined through review of agency and company policy, review of all nonfictions and investigation findings and interviews with SIS, IPCM and Warden.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
Documented Sexual Abuse investigation

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program mandates for staff, volunteer and contractor's role for inmate allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. The policies and information provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and facility leadership. Upon learning of an allegation of sexual assault first responders will immediately notify the nearest correctional staff member. The facility will separate the victim and abuser; preserve and protect the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder correctional staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible.

During the last 12 months there have been 3 allegations of sexual abuse. One allegation were made within the time line the allowed for forensic examination. A review of the investigative report supported the facility followed all protocol required by standard. An examination of policy/documentation, interview with all staff interviewed including education instructors, support staff and volunteer confirms compliance with this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program address the mandates of this standard. The policy specifies the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention, in the event a case of abuse or assault occurs. Correctional staff carry a card that provides guideline for first responder or coordinated responses to sexual abuse. The policy also includes procedures for the Reporting, Protecting, Physical care, Psychological Crisis intervention, Crime Scene Preservation, and After Action Review. Five random non-correctional staff were interviewed regarding first responder reporting. All indicated they would notify the shift supervisor or correctional officer in their vicinity and would remain with the alleging offender until correctional staff arrived.

TCI is a member of the Kern's County SART program and has MOU with SART, and victim advocacy program. The SART team includes local law enforcement, victim advocates, prosecutor, mental health providers, IPCM and other sex abuse support stake holders. The determination of exceed compliance was determined through the review of policy, interviews with the non-correctional staff, correctional staff, medical staff, mental health staff, victim advocate; SART members.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Statement of Work

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons
 TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 TCI Policy 1-C-3 Personnel Standards of Conduct
 Memo of Allegation Against Staff

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons (A1, A2) November 1, 2019 mandates that any collective bargaining agreement or other agreement must comply with PREA standards dated August 20, 2012. The facility has no collective bargaining agreements. TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program provides that when an inmate alleges sexual abuse or sexual harassment by a staff member, a no-contact assignment will be imposed during the investigation. Depending on the severity of the allegations, the staff member may be placed on administrative leave pending the outcome of the investigation. If the allegations are determined to be unsubstantiated, the no-contact assignment will be removed. TCI Policy 1-C-3 Personnel Standards of Conduct mandates employees are subject to administrative action, up to and including termination, for any inappropriate contact or relationship with inmates, regardless of whether such contact constitutes a prosecutable crime. Physical contact is not required to subject an employee to

sanctions for sexual misconduct. All terminations for violations of sexual abuse/sexual harassment or resignations by staff, facility contractors, and/or inmate volunteers who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden and Human Resource Manager were interviewed and verified information provided during the Pre- Audit Questionnaire. There were no incidents requiring protection for inmates from staff during the last 12 months. Compliance was confirmed through review of the policy and interviews with administrative staff.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
SIS Investigation Reports
Retaliation Monitoring Follow Up Interviews

TCI Policy 3-G Sexual Assault/Abuse Prevention and Intervention Program mandates that retaliation by staff or inmates against any staff or inmate for reporting an alleged sexual abuse or sexual harassment case is strictly prohibited. The PREA Compliance Manager and/or SIS department shall monitor all reported cases of sexual abuse or sexual harassment for at least 90 days following any such report to ensure retaliation does not occur. In the case of inmates, this monitoring will include periodic status checks by SIS staff. The facility has several protection and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is a form for documenting retaliation. A review of the retaliation monitoring confirmed that all inmates that made allegation of sexual abuse were provided retaliation monitoring. Compliance was determined by review of policy, retaliation monitoring form, and interview with inmate who made an allegation of sexual abuse and interviews with PREA coordinator, IPCM, SIS Lieutenant and Warden. .

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
TCI Policy 3-D Special Housing Unit
Involuntary SHU Placement
Administrative Detention Order (BP-A0308)
Special Housing Unit Privileges (CS-039)
Special Housing Unit Staff / Outside Visitor Sign In Logs (CS-023)
Special Housing Review (BP-A0295)
Segregation Admit & Discharge Log (CS-024)

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program Post-Allegation Protective Custody govern the use of segregation for protection of inmates that have made allegation of sexual abuse. Inmates at high risk for sexual victimization will not be placed involuntarily in the Restrictive Housing Unit (RHU) unless the chief psychologist, in conjunction with SIS, chief of security, medical staff, and unit team, has conducted an assessment and determined there are no alternative means for separation from likely abusers. If the chief psychologist cannot conduct an assessment immediately, the inmate may be held involuntarily in the RHU for no longer than 24 hours while the assessment is completed. If upon conclusion of the assessment, the chief psychologist determines there are no alternative means for separation, the inmate will be housed in administrative segregation until a means of separation can be arranged (ordinarily not to exceed 30 days) and will be afforded access to programs and privileges in accordance with TCI Policy 3-D, Special Housing Unit. The chief psychologist will document the decision for involuntary segregation to include the basis for concern of the inmate's safety; and the reason why no alternative means of separation can be arranged. In the past 12 months there were no inmates held in involuntary segregated housing awaiting completion of assessment and none held in involuntary segregated housing for longer than 24 hours while awaiting alternative placement. Interviews with staff and review of policy and procedures confirmed compliance with this standard. Compliance with this standard was determined by a review of policy and documentation, as well as staff interviews including RHU shift supervisor, IPCM and Warden.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
TCI Policy 3-F Intelligence Procedures
Investigations Staff Training Certificates

Allegation Investigation
Memos
Referral to FBI or OIA
SIS Investigative Report

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program Investigation and Prosecution provides guidance for investigation of all allegations of sexual abuse or sexual harassment

An administrative and/or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment. The initial investigation will begin immediately by correctional staff, normally SIS staff, to ensure preservation of physical and/or circumstantial evidence. In accordance with contract requirements, the OIA and/or FBI will be notified immediately and will assume control of the investigation when appropriate. Administrative Investigations will include an effort to determine whether staff actions or failures to act contributed to the abuse and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings.

Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal will be referred for prosecution.

SIS staff will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All written reports of administrative and criminal investigations will be maintained for as long as the alleged abuser is incarcerated or employed by MTC, plus an additional five years. The departure of an alleged abuser or victim from the employment or control of MTC does not provide basis for terminating an investigation.

The Major will ensure that SIS staff track sexually abusive behavior and when the OIA or FBI assumes control of the investigation, SIS staff will endeavor to remain informed about the progress of the investigation. To the extent possible, the Warden will request that outside investigative authorities conduct the investigation in accordance with PREA investigation standards.

Should the OIA and/or FBI determine that the allegations can be investigated locally, SIS staff, who have received special training in sexual abuse investigations, will conduct such investigations. These investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. SIS staff will cooperate fully with all outside investigative authorities and when required will: Gather and preserve physical and DNA evidence consistent with evidence gathering/processing procedures outlined in TCI Policy 3-F, Intelligence Procedures, collect available electronic monitoring, interview alleged victims, suspected perpetrators, and witnesses, review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support a criminal prosecution, compelled interviews will be conducted only after consulting with prosecuting attorneys to determine whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as inmate or staff. Inmates who allege sexual abuse will not be submitted to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

TCI maintains data collection, reviews, and storage in accordance with BOP standards.

TCI investigator provided documentation of completions of Sexual Abuse and Harassment investigator's training. Discussion with the investigator validated training included all aspects of the standards for sexual abuse and harassment training. There were two (2) completed investigations of sexual abuse investigated and one (1) report of sexual harassment over the previous 12 months. There was one (1) referrals for criminal investigations.

The review of policy, investigative reports, investigators credentials and interview with two TCI investigators and Major confirmed compliance with policy.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program SIS Investigative Report

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program mandates In accordance with PREA standards, during the course of investigations, the facility shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. Compliance was determined by review of policy, investigator training curriculum, interview with investigator and IPCM.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
Investigation Report
Follow-Up Interview

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program Reporting to Inmates mandates following an investigation into a sexual abuse allegation, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted by an outside investigative authority, SIS staff will request relevant information from such authority in order to inform the inmate. When substantiated, this notification will be documented in the inmate's central file. When unsubstantiated or unfounded, this notification will be documented on the Sexual Abuse/Assault or Harassment Follow Up Interview Form. Following an inmate's allegation of sexual abuse by another inmate, the inmate will be notified by facility staff as to the charges or conviction of the assailant related to the sexual abuse. This notification will be documented in the central file. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, staff will inform the inmate (unless the allegation is determined to be unfounded) whenever the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility SIS staff learn that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. This notification will be documented in the inmate's central file.

All facility obligations to report to the victim will terminate when the victim is released from BOP custody.

During this auditing period, there were three (3) administrative investigations of alleged sexual abuse or sexual harassment that required notification in accordance with this standard. The notification to offenders was provided on the retaliation monitoring Follow Up Interview Form. While the practice provides documentation of advising inmate it was recommended that the facility enhance the notification process by providing a memo requiring staff and offender to sign indicating they had made notification and they had received notifications. The facility updated the notification system during the audit process. Compliance with this standard was determined by a review of policy, staff interviews and inmate who made an allegations and copy of inmate interview form providing inmate notifications.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program. Staff Disciplinary Sanctions mandates all staff, contractors, and volunteers are subject to disciplinary sanctions for violating TCI sexual abuse and sexual harassment policies. Disciplinary sanctions for violations relating to sexual abuse and sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by

other staff with similar histories. In the case of any other violations relating to sexual abuse and sexual harassment by a contractor or volunteer, appropriate remedial measures and consideration will be taken to determine whether or not to prohibit further contact with inmates.

Termination is the presumptive disciplinary sanction for staff, contractors, and volunteers who have engaged in sexual abuse. All terminations for violations of TCI sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. There have been no substantiated cases of staff engaging in sexual abuse or sexual harassment in the last twelve months. Compliance with this standard was determined by a review of policy and staff interviews including correctional staff, human resources director, contractors and volunteers.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program. Staff Disciplinary Sanctions mandates all staff, contractors, and volunteers are subject to disciplinary sanctions for violating TCI sexual abuse and sexual harassment policies. . In the case of any other violations relating to sexual abuse and sexual harassment by a contractor or volunteer, appropriate remedial measures and consideration will be taken to determine whether or not to prohibit further contact with inmates. Termination is the presumptive disciplinary sanction for staff, contractors, and volunteers who have engaged in sexual abuse. All terminations for violations of TCI sexual abuse and sexual harassment policies, or resignations by staff, contractors or volunteers who would have been terminated if not for their resignation, will be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. There have been no substantiated cases of staff engaging in sexual abuse or sexual harassment in the last twelve months. Compliance with this standard was determined by a review of policy and staff interviews including volunteer coordinator, human resources director, contractors and volunteers.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

P.S. 5270.09 Inmate Discipline Program

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program

Inmate-on-Staff Discipline Packet

Taft Correctional Institution utilized the BOP policy 5270.09 Inmate Discipline Program for Inmates. The Offender Handbook address the mandates of this standard. Information on

inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Prior to disciplinary hearing mental health staff access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
TCI Policy 4-A Intake Screening
Referral to Psychology for Prior Victim
Intake Screening
Screening for Risk of Victimization and Abusiveness (BP-A1030)
Psychology Follow-up
Referral to Psychology for Prior Perpetrator

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program and TCI Policy 4-A Intake Screening mandates inmates who disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by PREA compliance team staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. During the intake process a medical provider separately interview the incoming inmate. During this process follow-up meetings with inmate that have history of sexual abuse or are identified as a sexual predator or scheduled. When requested staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with this standard. Compliance was confirmed by a review of policies and intake screening documents, mental health referrals and Mental Health appointment notes as well as interviews with two (2) inmates who self-identified as having experienced prior victimization during intake and one (1) inmate who identifies as gay that requested a follow-up with the Mental Health Staff. Compliance was also determined by review of the screening instrument, interviews with inmates, medical and mental health staff.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
SOP-4024 Forensic Information and Procedure in the Event of Sexual Assault
Forensic examination memo

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program Access to Emergency Medical and Mental Health Services and MTC Medical Staff SOP-4024 Forensic Information and Procedure in the Event of Sexual Assault address the requirements of this standard. The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 24 hours a day, seven days. Mental health providers are on-site 12 hours a days and are also available for call-back during off duty hours. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of

care, where medically appropriate. There was one (1) allegations of sexual abuse that required referral for forensic examination in the last year. The offender was provided all services noted in this standard. Upon return to the facility the offender was provided mental health counseling and mental health staff follow up. Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff at Kern's County SART center.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Statement of Work

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
 SOP-4024 Forensic Information and Procedure in the Event of Sexual Assault
 Initial Assessment and Follow Up Treatment Records (Alleged Victim)
 Initial Assessment and Follow Up Treatment Records (Alleged Abuser/Perpetrator)

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program; Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers and MTC Medical Directive SOP-4024 Forensic Information and Procedure in the Event of Sexual Assault address this provide direction for Medical and Mental Health treatment of inmate that have been assaulted. The facility will provide sexually abused victims with medical and mental health services

consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Statement of Work stipulates that only adult offenders can be housed at the facility.

The facility mental health services are provided through Clinical Psychologist or Psychiatrist employed by TCI. The Clinical staff would provide staff to attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. Psychology staff shall ordinarily determine the need for aftercare and transitional treatment services, and notify the unit manager of their recommendations. For those cases where further services are recommended, consultation between psychology services and BOP will occur to facilitate continuity of care. When no further supervision will occur, psychology services will assist the victim in locating community services and facilitate

Victims would also receive timely and comprehensive information about and timely access to all necessary medical services.

Compliance to the standard was verified through review of policy standard operations procedures and interviews with Mental Health Director.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program
Sexual Abuse Incident Review

SIS Investigative Report Incident Review

TCI Policy 3-G Sexual Abuse/Assault Prevention and Intervention Program address the mandates of this standard. The policy requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

There were two allegations of sexual abuse and one allegation of sexual harassment that were reviewed by the Incident Review Team. A review of the incident reviews, the Incident Review forms and interviews with the Warden, MTC PREA coordinator, and TCI PREA compliance manager confirmed compliance with this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons
November 1, 2019
BOP P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program
TCI Policy 3-F Intelligence Procedures
MTC Data Collection Tool
MTC Annual PREA Report
BOP Annual PREA Report
SIS Monthly Intelligence

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons
November 1, 2019, Data Collection addresses the mandates of this standard. A review of documentation supports the finding that the TDCJ has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including contract

facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. BOP P.S. 5324.12 Sexually Abusive Behavior Prevention and Intervention Program mandates that Private Institutions will follow P.S.5324.12 which mandates that the Bureau tracks information concerning sexual abuse using the methods listed below. In disseminating this information within the Bureau, or releasing information to a third party, the Bureau complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations. The SIS must maintain secure investigative files and data, which include:

- The victim(s) and perpetrator(s) of sexually abusive behavior.
- A factual description of the events.
- Formal and informal action(s) taken.
- All collateral reports, supporting memoranda, and videotapes.
- Medical forms (e.g., injury assessments).
- Any other evidentiary materials pertaining to the allegation.

The National BOP PREA Coordinator, with the assistance of the Regional PREA Coordinators, aggregates and reviews data from all sources annually. The Information, Policy, and Public Affairs Division collects and reports on the data used in the Bureau of Justice Statistics Survey of Sexual Violence. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Information, Policy, and Public Affairs Division collects and reports. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmate.

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 and shall submit unique information and reports as requested by the BOP and participate in meetings and training as requested by the BOP. For intelligence issues, the IO's BOP point of contact will be the Privatization Management Branch Intelligence Specialist.

A review of documentation and staff interviews confirmed compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The

Agency aggregates and reviews all data annually. There were two allegations of sexual abuse and one allegation of sexual harassment reported during the last 12 months. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. Compliance with this standard was also determined by a review of policy/documentation TDCJ website and an interview with the IPCM and MTC PREA coordinator.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons
MTC Annual PREA Report
BOP Annual PREA Report

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons November 1, 2019 Data Review for Corrective Action address the mandates of this standard. The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, to identify any trends, issues or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. A review of TCI report for 2018 included all allegations of sexual abuse or sexual harassment and the findings of each allegation investigations. The BOP annual report also includes all allegations of sexual abuse or sexual harassment. There were no allegations of sexual abuse and no allegations of sexual harassment noted in the BOP 2018 annual report. The Annual Reports were reviewed by the auditor. Compliance with this standard was determined by a review of policy/documentation and staff interviews.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

POLICY AND DOCUMENT REVIEWED:

MTC Policy 903E.02 Sexual Safety in Prisons
MTC Website – Annual PREA Reports

Management and Training Corporation (MTC) Policy 903E.02 Sexual Safety in Prisons November 1, 2019 Data Storage, Publication, and Destruction addresses the requirements of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the MTC website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are is retained in a file. Compliance with this standard was determined by a review of policy/documentation and interviews with MTC PREA coordinator, IPCM and warden.

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the third PREA audit of this facility. The last PREA audit was in October 2016. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All Texas facilities have received at least one PREA audit since August 20, 2012. At least one-third of all Illinois facilities were audited during the one-year period after August 20, 2012. The auditor was provided supporting documentation before and during the audit. Notifications of the audit (posted throughout the facility) allowed inmates to send confidential letters to the auditor prior to the audit. No pieces of correspondences from an inmates or staff were received by the auditor.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The institution has fully implemented all policies, practices and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical, mental health, and sexual abuse intervention and support networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. Taft Correctional Institution currently meet all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Robert Manville

02-15-2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.