

**PREA AUDIT REPORT Interim Final
Community Confinement Facilities**

Date of Report: April 20, 2016

Auditor Information			
Auditor name:	Barbara Jo Denison		
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Date of facility visit:	April 4-5, 2016		
Date report submitted:	April 20, 2016		
Facility Information			
Facility Name:	Corpus Christi Transitional Center		
Facility Address:	1515 N. Tanchua, Corpus Christi, TX 78401		
Facility mailing address: (if different from above)	N/A		
Telephone number:			
The facility is:	<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		
Name of facility's Chief Executive Officer:	Deborah Gardiner	Title:	Facility Administrator
Facility TypeCommunity:	<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	
Name of facility's Chief Executive Officer:	Deborah Gardiner		
Number of staff assigned to the facility in the last 12 months:	23		
Designed facility capacity:	110		
Current population of facility:	95		
Facility security levels/inmate custody levels:	Community		
Age range of the population:	18 - 62		
Name of PREA Compliance Manager:	Dawn Edwards	Title:	LCDC Treatment Manager/PREA Manager
Email address:	dawn.edwards@avcor.net	Telephone number:	(361) 883-1004
Agency Information			
Name of agency:	Corrections Corporation of America		
Governing authority or parent agency: (if applicable)	N/A		
Physical address:	10 Burton Hills Boulevard, Nashville, TN 37215		
Mailing address: (if different from above)	N/A		
Telephone number:	615-263-3000		

Agency Chief Executive Officer		
Damon Hininger	Title:	President and Chief Executive Officer
Email address: Damon.Hininger@CCA.com	Telephone number:	615-263-3301
Agency-Wide PREA Coordinator		
Lisa Hollingsworth	Title:	Sr. Director, PREA Programs and Compliance
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AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Corpus Christi Transitional Center was conducted April 4-5, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculms, 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 specialized and security staff who would be scheduled during the on-site visit. At the time of the audit, there were no residents who self-disclosed being gay, bi-sexual, transgender or intersex. There were no residents who were deaf, blind or had cognitive disabilities. There was one non-English speaking resident, two residents identified from intake screening to be potential victims and three identified as potential predators.

On the first day of the audit, a brief entrance meeting was held with Deborah Gardiner, Facility Administrator, Dawn Edwards, LCDC Treatment Manager/PREA Compliance Manager, Lisa Hollingsworth, Senior Director PREA Program and Compliance and Robert Franco, PREA Compliance Manager from the Austin Transitional Center, 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. The shower area allows residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilet areas are single stalls with partial solid doors for privacy. The placement of the bunks and lockers in the dorms allowed for a visual from the front of the dorm to the back with no blind spots noted. During the course of the tour and on-site visit, I spoke informally to staff and residents questioning them about there overall knowledge of the agency’s zero-tolerance policy and methods of reporting.

A total of 20 residents, five from each occupied housing unit, were formally interviewed during the course of the audit. Of this number, the one Spanish speaking resident, two potential victims and three potential predators were incorporated into that random selection. All of the residents interviewed acknowledged receiving PREA training with written information during their orientation program. They were familiar with the agency/facility’s zero-tolerance policy against sexual abuse and sexual harassment as well as the methods available to them to report allegations of sexual abuse and sexual harassment. The Spanish speaking resident reported that he received all PREA-related information in Spanish.

A total of 15 staff members were interviewed during the course of the audit. This number included one volunteer and one contractor who were interviewed by telephone and six Client Monitors, two of which are shift supervisors. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. There is no SAFE or SANE staff at the facility. Residents in need of SAFE or SANE exams by agreement are referred to the Corpus Christi Medical Center – Doctor’s Regional. There are no Mental Health staff at the facility. A Memorandum of Understanding (MOU) with Women’s and Men’s Health Services of the Coastal Bend, Inc. (WAMHS) provides for confidential emotional support for victims of sexual abuse and ongoing mental health needs are met through Nueces County MHMR.

In the past 12 months, there have been no allegations of sexual abuse or sexual harassment. If allegations are reported, the Facility Director and a Client Monitor I are trained facility investigators. Criminal investigations are referred to the Corpus Christi Police Department.

At the conclusion of the on-site audit, an exit meeting was held with the Facility Administrator, the PREA Compliance Manager and the Agency’s PREA Coordinator in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit and complimented the facility on their commitment to the PREA program. It is clear that the agency and facility leadership have made PREA compliance a high priority for the safety of the residents in their care.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Corpus Christi Transitional Center (CCTC), located at 1515 N. Tanchua in Corpus Christi, Texas is a Texas Department of State Health Services (TDHSH) licensed residential all-male facility and is contracted by TDCJ. The facility was purchased by Avalon Correctional Services in November 2012. In July 2013, the facility, formerly known as Reality Ranch, became Avalon Corpus Christi Transitional Center (AVCCTC). Since October 2015 AVCCTC has been owned and operated by Corrections Corporation of America.

The main building of the facility was built in the late 1940’s to early 1950’s. This building houses administrative offices, dining room, kitchen, day area, hallway restrooms and dorms A and B. While the facility was known as Reality Ranch, modular buildings were added to the main building which became dorms C and D and a restroom for dorms A and D. Avalon added another modular building which houses dorms E and F and a Multi-purpose building. Dorms E and F remain vacant to this day, but are ready for occupancy by residents in the near future. The Multi-purpose building houses cubicles for the clinical staff, the PREA Manager’s office, a group room, a client file room and a conference room. A small building known as the Picket is the entry point for residents, visitors, contractors and volunteers. Picnic tables, a basketball hoop, chin-up bar and horseshoe pits are provided for residents in the front and right side of the main building. There are a total of 24 cameras located throughout the interior and exterior areas of the facility. Cameras are monitored at the monitor station and in the Facility Administrator’s office. All cameras are recorded and recordings are retained for approximately 60 days.

The facilities rated capacity is 110. On the first day of the onsite audit, the population totaled 95. There were a total of 522 residents admitted to the facility during the past 12 months. The age range of the population on the first day of the audit was 18-62 years of age. The facility is licensed by the Texas Department of State Health Services (TDHSH) to provide alcohol and drug abuse treatment. Two programs are offered: a 100-bed Supportive Residential 90-day program and a 10-bed Intensive Residential 30-day program. Both programs provide services for adult males transitioning from incarceration back into society, and residents have a primary presenting problem of substance dependency, however the majority of the population have dual-diagnoses. The Supportive Residential

Program allows for residents to find employment while receiving group education, process groups, individual counseling and case management. The Supportive Residential Program encourages family participation and home furloughs to support family reunification. The Intensive Program provides more intensive group work, process groups and weekly counseling with a primary objective of addressing relapse prevention, and is offered as an alternative to incarceration if a resident relapses while in the Supportive Program. Walk-ins are also referred for the Intensive Program. Residents are not allowed to leave the facility during the Intensive Program. Residents are all referred by the Texas Department of Criminal Justice; walk-in's account for 2% of the referrals and 98% of referrals are of residents who have successfully completed a six-month SAFPF program. The State of Texas Parole Department requires all residents that are working to pay 25% of their gross pay back to the State of Texas for their room and board. An Employment Specialist is responsible for collecting fees from parolees who are employed.

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

Standard	§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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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' 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.

Standard	§115.212 Contracting with other agencies for confinement of residents
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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)

Not Applicable

Corrections Corporation of America 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.

Standard §115.213 Supervision and monitoring

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

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 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 in turn notifies the PREA Coordinator. In interview with the Facility Director, she commented that contractually with TDCJ, the facility is mandated to have a staffing ratio of 1:20 during awake hours and 1:50 during sleeping hours. 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.

The staffing plan is reviewed annually by the PREA Compliance Manager and the Facility Administrator in conjunction with PREA Coordinator and documented on the 14-2 CC-I, *Annual PREA Staffing Plan Assessment*. It is then forwarded to the PREA Compliance 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 most recent *Annual PREA Staffing Plan Assessment* was completed on 3/9/16 and noted that the established staffing plan was sufficient, but focus was needed on recruitment and retention to ensure all positions remain filled. There were no recommendations made for additional changes to video monitor or technology at that time. Assessments will be made over the next 6-9 months to assess where additional cameras may be needed.

Standard §115.215 Limits to cross gender viewing and searches

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

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. Although female staff are provided this training, at this facility female staff are not allowed to conduct pat-down searches. Receipt of this training was verified through staff interviews and review of staff training files. In the past 12 months, there were no cross-gender strip searches or cavity searches performed.

The facility does not house female residents, therefore elements (b) and (c) of this standard are not applicable to this facility.

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 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 female staff are in their housing unit.

Based on policy 14-2 CC and Avalon's lesson plan on the limits of cross gender viewing and searches provided for review, security staff are informed that 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 in the showers located in Dorm F. In the past 12 months, there have been no transgender or intersex residents housed at this facility.

Standard §115.216 Residents with disabilities and limited English speaking

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 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. An Avalon 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 TTY is available at the facility as well as a sign language interpreter from the Deaf and Hard of Hearing Center if needed. TDCJ notifies the facility in the event a deaf resident will be assigned to the facility and the Deaf and Hard of Hearing Center is contacted at that time. At the time of the audit, there were no visually impaired, deaf, or otherwise disabled residents housed at the facility. There was one Spanish speaking only resident at the time of the audit and when interviewed he confirmed receiving all written PREA information in Spanish and viewed the Spanish version of the CCA PREA DVD.

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.

Standard §115.217 Hiring and promotion decisions

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

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. The facility completes an Avalon *PREA Personnel Screening/Questionnaire* on all applicants.

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, contractors and volunteers who may have contact with residents have a criminal background check. In the past 12 months, 12 new staff and one contractor 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 of employees or contractors are entered into 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. In the past 12 months, there was one contractor who had a criminal background check.

All applicants and employees, contractors and volunteers 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 random personnel files, it was determined that the 14-2 CC-H forms had not been completed. On 4/7/16 I received an e-mail and an attached training roster from the PREA Compliance Manager showing that all staff had completed the 14-2 CC-H,

Self Declaration of Sexual Abuse/Sexual harassment form. On 4/14/16 I received an e-mail with attached completed 14-2 CC-H forms attach signed by contractors and volunteers.

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.

Standard §115.218 Upgrades to facilities and technology

- 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)
- 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.

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. In 2013, four cameras were added. The most recent PREA Staffing Plan Assessment completed on 3/9/16 noted no changes to video monitoring or technology at this time, but over the next 6-9 months assessments will be made as to where additional cameras may be needed.

Standard §115.221 Evidence protocol and forensic medical exams

- 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, pages 22 & 23, section O - 4, CCA and the Corpus Christi Transitional Center are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The Corpus Christi Police Department is responsible for conducting criminal investigations. 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 Corpus Christi Medical Center - Doctor's Regional at

no cost to the resident. In the past 12 months, there were no referrals of residents for SANE exams.

If a referral is made for a SANE exam, the SANE nurse will contact a patient advocate to accompany the victim for a forensic examination. An MOU with WAMHS also provides for a victim advocate to accompany the sexual abuse victim for a forensic exam and to provide emotional support and crisis intervention.

Standard §115.222 Policies to ensure referrals of allegations for investigations

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 PREA Ombudsman's office. 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 Corpus Christi Police Department to conduct a criminal investigation and prosecution if warranted. The agency documents all referrals 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 reported.

Standard §115.231 Employee training

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. Then agency's requirements of this training is found on pages 6 & 7, section C, of the policy. The training is tailored to the gender of the residents at the facility. The employee will receive additional training if the employee is reassigned from a facility that houses female residents only. Additionally, between trainings the facility has staff meetings and security 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 class training roster.

In the past 12 months, all 23 CCTC employees have received this training as verified by review of employee training files which showed that 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 PREA Compliance Manager conducts all employee PREA training and exceeds in providing excellent training and maintaining training records.

Standard §115.232 Volunteer and contractors training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

CCA policy 14-2 CC, pages 8 & 9, section 2, outlines the training requirements for volunteers and contractors. The objectives of the training ensures 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 Volunteer training DVD and acknowledge by their signature that they received and understood the training they received. Acknowledgment forms are maintained by the facility. In the past 12 months, 11 volunteers and one contractor received this training as was verified by review of random training records. In interview with one volunteer and one contractor, they confirmed receiving the training and understood their responsibilities under the agency's sexual abuse and sexual harassment policy.

The PREA Compliance Manager provides volunteer and contractor training. She exceeds in the requirement of this standard. All visitors and delivery persons who come to the facility are given the PREA Ombudsman's brochure and sign that they have received it.

Standard §115.233 Resident education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on CCA policy 14-2 CC, pages 13 & 14, section I, all residents receive information at the 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 by the Intake Coordinator during the orientation 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 or otherwise disabled. Residents view a *What You Need to Know* video which is presented in both English and Spanish. Residents are also made aware that they can view a handbook entitled *An End to Silence* which is kept in the PREA Compliance Manager's Office and in the Day Room. Residents receive an orientation packet which includes a

PREA Ombudsman brochure containing addresses, phone numbers and websites for various TDCJ offices available to them to report allegations of sexual abuse and sexual harassment.

A TTY phone is made available as well as a translator from the Deaf and Hard of Hearing Center. The Deaf and Hard of Hearing Center is contacted when TDCJ notifies the facility that a resident that needs these services will be assigned to the facility. Residents acknowledge by their signature on an Avalon *PREA Zero Tolerance Acknowledgment For Offenders* form and a Facility PREA Acknowledgement form that they have received and understood the PREA education presented to them and all materials related to this training. Random review of client files showed this documentation is being maintained by the facility and that resident education is provided in a timely manner.

Ongoing information is provided 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 deaf, visually impaired or otherwise disabled. When interviewed, residents acknowledged receiving the PREA training information and viewing the PREA video and were knowledgeable of the agency's zero-tolerance policy and the methods available to them to report incidents of sexual abuse and sexual harassment.

Standard §115.234 Specialized training: Investigators
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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 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 specialized training modules for investigators were provided for review. 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, all requirements of 115.34 (b) of this standard.

At this facility a Client Monitor I and the Facility Administrator completed this specialized training for investigators on 3/16/16. Prior to the completion of specialized training, the Client Monitor I served as a collateral duty investigator. If an allegation of abuse had been reported, an investigator from one of the agency's other facilities would have been called to assist in investigating the allegation. When interviewed, both the Client Monitor I and the Facility Administrator knew their responsibilities in conducting sexual abuse investigations. The facility maintains documentation of receipt of this training.

Standard §115.235 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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 for 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 has one contract RN on staff. Documentation provided showed she received this specialized training on 2/12/16 and signed a Training Acknowledgment form verifying completion and understanding of the training. In a telephone interview with the RN, she acknowledged receiving this specialized training and knew her responsibilities as outlined in policy 14-2 CC. The facility does not have a Qualified Mental Health Professional on staff. Residents are referred offsite for these services.

The facility's RN does not conduct forensic examinations. SANE exams are conducted by referral to the Corpus Christi Medical Center - Doctor's Regional.

Standard §115.241 Screening for risk of victimization and abusiveness
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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 CCTC 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 (d) of this standard and it considers prior acts of sexual abuse and prior convictions for violent offenses. Client Monitors complete the screening upon residents' arrival to the facility. The 14-2 CC-B form is then forwarded to the resident's Counselor for review.

Within 30 days of the resident's arrival to CCTC, the resident is screened by their Counselor again using the 14-2 CC-B form. A resident's risk level is 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 resident files which are locked in the client records room in the Multi-purpose building. To maintain confidentiality, the Records Custodian, the Counselors, the Facility Administrator and the PREA Compliance Manager are the only ones allowed access to this room. In interview of Client Monitor III/Shift Supervisor and the Operations Supervisor, both responsible for initial risk screening, and interview of two Counselors responsible for 30-Day Reassessment screenings, and in review of random residents' records, this process is in place and being followed in a timely manner.

Standard §115.242 Use of screening information

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

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, she explained how the facility utilizes information from the 14-2 CC-B form. She stated that residents screened as potential victims are housed in dorm A and potential predators are housed in dorm B, both in bunks closest to the door of the dorm.

Guidelines on housing and program assignments and 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 on the basis of such identification. In the past 12 months, there have been no transgender or intersex residents housed at CCTC.

Standard §115.251 Resident reporting

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

CCA policy 14-2 CC, pages 15 & 16, section L-1, outlines the procedures for resident reporting 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, writing a letter to the Facility Administrator or any other employee, call or writing someone outside the facility and have a family member or friend make a report for them or by writing to the agency's PREA Coordinator. Additionally, page 17, section 3 of the policy outlines a method of anonymous reporting to to an outside agency by calling the PREA Ombudsman's office, 24-hour toll-free notification number, or writing to the PREA Ombudsman's Office. Information about the PREA Ombudsman's Office can be found on the TDCJ website (prea.ombudsman@tdcj.texas.gov). The facility has made several attempts of securing an MOU with an agency that will provide residents with access to a crisis hotline for reporting. Those attempts have not been successful and are ongoing.

Residents are made aware of methods of reporting available to them through pamphlets provided to them, in the PREA video 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.

Standard §115.252 exhaustion of administrative remedies

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

CCTC 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.

Standard §115.253 Resident access to outside confidential support services

- 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. This information is included in the PREA Ombudsman brochure and in the handbook entitled *An End to Silence* available for their review. Residents 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. The facility has an MOU with the Women's and Men's Health Services of the Coastal Bend, Inc. (WAMHS) for confidential emotional support services related to sexual abuse.

Residents interviewed were aware of confidential support services available to them and how to access them if needed. WAMHS was contacted prior to the on-site audit and the Executive

Director shared that they had not received any requests for confidential emotional support services from this facility in the past 12 months.

Standard §115.254 Third party reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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, to TDCJ 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. 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.

Standard §115.261 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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. Staff interviewed were aware of their reporting responsibilities according to agency policy.

CCTC houses adult male residents only, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

Standard §115.262 Agency protection duties

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 take immediate action to protect the resident. Policy 14-2 CC, page 1, paragraph 2 outlines 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.

Standard §115.263 Reporting to other confinement facilities

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 CCTC Facility Administrator will 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 was one report made from a resident during initial intake to Corpus Christi Treatment Center. The resident reported to the Shift Supervisor that he had "unwelcomed advances" from a staff member when housed at another facility. The PREA Compliance Manager reported this information to the Program Director of that facility. Documentation was reviewed and is being maintained that this notification was made to the facility where the allegation was alleged to have occurred.

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 Corpus Christi Treatment Center.

Standard §115.264 Staff first responder duties

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 is 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. All staff carry with them a First Responder Card which highlights their first responder responsibilities.

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.

Standard §115.265 Coordinated response

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 which includes the Facility Administrator, the PREA Manager and the Client Monitor I/Investigator. The responsibilities of the team are to 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*, which outlines actions to be taken and notifications to be made. When interviewed, the Facility Administrator, the PREA Compliance Manager and the Client Monitor I/Investigator, all members of the SART, knew their responsibilities in their response to sexual abuse allegations.

Standard §115.266 Preservation of ability to protect residents from contact with abusers

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 Corpus Christi 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.

Standard §115.267 Agency protection against retaliation
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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 shall 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 her responsibilities for monitoring for retaliation per policy and stated that immediately following a report of an allegation of sexual abuse or sexual harassment, she would make daily contact with the resident or staff to ensure protection against retaliation began immediately.

Standard §115.271 Criminal and administrative agency investigation

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 Client Monitor I/Investigator and the Facility Administrator are responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility. Both investigators have received specialized training for investigators. Investigators will gather and preserve direct and

circumstantial evidence, shall interview alleged victims, suspected perpetrators and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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 will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation will be documented in a written report. When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Corpus Christi Police Department for criminal investigation who conduct investigations pursuant to the requirements of this standard. The facility shall cooperate with outside investigators and remains informed of the progress of the investigation through ongoing communication. A criminal investigation will 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 time frame, 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 Client Monitor I/Investigator and the Facility Administrator knew their responsibilities in the conduct of administrative investigations and referral for criminal investigations if warranted.

Standard §115.272 Evidentiary standard for administrative investigation
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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 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 facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

Standard §115.273 Reporting to residents

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)

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 will 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 he was sexually abused by another resident, the agency will 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 allegations of sexual abuse reported.

Standard §115.276 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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.

Standard §115.277 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on review of policy 14-2 CC, page 26, section 3, any volunteer or contractor 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 Corpus Christi Transitional Center has not received any reports of sexual abuse of residents by contractors or volunteers.

Standard §115.278 Disciplinary sanctions for residents

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 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.

All residents sign a *Cardinal Rules (Justification for Immediate Release)* form upon arrival. Number 7 of the *Cardinal Rules* states: "Sexual behavior is prohibited on the property of Corpus Christi Transitional Center (CCTC). This includes inappropriate gestures". Violation of rule #7 would result in the immediate release of the resident from the facility. In the past 12 months, there have been no incidents of sexually-related misconduct by residents.

Standard §115.282 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. A written agreement dated 1/10/16 with the Corpus Christi Medical Center - Doctor's Regional provides residents' referral for SANE examinations. 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.

Standard §115.283 ongoing medical and mental health care for sexual abuse victims

- 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 facility will offer ongoing medical and mental health care to all Corpus Christi 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. 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 an investigation. Ongoing medical services are provided at the Christus Sphon Memorial Hospital in Corpus Christi, TX.

The facility attempts to conduct a mental health evaluations of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Mental Health services are provided at the Behavioral Health Center of Nueces County. The facility's MOU with the Women's & Men's Health Services of the Coastal Bend, Inc. (WAMHS) provides residents of the facility with emotional support services as well as with sexual health services and education related to male health. Every two weeks a staff member from WAMHS comes to the facility providing HIV/STD/HEP C education.

Elements (d) and (e) of this standard are not applicable to this facility as CCTC is an all-male facility.

Standard §115.286 Sexual abuse incident reviews

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

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 PREA Compliance Manager, and the Client Monitor I/Investigator make up the SART/incident review team. 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, all members of the SART knew their responsibilities as it relates to sexual abuse incident reviews.

Standard §115.287 Data collection

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

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.

Standard §115.288 Data review for corrective action
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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 2014 and 2015 Annual Reports were reviewed. The reports include 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.

Standard §115.289 Data storage, publication and destruction
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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

April 20, 2016

Auditor Signature

Date