

# **PREA AUDIT REPORT   ☐ Interim   ☒ Final** **Community Confinement Facilities**

**Date of Report: October 21, 2016**

<b>Auditor Information</b>			
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<b>Date of facility visit:</b>	April 25-26, 2016		
<b>Date report submitted:</b>	October 21, 2016		
<b>Facility Information</b>			
<b>Facility Name:</b>	Austin Transitional Center		
<b>Facility Address:</b>	3154 East Hwy 71, Del Valle, Texas 78617		
<b>Facility mailing address:</b> <i>(if different from above)</i>	N/A		
<b>Telephone number:</b>	512-386-5722		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Name of facility's Chief Executive Officer:</b> Darryl Anderson		<b>Title:</b>	Facility Administrator
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Community Treatment Center <input type="checkbox"/> Community-Based Confinement Facility <input type="checkbox"/> Halfway House <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Alcohol or Drug Rehabilitation Center <input type="checkbox"/> Other		
<b>Name of facility's Chief Executive Officer:</b> Darryl Anderson, Facility Administrator			
<b>Number of staff assigned to the facility in the last 12 months:</b> 40			
<b>Designed facility capacity:</b> 435			
<b>Current population of facility:</b> 401			
<b>Facility security levels/inmate custody levels:</b> Community			
<b>Age range of the population:</b> 20 - 83			
<b>Name of PREA Compliance Manager:</b> Robert Franco		<b>Title:</b>	PREA Compliance Manager
<b>Email address:</b> Robert.Franco@avcor.net		<b>Telephone number:</b>	512-386-5722
<b>Agency Information</b>			
<b>Name of agency:</b>	Corrections Corporation of America		
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>	N/A		

<b>Physical address:</b>		<b>10 Burton Hills Boulevard, Nashville, TN 37215</b>
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<b>Agency Chief Executive Officer</b>		
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<b>Agency-Wide PREA Coordinator</b>		
<b>Lisa Hollingsworth</b>	<b>Title:</b>	<b>Sr. Director, PREA Programs and Compliance</b>
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## AUDIT FINDINGS

### NARRATIVE:

The PREA on-site audit of the Austin Transitional Center was conducted April 25-26 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the agency's PREA Coordinator and the PREA Compliance Manager. I was supplied with a list of residents sorted by housing unit, those with special designations and security and non-security staff who were scheduled during the on-site visit.

On the first day of the audit, an entrance meeting was held with Darryl Anderson, Facility Administrator, Robert Franco, PREA Compliance Manager, and Lisa Hollingsworth, Senior Director PREA Program and Compliance and in attendance. Those in attendance of the entrance meeting accompanied me on a facility tour following the conclusion of the meeting. During the tour, the location of cameras and mirrors, dorm layout including shower/toilet areas and placement of PREA posters and information was observed. Information on Safeplace, a local agency that provides victim advocacy services to residents of the facility through an MOU, was observed not to be posted. It was recommended that this information be posted and readily accessible to residents. Before the conclusion of the audit visit, the PREA Compliance Manager posted this information throughout the facility.

The shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilets are single stalls with partial solid doors for privacy. Urinals in the male dorms are separated by laminated partitions. In A-E dorms an observation was made that the first urinal in each of those restrooms is visible when entering the restroom area allowing for a potential for cross gender viewing. A recommendation was made to extend the partition on the side closest to the door as well angle the partition for increased privacy. Also noted during the tour was what appeared to be a blind spot in the kitchen area. Appliances that are lined up behind the serving line obstructed vision to the area behind the appliances. It was recommended that this may be an area that cameras could be considered in the future. It was recommended that in the meantime, the addition of two domed mirrors in this area would allow for more visibility and safety for residents working in that area. Before the conclusion of the on-site visit, two mirrors were installed. During the course of the tour and on-site

visit, I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting.

A total of 20 residents, two from each housing unit, were formally interviewed during the course of the audit. Three residents selected for interviews refused and other residents from those housing units were interviewed in their place. Of the 20 residents interviewed, there were two Spanish speaking, one potential victim, one self-disclosed gay, one self-disclosed lesbian, one deaf and one hard of hearing that were incorporated into that random selection. All of the residents interviewed acknowledged receiving PREA training with written information during the intake process. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Residents consistently indicated that they feel safe at this facility. The Spanish speaking residents, interviewed with the assistance of a staff interpreter, reported that they received all PREA-related information in Spanish and watched the Spanish version of the PREA video. There were no transgender, intersex or potential predators identified at the time of the audit.

A total of 17 staff members were interviewed during the course of the audit. This number included one volunteer who was interviewed by telephone. Of the 17 staff members interviewed, five were security staff and the remaining 12 were specialized staff. Several of the specialized staff have multiple roles and were asked multiple questions as they related to the responsibilities of those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

The Manager of Crisis Intervention of Safeplace was contacted prior to the audit to confirm and discuss the MOU in place with the facility. Safeplace has not received any requests for victim advocacy services from residents at the Austin Transitional Center.

At this time, the facility does not have a nurse on staff. That position was recently vacated. Once a week providers from the City of Austin Community Care Clinic come to the facility to provide medical services to the residents at no cost to the residents. There is no SAFE or SANE staff at the facility. Residents in need of SAFE or SANE exams, by agreement, are referred to the Brackenridge Hospital. There are no Mental Health staff at the facility. A Memorandum of Understanding (MOU) with Safeplace provides for confidential emotional support services for victims of sexual abuse and offers ongoing counseling needs.

In the past 12 months, there have been no allegations of sexual abuse or sexual harassment. If allegations are reported, the PREA Compliance Manager is the trained facility investigator. Criminal investigations are referred to the Austin Police Department.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Darryl Anderson, Facility Administrator, Tammy Bovee, Assistant Facility Administrator, Robert Franco, PREA Compliance Manager, and Lisa Hollingsworth, Senior Director PREA Program and Compliance in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit including corrective measures for standards found to be non-compliant. Those standards were reviewed with the team along with recommendations for bringing those standards into compliance. The facility will be working closely with the agency PREA Coordinator and me to accomplish this. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance.

Following the submission of the interim report (5/26/16), the facility went into a corrective action period to achieve compliance on five standards that were found non-compliant. Those standards were 115.215, 115.217, 115.232, 115.241, and 115.242. As of the date of this report, the facility has achieved compliance with those standards. The actions taken by the facility to achieve compliance will be addressed in the narrative section of each of those standards.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Since October 2015 the Austin Transitional Center (ATC) has been owned and operated by Corrections Corporation of America (CCA). Prior to that date of purchase, the facility was owned by Avalon Correctional Services Inc. and Subsidiaries. The Austin Transitional Center is a 435-bed co-ed residential treatment center and halfway house. ATC is located on 6.51 acres of land in a commercial/industrial/business district at lot 3, Morgan Subdivision. The Austin Transitional Center is a new state-of-the-art structure that was completed and opened in 2010. ATC is near to the city of Austin to draw employees and allow residents to obtain employment.

ATC is licensed by the Texas Department of State Health Services (TDSHS) to provide Supportive Residential Substance Abuse treatment. The TDSHS license number is 3294-3295.

The Austin Transitional Center is located within the Travis County Correctional Complex with state and county owned correctional facilities. The Austin Transitional Center is properly zoned to provide residential reentry center and transitional treatment service for the Texas Department of Criminal Justice (TDCJ).

The Austin Transitional Center provides community based substance abuse treatment programs and job placement assistance programs for offenders recently released from TDCJ. ATC currently provides housing, life skills programs, and employment programs for TDCJ referred parolees and residential substance abuse treatment for male and female TDCJ program clients.

The facility is a steel framed building with insulated glass windows and doors on the front of the building. The facility contains one floor with two wings and ten dorms (marked A-J). A-H is designated male housing totaling 324 male beds and I and J are designated female housing areas totaling 96 female beds. ATC is designed for a total occupancy of 435 beds. On the first day of the audit the population of the facility was 401 with residents ranging in age from 20-83. In the past 12 months, there were 3161 residents admitted to the facility. The average length of stay is approximately 66 days.

Facility staff currently totals 40 with 19 vacancies. The facility is actively recruiting to fill those vacancies and utilizes staff overtime to fill those vacancies.

There are 32 cameras at Austin Transitional Center with the capability to store data for up to 30 days. Camera monitors are in the Monitors' Station and in the Facility Administrator's office. The Operations Supervisor and the Assistant Facility Administrator have access to the cameras on their computers.

The interior walls are drywall over steel frames and the office areas are painted textured sheet rock with wood trim. Most of the floor coverings are tile, with some carpet in the office areas. The roof covering is metal which has a slight slope for drainage. The ATC front parking area provides 61 parking spaces with 3 handicapped parking spaces. There is also a parking lot in the back of the facility that provides an additional 11 parking spaces and access for all facility supplies to be delivered. Each dormitory contains a day lounge, television, laundry access and separate bathrooms. The facility contains five classrooms for programs, outside exercise areas and additional dining hall space for large groups, staff offices, visitation area, case management office, counselor offices, administrative offices, one medical office and

a central control desk. There are separate outdoor recreation areas for males and females equipped with picnic tables.

A large central kitchen and dining area are located in the center complex. Three hot meals are provided each day by contract with Five Star Correctional Services, Dallas, Texas. A full-time food service manager oversees food service menus including special diets and a dietician approves all menus.

Capital Metro-Bus Services, a public transportation company, is located approximately 20 feet from the Austin Transitional Center. A single ride for resident costs \$.50, a day pass is \$1.00 and a 7-day pass is \$4.50. If public transportation is not available, the facility is equipped with 15-passenger vans and/or a facility car with approved transportation staff that provide residents transportation to and from the hospital, treatment facilities and vocational testing, training or placement programs, healthcare related appointments and any other required transportation.

Police services are available from the City of Austin and the Travis County Sheriff's Department. Fire protection is provided by the City of Austin.

The nearest medical hospital is Brackenridge Hospital located at 601 E. 15<sup>th</sup> Street, Austin, Texas, approximately 11.4 miles from the facility. Brackenridge Hospital provides SANE exams to the residents of ATC as well as provide all other medical services.

The agency/facility mission is "Advancing corrections through innovative results that benefit and protect all we serve".

## **SUMMARY OF AUDIT FINDINGS: (39)**

The following is a summary of the audit findings:

Number of standards exceeded: 3

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 3

<b>Standard</b>	<b>§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Corrections Corporation of America (CCA) policy 14-2 CC, as well as Avalon Correctional Services, Inc. and Subsidiaries (Avalon) policy, section 8, number 080102, were used to verify compliance to this standard, along with interview of the agency's PREA Coordinator and the facility's PREA Compliance Manager.

Corrections Corporation of America (CCA) and Avalon have written policies and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment. Both policies outline their agency's approach to preventing, detecting and responding to such conduct. The policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies met compliance to section (a), 1-5 of this standard. Since CCA policy is the now the current policy followed by the facility, all references to follow in this report will address CCA policy 14-2 CC only.

CCA employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager. Page 2 of policy 14-2 CC outlines the responsibilities of the PREA Coordinator and the PREA Compliance Manager. In interview with the agency's PREA Coordinator at an earlier date and the facility's PREA Compliance Manager, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required.

<b>Standard §115.212 Contracting with other agencies for confinement of residents</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- X Not Applicable

CCA is a private provider and does not contract with other agencies for the confinement of residents. Based on documentation provided as well as interview of the agency's PREA Coordinator, this standard is not applicable.

<b>Standard §115.213 Supervision and monitoring</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2 CC, page 9, section D, 1-4, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population and the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. The Shift Supervisor is responsible for reviewing the PREA Staffing Plan and the daily shift rosters. If a position is vacated on any day, the Shift Supervisor notifies the PREA Compliance Manager who will in turn notifies the PREA Coordinator. The on-site TDCJ Contract Monitor reviews staff rosters weekly. In review of documentation provided by the facility and upon interview with the Facility Administrator, in the past 12 months there were no times that there were deviations to the staffing plan. Vacated positions and call-ins are covered with the use of overtime.

The staffing plan is reviewed annually by the PREA Compliance Manager and the Facility Administrator in conjunction with the PREA Coordinator and documented on the 14-2 CC-I *Annual PREA Staffing Plan Assessment*. It is then forwarded to the PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The 2015 annual review of the staffing plan noted that the current plan sufficiently addressed the needs of the facility. The most recent Annual PREA Staffing Plan Assessment was completed on 3/11/16 with no recommendations for changes to the established staffing plan, but noted focus is needed on recruitment and retention efforts to ensure that all positions are filled and remain filled. There were no recommendations made for changes to video monitoring and/or technology, but a thorough assessment of cameras needed will be made in the coming months. The facility has a total of 32 cameras at this time with the capability for retaining data for up to 30 days.

<b>Standard §115.215 Limits to cross gender viewing and searches</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on review of policy 14-2 CC, pages 14 & 15, section K, the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The Avalon lesson plan on the limits of cross gender viewing and searches was provided for review. Receipt of this training was verified through interviews with Client Monitors and review of staff training records. In the past 12 months, there were no cross-gender strip searches or cavity searches performed.

The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. At no time in this audit cycle have female residents been denied access to programming because there was not female staff to pat search them. Whenever a cross-gender pat search of a female resident or cross-gender strip search of any resident occurs, the search will be documented.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia.

Policy 14-2 CC, page 15, section 5, requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. This practice was observed while on-site at the facility and residents interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite gender are in their housing unit.

In A-E dorms an observation was made during the facility tour that the first urinal in each of those restrooms is visible when entering the restroom area allowing for the opportunity for cross gender viewing; therefore, the facility was not compliant with 115.215 (d) of this standard. A recommendation was made to extend the partition on the side closest to the door as well angle the partition for increased privacy.

Based on policy 14-2 CC and Avalon's lesson plan provided for review, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Upon request, residents will be permitted to shower during a time that a staff member is in the dorm area to ensure privacy.

In the past 12 months, there have been no transgender or intersex residents housed at this facility. In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches which includes searches of transgender and intersex residents. Receipt of this training was verified through staff interviews and review of staff training files.

The facility met all elements of this standard with the exception of subsection 115.215 (d). The following is the recommended corrective action plan:

**Recommended Corrective Action Plan:**

The recommended corrective action required to bring this portion of the standard into compliance is for the facility to make physical plant changes to the urinal area of the restrooms in A-E dorms. Those changes would require extending the partition on the first urinal closest to the restroom door as well as angling the partition for increased privacy. By doing so, the facility would meet all subsections of this standard and meet the requirements of this standard. The facility would need to provide me with photos of the changes made to the urinal area of A-E dorms upon completion.

**Corrective Action Taken:**

During the corrective action period, the Austin Transitional Center made modifications to the rest rooms in dorms A-E. A partition was installed as you enter into the restroom that blocks the view of all of the urinals in those restrooms. The facility provided photos of the modifications that were made to all five restrooms (A-E). Based on review of photos of the modifications made, the facility met the requirements of subsection 115.215 (d) and therefore have achieved compliance to all elements of this standard.

<b>Standard    §115.216 Residents with disabilities and limited English speaking</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)



X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on review of policy 14-2 CC, page 14, section I - 2, residents are provided education in formats accessible to all residents, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or otherwise disabled, as well as residents who have limited reading skills. A *What You Need to Know*, a CCA PREA DVD available in both English and Spanish is viewed by all residents during the orientation process. A CCA PREA brochure and all PREA information posted throughout the facility are in both English and Spanish. Spanish speaking residents are given PREA information by Spanish speaking staff and ATT Interpreter Services are used for the translation of any other languages. A Videophone Kiosk is available to deaf residents providing them with the ability to make video relay calls at no charge to them. At the time of the audit, there were no visually impaired, blind or otherwise disabled residents housed at the facility. One resident who was severely hard of hearing and one deaf resident interviewed both stated they received PREA education in a manner they could understand. Two Spanish speaking residents interviewed confirmed receiving all written PREA information in Spanish and viewed the Spanish version of the *What You Need to Know* video.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for this purpose.

<b>Standard §115.217 Hiring and promotion decisions</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Review of CCA policy 14-2 CC, pages 5 & 6, section B, interview with the Human Resources Manager and random review of personnel files were used to verify compliance to this standard.

Per policy 14-2 CC, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities.

CCA considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check. In the past 12 months, 34 new staff received criminal background checks. An effort is made 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. A *Verification of Employment* form (3-20-2A) is used to request this information from past employers. In interview with the Human Resources Manager, all criminal

background checks are performed through the Texas Department of Criminal Justice (TDCJ) with access to the Texas Department of Public Safety (DPS). During the application process, names and fingerprints of employee or contractor is entered in to the system. DPS provides an automatic notification by e-mail of any activity on the individual's criminal history. If an employee is arrested the agency receives an automatic notification at that time and this information is forwarded to the facility. This method of reporting is known as Flash Reporting and eliminates the need for criminal background checks every five years.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. CCA requires that criminal background checks be conducted every five years on current employees and contractors who may have contact with residents. Because of the Flash Reporting system, the need for background checks every five years is eliminated.

All applicants and employees who have direct contact with residents are asked about previous misconduct as stated in section (a). The 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form is completed as part of the hiring process and as part of the promotional process. In review of 10 employee files, it was found that the 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form is not being utilized and therefore the facility is not in compliance with 115.217 (f) of this standard. The Interim Business Manager was provided the form and was instructed to have all staff and contractors complete this form.

CCA policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

#### **Recommended Corrective Action Plan:**

The recommended corrective action required to bring subsection 115.217 (f) this standard into compliance is for the facility to have all employees and contractors complete the 14-2 CC-H, *Self-Declaration of Sexual Abuse and Harassment* form and have them sign a roster indicating all employees and contractors have completed this form and forward that documentation to me. The facility was reminded that to stay in compliance with this subsection of the standard they must ensure the 14-2 CC-H not only be completed by all applicants, but also completed when employees are being considered for a promotion.

#### **Corrective Action Taken:**

During the corrective action period, the facility had every employee and contractor complete a 14-2 CC-H, *Self Declaration of Sexual Abuse/Sexual Harassment* form, with the exception two Sign Language Interpreters. The contracted services of the two Sign Language Interpreters were discontinued because the deaf inmate who was housed at the facility during the audit visit is no longer assigned to this facility. The facility forwarded me a copy of the signed 14-2 CC-H forms for all staff and contractors bringing subsection 115.217 (f) into compliance.

A question came up during the corrective action period of whether the contractors had background checks completed on them prior to them providing services to the residents of the Austin Transitional Center. The Practice Administrator of CommUnity Care forwarded a letter to the Facility Administrator verifying completion of background checks for five CommUnity Care employees that are currently providing services to the facility and four other employees that will be providing services in the near future.

Based on review of documentation provided to me, the facility has achieved compliance to all elements of this standard.

<b>Standard §115.218 Upgrades to facilities and technology</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

X Not Applicable

CCA policy 14-2 CC, page 31, section V and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CCA will consider the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse. The facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since August 20, 2012, therefore this element of the standard is not applicable to this facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CCA will consider how such technology may enhance the ability to protect residents from sexual abuse. The most recent *Annual PREA Staffing Plan Assessment* completed on 3/11/16 noted no changes to video monitoring or technology, but a thorough assessment of cameras needed would be made.

Since August 20, 2012 there have not been any new video monitoring system, electronic surveillance system, other monitoring technology installed, or updated; therefore, this element of the standard is not applicable to this facility.

<b>Standard §115.221 Evidence protocol and forensic medical exams</b>
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- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2 CC, pages 22 & 23, section O - 4, CCA and the Austin Transitional Center are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The Austin Police Department is responsible for conducting criminal investigations. Information on the Austin Police Department's approach to response to sex crimes can be found on their website at <http://www.austintexas.gov/department/sex-crimes>. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Residents in need of SANE exams are provided by an agreement with the Brackenridge Hospital at no cost to the resident. Efforts have been made with staff at Brackenridge Hospital to establish an MOU; however,

Brackenridge Hospital is reluctant to enter into an MOU. In the past 12 months, there were no referrals of residents for SANE exams.

The Austin Transitional Center has a Memorandum of Understanding (MOU) with Safeplace located in Austin, TX. Safeplace provides residents with confidential emotional support services related to sexual abuse. Residents are given the mailing address and a toll-free hotline number for Safeplace (512-267-7233) on flyers posted throughout the facility. Residents are informed of the extent to which communication with Safeplace will be monitored and to the extent of confidentiality in accordance with mandatory reporting laws. The Manager of Crisis Intervention at Safeplace was contacted prior to the audit and reported that in the past 12 months, Safeplace has not been contacted from any residents of the Austin Transitional Center.

<b>Standard §115.222 Policies to ensure referrals of allegations for investigations</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2 CC, pages 21-23, section O, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All PREA allegations are referred to the TDCJ Office of Inspector General (OIG) and the TDCJ PREA Ombudsman's office through the TDCJ Contract Monitor who is on site daily. When interviewed, the TDCJ Contract Monitor stated that when she is informed of an allegation of abuse, she contacts the Deputy Director and he will make those notifications or ask her to do so.

Upon receipt of an allegation, the facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Austin Police Department to conduct a criminal investigation and prosecution if warranted. The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CCA website (<http://www.cca.com/security-operations/prea>). In the past 12 months, there were no allegations of sexual abuse or sexual harassment received.

<b>Standard §115.231 Employee training</b>
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X Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA employees receive training on CCA's zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this

training is found on pages 6 & 7, section C, of the policy. Between trainings, the facility has staff meetings where the policy is reviewed and staff is informed of policy changes. The Avalon Lesson Plan was reviewed and found to contain all elements of 115.231 (a) as required. Employees sign an acknowledgment form that they have received and understood the training they received and sign a training roster.

In the past 12 months, all Austin Transitional Center employees have received this training as verified by review of random employee-training files, which showed documentation of this training is being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The Avalon Lesson Plan reviewed was very thorough and staff was extremely knowledgeable which showed that the facility has not only met, but exceeded the requirements of this standard.

<b>Standard §115.232 Volunteer and contractors training</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, pages 8 & 9, section 2, outlines the training requirements for volunteers and contractors. The objectives of the training ensure that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteers and contractors view a CCA PREA training DVD and acknowledge by their signature that they received and understood the training they received. Acknowledgment forms are maintained by the facility.

In discussion with the PREA Compliance Manager and review of training files, not all volunteers and contractors are current with this training. In interview with the religious volunteer, he reported there are eight volunteers from his church and one Sunday a month members from another church come to the facility to assist with the Sunday service. He thought that this church had approximately 10 members who volunteered at the facility. The volunteer that was interviewed was not up-to-date on his PREA training and before the conclusion of the audit, he and his wife, who also volunteers, completed the online training and provided documentation to the facility of its completion.

The facility had reported on their Pre-Audit Questionnaire that they did not have any contractors. While on-site for the audit, it was discovered that a sign language interpreter and clinical staff from a Community Care Clinic, who were providing services to the facility, did not receive PREA training. Other facility contractors are the food service workers, but their training was found to be current as they were facility employees before their services were contracted from Five Star Correctional Services and received employee education through in-service training prior to becoming contract employees.

**Recommended Corrective Action Plan:**

The recommended corrective action required to bring this standard into compliance is for the facility to contact all religious volunteers and contractors and ensure they complete the volunteer and contractor PREA training and provide the facility with proof of completion. This documentation of completion of PREA training for all religious volunteers, the sign language interpreter and the CommUnity Care Clinic providers would require to be forwarded to me. In the future, it was recommended that tracking of all volunteer and contractor training is necessary to ensure their training remains current to continue to remain in compliance with this standard.

**Corrective Action Taken:**

During the month of May and June the facility provided PREA training to all volunteers and contractors. Each volunteer and contractor signed a 14-2 CC-A, *Policy Acknowledgement* form and an Avalon *Acknowledgement of PREA Training and Understanding* form. Copies of these forms, acknowledging receipt and understanding of this training, were forwarded to me. Based on the review of the documentation provided to me during the corrective action period, the facility was found to meet all requirements of this standard.

<b>Standard §115.233 Resident education</b>
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☒ X Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on CCA policy 14-2 CC, pages 13 & 14, section I, all residents receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents.

Resident education is provided to all residents during the intake process within 24 hours of arrival to the facility in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, blind or otherwise disabled. Residents review a *What You Need to Know* DVD, which is presented in both English and Spanish. Residents receive a Client Handbook, which includes information from the PREA Ombudsman brochure and contains addresses, phone numbers and websites for various TDCJ offices available to them to report allegations of sexual abuse and sexual harassment. Spanish speaking residents are given PREA information by Spanish speaking staff and ATT Interpreter Services are used for the translation of any other languages.

Residents acknowledge by their signature on a *Zero Tolerance Acknowledgment for Offenders* form that they have received and understood the PREA education presented to them and that they viewed the *What You Need to Know* video. This documentation, maintained in client files, was reviewed. Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility.

At the time of the audit, there were no residents that were visually impaired, blind or otherwise disabled. Spanish speaking residents interviewed confirmed receiving all PREA information in Spanish, including the *What You Need to Know* video. One hard of hearing resident and one deaf

resident confirmed receiving PREA education in a manner they understood and were knowledgeable of the zero-tolerance policy and the methods of reporting available to them. The facility contracts sign language interpretation services for the one deaf resident and a videophone kiosk is available for deaf residents providing them with the ability to make video relay calls at no charge to them.

All residents interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. The facility is doing an excellent job of conveying PREA information to all residents as was evident in review of client records and the level of knowledge of inmates when interviewed.

<b>Standard    §115.234 Specialized training: Investigators</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on CCA policy 14-2 CC, page 7, section C-1-a, bullets 2-4, in addition to general training provided to all employees, CCA ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

At this facility, the PREA Compliance Manager completed this specialized training for investigators on 3/16/16. The facility maintains documentation of receipt of this training. Prior to the completion of specialized training, two collateral duty monitors were responsible for administrative investigations. If an allegation of abuse had been reported prior to 3/16/16, an investigator from one of the agency's other facilities would have been called to assist in investigating the allegation. In interview of the PREA Compliance Manager, he knew his responsibilities in conducting sexual abuse investigations.

<b>Standard    §115.235 Specialized training: Medical and mental health care</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on CCA policy 14-2 CC, page 8, 1st bullet, in addition to the general training provided to all employees, Qualified Health Care Professionals and Qualified Mental Health Professionals receive specialized medical training. This training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment.

The facility had one RN on staff until her recent resignation. Documentation provided showed she received this specialized training on 3/3/16 and signed a *PREA Training Acknowledgment* form verifying completion and understanding of the training. Another RN was hired to fill that vacancy who began pre-service on the first day of the audit and will complete general PREA training as well as specialized training required for medical staff. SANE exams are not performed at the facility. Residents requiring SANE exams are referred to Brackenridge Hospital.

The facility does not have a Qualified Mental Health Professional on staff. Residents receive these services by referral offsite.

<b>Standard §115.241 Screening for risk of victimization and abusiveness</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Per CCA policy 14-2 CC, pages 12 & 13, section H-1, upon admission to the Austin Transitional Center or upon transfer to another facility, residents are screened for their risk of being sexually abused or sexually abusive towards others. The 14-2 CC-B, *Sexual Abuse Screening Tool*, is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. The TC Intake Coordinator completes the initial PREA screenings for Therapeutic Community (TC) residents within 24 hours of arrival to the facility. A Case Manager completes initial screenings of Halfway House residents within 72 hours of arrival to the facility.

Within 30 days of the resident's arrival to the Austin Transitional Center, the resident is screened again using the 14-2 CC-B form. These 30-Day Reassessments are completed by the resident's assigned Counselor for TC residents and by their assigned Case Manager for Halfway House residents. A resident's risk level shall be reassessed also when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Residents are not disciplined for refusing to answer screening questions or not disclosing complete information. *Sexual Abuse Screening Tools* (14-2 CC-B) are filed in the residents' files which are locked in the client records room. To maintain confidentiality, only the Records Clerk, Case Managers, Counselors, Administrators and department heads are allowed access to this room.

In review of random resident files, it was found that there is inconsistency with dissemination of information obtained from the 14-2 CC-B forms. It could not be determined from review of the screening information and in discussion with those responsible for initial screenings, what the process was if residents scored at risk for victimization or abusiveness. Agency directions for completion of the 14-2 CC-B form, item #8 states, "It is very important that the completed sexual abuse screening tools (14-2 CC-B) get forwarded to staff making housing and program assignments." There appeared to be a lack of a consistent procedure for referral of the forms for at risk residents. The facility was not following agency's established practice as it relates to the completion of the *Sexual Abuse Screening Tool* (14-2 CC-B).

**Recommended Corrective Action Plan:**



To bring this standard into compliance, the corrective action plan recommended is for the facility to put in place a system for how information from the 14-2 CC-B form would be communicated and to whom. In addition, once residents at risk for victimization or abusiveness are identified from initial screening, a system for tracking these residents from arrival to discharge needs to be established. Once these processes are established, retraining of staff responsible for performing screenings and completing the 14-2 CC-B form is needed. The procedure established, the retraining information provided to staff and proof of this training would need to be forwarded to me before compliance to this standard could be determined.

**Corrective Action Taken:**

During the corrective action period, the facility developed a detailed procedure for how information from the 14-2 CC-B, *Sexual Abuse Screening* form is to be communicated. The new procedure was forwarded to me for review. In addition to the new PREA screening procedure, the facility has developed a log to identify and track residents who from initial, 30-day reassessments or screening due to new information or referral are determined to be a potential victim or a potential predator. All staff involved in the screening process were trained on the new procedure on 6/21/16 and a training roster was forwarded to me as proof of this training.

The facility provided staff with an e-mail on 9/5/16 which gave notice that only the Facility Administrator and the Assistant Facility Administrator have the authority to authorize resident housing assignments. It further stated that in the event of an emergency housing move, the Operations Manager/Shift Supervisor can authorize a housing move and this information must be forwarded to the Facility Administrator in writing and verbally.

The PREA Coordinator visited the facility on 9/8/16 and provided training to all Case Managers on the completion of the 14-2 CC-B, *Sexual Abuse Screening* form. The PREA Coordinator had provided this training twice in the past, but there were new staff involved in the screening process and she wanted to ensure they received this training. The facility forwarded me copies of three initial and 30-Day Reassessment forms for three different residents which showed the 14-2 CC-B forms are being completed completely and accurately and scored correctly.

Based on the documentation provided to me during the corrective action period, the facility has achieved compliance to all elements of this standard.

<b>Standard §115.242 Use of screening information</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. On interview with the Facility Administrator, he explained how the facility utilizes information from the 14-2 CC-B form.

Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 14, section J. Transgender and intersex residents are reassessed at least twice per year to review any threats to safety experienced by the resident as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the resident. Transgender and intersex residents are given the opportunity to shower separately from other residents. The agency does not place lesbian, gay bisexual, transgender or intersex residents in dedicated facilities, units or wings solely based on such identification. On interview with a self-disclosed lesbian and a self-disclosed gay resident, both reported that they have not been placed in any area because of their sexual orientation.

In review of random resident files, it was found that there was inconsistency with dissemination of information obtained from the 14-2 CC-B forms. It could not be determined from review of the screening information and in discussion with those responsible for initial screenings, what the process was if residents scored at risk for victimization or abusiveness. Agency directions for completion of the 14-2 CC-B form, item #8 states, "It is very important that the completed sexual abuse screening tools (14-2 CC-B) get forwarded to staff making housing and program assignments." There appeared to be a lack of a consistent procedure for referral of the forms for at risk residents. The facility was not following agency's established practice as it relates to the completion of the *Sexual Abuse Screening Tool* (14-2 CC-B).

#### **Recommended Corrective Action Plan:**

To bring this standard into compliance the corrective action plan would be the same as recommended for standard 115.241. As recommended, the facility needs to put in place a system for how information from the 14-2 CC-B form would be communicated and to whom. In addition, once residents at risk for victimization or abusiveness are identified from initial screening, a system for tracking these residents from arrival to discharge needs to be established. Once these processes are established, retraining of staff responsible for performing screenings and completing the 14-2 CC-B form is needed. The procedure established, the retraining information provided to staff and proof of this training would need to be forwarded to me before compliance to this standard could be determined.

#### **Corrective Action Taken:**

During the corrective action period, the facility developed a detailed procedure for how information from the 14-2 CC-B, *Sexual Abuse Screening* form is to be communicated. The new procedure was forwarded to me for review. In addition to the new PREA screening procedure, the facility has developed a log to identify and track residents who from initial, 30-day reassessments or screening due to new information or referral are determined to be a potential victim or a potential predator. All staff involved in the screening process were trained on the new procedure on 6/21/16 and a training roster was forwarded to me as proof of this training.

The facility provided staff with an e-mail on 9/5/16 which gave notice that only the Facility Administrator and the Assistant Facility Administrator have the authority to authorize resident housing assignments. It further stated that in the event of an emergency housing move, the Operations Manager/Shift Supervisor can authorize a housing move and this information must be forwarded to the Facility Administrator in writing and verbally.

The PREA Coordinator visited the facility on 9/8/16 and provided training to all Case Managers on the completion of the 14-2 CC-B, *Sexual Abuse Screening* form. The PREA Coordinator had

provided this training twice in the past, but there were new staff involved in the screening process and she wanted to ensure they received this training. The facility forwarded me copies of three initial and 30-Day Reassessment forms for three different residents which showed the 14-2 CC-B forms are being completed completely and accurately and scored correctly.

Based on the documentation provided to me during the corrective action period, the facility has achieved compliance to all elements of this standard.

<b>Standard    §115.251 Resident reporting</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, pages 15 & 16, section L-1, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report verbally to any staff member, write a letter to the Facility Administrator or any other employee, call or write someone outside the facility and have a family member or friend make a report for them or write to the agency PREA Coordinator. Additionally, page 17, section 3 of the policy, outlines a method of anonymous reporting to an outside agency by calling or writing to the TDCJ PREA Ombudsman's Office, the Safe Prisons Program Management Office or the Office of Inspector General. The TDCJ PREA Ombudsman can be reached at 800-535-0283, a toll-free number.

Residents are made aware of methods of reporting available to them through the Client Handbook on pages 8 & 9, pamphlets provided to them and continuously through posters displayed throughout the facility. The *Zero Tolerance Acknowledgment for Offenders* form, signed by all residents when they receive PREA education, outlines methods of reporting as well. Residents interviewed were knowledgeable of the methods of reporting available to them.

Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports. Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential" to the Facility Administrator or contact the CCA Ethics and Compliance Hotline.

<b>Standard    §115.252 exhaustion of administrative remedies</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

X Not Applicable

Austin Transitional Center does not have an administrative procedure for addressing residents' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the Facility Administrator and/or the Investigator for immediate initiation of the PREA protocol, therefore this standard is not applicable. In the past 12 months, the facility has not received any grievances alleging sexual abuse.

<b>Standard §115.253 Resident access to outside confidential support services</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, page 10, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. Residents may call the TDCJ PREA Ombudsman at 800-535-0283 or the National Sexual Assault Hotline at 800-656-4673. This information is provided to residents in the Client Handbooks and the Avalon PREA pamphlet. An MOU with Safeplace provides residents with confidential emotional support. Residents may call 512-267-7233, 24-hours a day, to contact Safeplace and are informed prior to giving them access, of the extent to which communications will be monitored and to the extent to which reports of abuse will be forwarded to authorities.

Not all residents interviewed were aware of confidential support services available to them and how to access them if needed. Information on Safeplace, a local agency that provides victim advocacy services to residents of the facility through an MOU, was observed not to be posted. It was recommended that this information be posted and readily accessible to residents. Before the conclusion of the audit visit, the PREA Compliance Manager posted this information throughout the facility.

Safeplace was contacted prior to the on-site audit and the Manager of Crisis Intervention shared that they had not received any requests for confidential emotional support services from Austin Transitional Center's residents in the past 12 months.

<b>Standard §115.254 Third party reporting</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the TDCJ PREA Ombudsman, Safeplace, to the Office of Inspector General (OIG), to the Safe Prisons/PREA Program Management Office, the PREA Coordinator or to the Facility Administrator. Per CCA

policy 14-2 CC, page 18, section L-4, information for third party reporting is made available on the TDCJ and the CCA websites. Residents are made aware of this method of reporting in the TDCJ PREA Ombudsman Office brochure, the CCA PREA brochure and the Avalon PREA brochure. Residents interviewed were knowledgeable of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

<b>Standard    §115.261 Staff and agency reporting duties</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency/facility policy 14-2 CC on staff reporting duties was found on pages 16 & 17 section L-2. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the facility's investigators. Staff are also required to report, according to policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary. In the past 12 months, there have been no PREA allegations reported.

Medical and mental health practitioners are required to report sexual abuse and to inform residents of their duty to report and the limitations of confidentiality. The facility does not have mental health staff and at this time, the medical position was just filled as of the first day of the audit.

Austin Transitional Center houses adult male and female residents only, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

<b>Standard    §115.262 Agency protection duties</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 14-2 CC, page 1, paragraph 2 outline the agency's procedures related to the agency's efforts to protect residents at risk of

sexual abuse or sexual harassment. In interview with the Facility Administrator, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

<b>Standard §115.263 Reporting to other confinement facilities</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, page 19, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Administrator shall notify the head of the facility where the sexual abuse was alleged to have occurred and document on the 5-1B, *Notice to Administration* form, that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Facility Administrator is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the resident's statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility's response is documented on the 5-1B form. If an allegation is received from another facility, the Facility Administrator will ensure that the allegation is investigated.

In the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at Austin Transitional Center and no reports received from residents of sexual abuse that occurred while confined at other facilities. Upon interview, the Facility Administrator was aware of his responsibilities of reporting if allegations are received.

<b>Standard §115.264 Staff first responder duties</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, page 18, section M-1 & 2-a, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allow for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth. Policy mandates that if the first responder to an allegation of sexual abuse is a non-security

staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. This information was reviewed in the training curriculum provided for review.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment received.

<b>Standard    §115.265 Coordinated response</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2 CC, pages 10-12, section G and pages 18-23, sections M, N & outline the agency's/facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at this facility that includes the Facility Administrator, the Assistant Facility Administrator, the PREA Compliance Manager, the Intake Coordinator and the Nurse. The responsibilities of the team are to respond to reported incidents of sexual abuse, review the facility's response to sexual abuse allegations, serve as a primary liaison with local law enforcement, ensure completion of the 14-2 CC-C, *Sexual Abuse Incident Checklist* and ensure that 30/60/90-day monitoring is conducted. When interviewed, members of the SART knew their responsibilities in response to sexual abuse allegations.

<b>Standard    §115.266 Preservation of ability to protect residents from contact with abusers</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, page 26, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. Since August 20, 2012, neither Avalon Staffing, LLC, CCA, nor the Austin Transitional Center entered into or renewed any collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. There are no restrictions to keep the agency from not disciplining employees up to and including termination.

<b>Standard    §115.267 Agency protection against retaliation</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

CCA has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on page 11, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Facility Administrator is responsible for monitoring for retaliation. Monitoring shall be documented on the 14-2 CC-D, *PREA Retaliation Monitoring Report form*. Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In the past 12 months, there were no allegations of sexual abuse or sexual harassment reported, therefore monitoring was not necessary. When interviewed, the Facility Administrator knew his responsibilities for monitoring for retaliation per policy.

<b>Standard    §115.271 Criminal and administrative agency investigation</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The PREA Compliance Manager is responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility.

The agency's policy on administrative and criminal investigations is outlined in CCA policy 14-2 CC, pages 21 & 22, section O. The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Austin Police Department for criminal investigation who conducts investigations pursuant to the requirements of this standard. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. In this audit period, there were no PREA



allegations reported. CCA retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CCA Retention Schedule* (1-15 B). When interviewed, the PREA Compliance Manager knew his responsibilities in the conduct of administrative investigations and referral for criminal investigations.

<b>Standard    §115.272 Evidentiary standard for administrative investigation</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on CCA policy 14-2 CC, page 23, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the PREA Compliance Manager who is responsible for investigations was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

<b>Standard    §115.273 Reporting to residents</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy 14-2 CC, pages 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation.

All resident notifications or attempted notifications shall be documented on the 14-2 CC-E, *Inmate/Resident Allegation Status Notification* form. The resident shall sign the 14-2 CC-E and the form is to be filed in the resident's institutional file. The facility's obligation to notify the resident shall terminate if the resident is released from custody. In the past 12 months, there were no sexual abuse or sexual harassment allegations received; therefore, no notifications were necessary.

<b>Standard    §115.276 Disciplinary sanctions for staff</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, page 26, section 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal. In the past 12 months, no staff has been disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy.

<b>Standard §115.277 Corrective action for contractors and volunteers</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on review of policy 14-2 CC, page 26, section 3, any volunteer or contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. Any other violation of CCA sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. In interview with the Facility Administrator and documentation provided by the facility, in the past 12 months, the Austin Transitional Center has not received any reports of sexual abuse of residents by contractors or volunteers.

<b>Standard §115.278 Disciplinary sanctions for residents</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Per policy 14-2 CC, page 25, section R, residents will be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be

imposed. A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Upon entering the facility, residents are given a Client Handbook. The handbook states on page 15, code .04, that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct.

In the past 12 months, there have been no reported incidents of sexually related misconduct by residents.

<b>Standard §115.282 Access to emergency medical and mental health services</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. An agreement with Brackenridge Hospital provides residents' referrals for SANE examinations as well as any other medical care. Residents will be offered information about sexually transmitted infections prophylaxis. Treatment services will be provided to the victim resident without financial cost to the resident regardless of whether the victim names the abuser or cooperates with an investigation. In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

<b>Standard §115.283 ongoing medical and mental health care for sexual abuse victims</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility will offer ongoing medical and mental health care to all Austin Transitional Center residents who have been victimized by sexual abuse. The evaluation will include follow-up services, treatment plans and referrals for continued care consistent with the community level of care upon their release from the facility when necessary. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.

Female resident victims of sexually abusive vaginal penetration will be offered pregnancy tests. If pregnancy results victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services Resident victims will be offered tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to

the victim without financial cost to the resident regardless of whether the victim names the abuser or cooperates with the investigation.

The facility has an agreement with Brackenridge Hospital to provide ongoing medical treatment as needed to residents of this facility as well as SANE exams. An MOU with Safeplace provides victim advocacy and counseling services. In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

<b>Standard §115.286 Sexual abuse incident reviews</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2 CC, pages 20-21, section N, the Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. The Facility Administrator, the Assistant Facility Administrator, the Intake Coordinator and the PREA Compliance Manager make up the SART and are responsible incident reviews. Per policy, the review team will consider requirements of 115.286 (d) of this standard when reviewing an incident of sexual abuse. All findings and recommendations for improvement will be documented on the 14-2 CC-F, *Sexual Abuse Incident Review Report*, and completed forms will be forwarded to the PREA Coordinator. The facility will implement the recommendations for improvement or will document reasons for not doing so.

In the past 12 months, there have been no sexual abuse allegations to be reviewed. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

<b>Standard §115.287 Data collection</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Information on data collection is found on page 27, section T-1 and section 2-a & b of CCA policy 14-2 CC. CCA collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be 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 (DOJ).

The facility will ensure that incidents of sexual abuse are entered into the Incident Reporting Database System (IRD) as required by CCA. This information is reported on the *Incident Tracking Form*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

<b>Standard §115.288 Data review for corrective action</b>
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☒ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Based on policy 14-2 CC, page 27 & 28, section 3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CCA website and can be accessed at <http://cca.com/security-operations/prea>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2015 data, was very well written and showed a breakdown of data from this audit cycle (2013/2014/2015) in an easy to read table according to the type of allegations and the investigative findings as well as a narrative overview of this information. Highlights of corrective actions taken from prior years showed a good overall picture of the progress of CCA's PREA program, exceeding in the requirements of this standard.

<b>Standard §115.289 Data storage, publication and destruction</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to policy 14-2 CC, page 27, section T-1-a-iv and section T-2-c, the agency ensures that the data collected is securely retained. According to *CCA's Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. CCA makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://cca.com/security-operations/prea>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**AUDITOR CERTIFICATION:**

I certify that:

X The contents of this report are accurate to the best of my knowledge

X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X 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.

\_\_\_\_\_  
Barbara Jo Denison

\_\_\_\_\_  
October 21, 2016

**Auditor Signature**

**Date**