

# Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

Date of Report    September 1, 2018

## Auditor Information

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Telephone: 956-566-2578	Date of Facility Visit: August 20-21, 2018

## Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 615-263-3000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We help government better the public good through: CoreCivic Safety — We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.			
Agency Website with PREA Information: <a href="http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>			

## Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Executive Officer
Email: Damon.Hininger@corecivic.com	Telephone: 615-203-6915

## Agency-Wide PREA Coordinator

<b>Name:</b> Eric Pierson	<b>Title:</b> Senior Director, PREA Programs and Compliance
<b>Email:</b> Eric.Pierson@corecivic.com	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> Steve Conry, Vice President, Operations Administration	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 63

### Facility Information

<b>Name of Facility:</b> Austin Residential Reentry Center			
<b>Physical Address:</b> 3154 East Highway 71, Del Valle, TX 78617			
<b>Mailing Address (if different than above):</b> SAA			
<b>Telephone Number:</b> 512-386-5300			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
		<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** We help government better the public good through: CoreCivic Safety — We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community - We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties - We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

**Facility Website with PREA Information:** : <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Tina N. Hendley	<b>Title:</b> Facility Director
<b>Email:</b> Tina.Hendley@corecivic.com	<b>Telephone:</b> 512-386-5300, Ext. 207

### Facility PREA Compliance Manager

<b>Name:</b> Katharine Ballew	<b>Title:</b> Case Manager Supervisor
<b>Email:</b> Katharine.Ballew@corecivic.com	<b>Telephone:</b> 512-386-5722

### Facility Health Service Administrator

Name: N/A		Title: N/A	
Email: N/A		Telephone: N/A	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 116		Current Population of Facility: 60	
Number of residents admitted to facility during the past 12 months			253
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			6
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			226
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			249
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 21-69	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision:			180 Days
Facility Security Level:			Community
Resident Custody Levels:			Community
Number of staff currently employed by the facility who may have contact with residents:			19
Number of staff hired by the facility during the past 12 months who may have contact with residents:			11
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			5
<b>Physical Plant</b>			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
There are 16 cameras throughout the facility. Camera monitors are located in the Monitor Station.			
<b>Medical</b>			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		SAFE Alliance or Dell Seton Medical Center	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			5 –contractors 1 -volunteer

## Audit Findings

### Audit Narrative

The PREA on-site audit of the Austin Residential Reentry Center (ARRC) was conducted August 20-21, 2018. The Austin Residential Reentry Center is located at 3154 East Highway 71, Del Valle, Texas. The facility houses male and female residents who are under the custody of the Federal Bureau of Prisons (FBOP) or under the supervision of the United State Probation Office (USPO) and provides home confinement services for the FBOP.

#### Pre-Audit Phase

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. Shelby Hunter, Manager, Quality Assurance answered questions during this review period. Katharine Ballew, Case Manager Supervisor, is designated as the facility's PREA Compliance Manager. The Case Manager Supervisor/PREA Compliance Manager, who was not going to be on-site during the audit, was interviewed by telephone. Along with being the PREA Compliance Manager, she also is on the Sexual Assault Response Team (SART), is a Facility Investigator, is responsible for retaliation monitoring and performs screenings for risk of victimization and abusiveness. She was asked the questions as they relate to each of those roles.

The facility has attempted to enter into a Memorandum of Understanding (MOU) with The SAFE Alliance, a community agency that will provide resident victims of sexual abuse forensic exams and victim advocacy services. The Chief Quality Officer was contacted to discuss the status and terms of the MOU. She stated that she did not receive a draft of an MOU from the Austin Residential Reentry Center and asked that it be resent to her attention. That request was relayed to the facility. Absent of an MOU, the SAFE Alliance provides a 24-hour confidential reporting hotline, forensic exams, victim advocacy services, legal services, follow-up services and group, individual and telephone counseling services. The agency also has a text service where victims can text allegations of sexual abuse and request crisis intervention services. Calls to the telephone hotline are confidential and callers can remain anonymous if they chose. The Director of Programs reviews text messages received so text messages are not entirely confidential.

The Sex Crimes Unit of the Austin Police Department was contacted to discuss the process of referrals for criminal investigations of sexual abuse. A Sex Crimes Detective stated that if the facility called or if a resident called 911 reporting an allegation of sexual abuse, a Patrol Officer would be dispatched to the facility. The Patrol Officer would write an initial report of the incident including details and the time period of the incident. That report would be forwarded to a Sergeant of the Sex Crimes Unit who would assign a Sex Crimes Detective to investigate the allegation. If the abuse was alleged to have occurred

within 120 hours, the victim would be taken to SAFE Alliance for a forensic exam. The victim would be seen by a Victim Services Counselor of the Austin Police Department and a victim advocate would be made available through SAFE Alliance at the request of the victim. If through the investigation the assigned Detective feels there is enough evidence of a criminal act, the Detective would present the evidence to the District Attorney, who can decline prosecution or pursue the charges. At the conclusion of the investigation, the Austin Police Department would not provide a written report to the facility, only the victim would receive a copy of that report. The facility can submit a Public Information Request to receive a redacted portion of the report.

Contact was made to the contracting department of the Dell Seton Medical Center. The Austin Residential Reentry Center has attempted to enter into an MOU with the Medical Center. The contracting department had no record of receiving a draft of the MOU. The ARRC Manager, Quality Assurance was contacted and has been in recent communication with the Network Contracts Manager of the Dell Seton Medical Center in attempts to provide the draft of the MOU and answer any questions concerning the terms of the MOU.

The facility provided me with a list of security and non-security staff scheduled to work during the on-site audit days in preparation for staff interviews. Also provided was an *At-Risk Tracker*, *LGBTI Tracker* and a *PREA Housing Tracker* for review in preparation for random selection of residents for interviews.

### **On-Site Audit Phase**

On the first day of the audit, a brief entrance meeting was held with Shelby Hunter, Manager, Quality Assurance and Mary Brandin, ACA/PREA Coordinator in attendance. Following the entrance meeting, they accompanied me on a site review of the facility. During the site review, the location of cameras and mirrors, room layout including shower/toilet areas and placement of PREA posters and information was observed. PREA posters in both English and Spanish were found posted throughout the facility in common areas and in all resident rooms and housing unit dayrooms. Facility notices in English and Spanish, provided by the agency's PREA Coordinator, were posted in various locations throughout the facility with the date posted noted as 7/10/18. No correspondence was received from residents of the Austin Residential Reentry Center, but one resident requested to speak to me on the first day of the audit.

Camera monitors were reviewed with a Security Monitor in the Monitor Station. Shift Logs in SecureManage, Federal FBOP Accountability Rosters and FBOP Pat Search Logs were reviewed. It was recommended facility walkthroughs and PREA unannounced rounds be either entered into SecureManage or on some type of log to ensure documentation of completion of these rounds.

During the site review, I spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. On the first day of the audit, I was provided with a *Current Head Count*. The *PREA Housing Tracker* provided during the Pre-Audit Phase noted eight residents identified from risk screening to be victims, one a potential victim and five potential predators. The *LGBTI Tracker* noted one resident who self-disclosed at initial screening to be gay. The population on the first day of the audit totaled 60 residents, forty-seven in-house residents and 13 residents on home confinement.

From the in-house residents, 19 residents were interviewed, which included residents with the following special designations:

<b>Number</b>	<b>Special Designation</b>
1	Gay/Potential Predator
2	Victim
1	Victim/Mental Illness
1	Victim/Physical Disability
1	Potential Predator
1	Potential Victim
1	Physical Disability

On the first day of the audit, one resident asked to speak to me. His concerns were discussed and he was asked the resident interview questions. There were no residents at the time of the on-site audit that were deaf, hard of hearing, blind, had low vision, or had low reading skills. There were no residents who self-disclosed being lesbian, bisexual, transgender or intersex. All residents interviewed acknowledged receiving written PREA information upon intake and viewing the PREA video. 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. They all reported that opposite gender staff announce their presence when they enter their housing unit and that they feel that they have privacy to shower, toilet and change clothing.

All staff scheduled to work during the on-site audit were interviewed for a total of 12 specialized staff interviews and 9 random staff interviews. Specialized staff interviews included interview with the one volunteer and one of the contracted Five Star Correctional Services staff. Staff who are members of the SART and those that conduct initial risk screenings, were asked the questions for each of those roles as well as the random staff interview questions. The agency's PREA Coordinator and the Executive Vice President and Chief Corrections Officer (agency head designee) were both interviewed at an earlier date by telephone.

Staff confirmed receiving PREA training during pre-service and annually as part of their in-service training. Staff were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew how to respond if they learned that a resident was in imminent danger of sexual abuse. They also confirmed that training on cross-gender pat searches and searches of transgender and intersex residents is being completed annually.

Human Resource files were reviewed with the Human Resource Business Manager who is responsible for human resource and business functions for the Austin Residential Reentry Center and the Austin Transitional Center. All Austin Residential Reentry Center staff and contractor human resources files were reviewed to determine compliance to criminal background check procedures. Staff records included those of five employees that were hired within the last 12 months, eight employed for less than five years and four employed for more than five years. There were no promotions or transfers in the 12 months preceding the audit. Records reviewed showed criminal background checks for pre-employment and after five years of employment are being completed as required.

Training records for all staff and all contractors, as well as the one volunteer were reviewed with the Manager, Quality Assurance to determine compliance to PREA training requirements. The Learning and Development Manager is responsible for training for this facility and for the Austin Transitional Center. Documentation showed review of the agency's zero-tolerance policy (14-2 CC), most recently

with the 7/1/18 update of the 14-2 CC policy, and completion of PREA training in pre-service and annually as part of in-service training.

Sixteen random resident files were reviewed to determine compliance with initial screenings, 30-day reassessments and PREA education for residents. Five of the records reviewed revealed that the residents had reported prior sexual victimization. The facility was not able to provide documentation that those five residents were referred for a mental health services due to information obtained from the initial screening. In review of three Case Manager notes, showed that the resident were scheduled for mental health services, but not due to past sexual victimization, but from a referral from FBOP. Currently, Case Managers email FBOP or USPO when a referral is needed. It was recommended to the facility that Case Managers document in their Case Notes that referrals for mental health services due to prior victimization were made and retain email documentation that FBOP or USPO were notified.

The Case Manager Supervisor/PREA Compliance Manager and a Security Monitor I are trained Facility Investigators responsible for administrative investigations of sexual abuse and sexual harassment. Allegations that appear to be criminal are referred to the Austin Police Department. In the past 12 months, there was one report of an allegation of inmate-on-inmate sexual abuse. The allegation was administratively investigated and determined to be unfounded.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings and observations with Tina Hendley, Facility Director, Shelby Hunter, Manager, Quality Assurance and Mary Brandin, ACA/PREA Coordinator in attendance. The facility was reminded of recommendations made for the implementation of documenting facility walkthroughs and unannounced PREA rounds and documentation of referrals for mental health services for residents who report prior victimization of sexual abuse at the time of initial PREA screening. The facility was thanked for their cooperation prior to the on-site visit and throughout the audit process.

### **Post Audit Phase**

Following the On-Site Audit Phase, all documentation reviewed prior to the on-site visit and documentation received during the On-Site Phase was reviewed. Observations made during the site review of the facility and information gathered through interviews with residents and staff was also reviewed. Through this review during the Post-Audit Phase, a determination was made of compliance to all of the PREA standards.

## **Facility Characteristics**

The Austin Residential Reentry Center was owned and operated by Avalon Correctional Services, Inc. from December 2013 until October 2015, when CoreCivic acquired the facility. The FBOP is the facility's main customer providing programming and services to residents who are completing up to 180 days of their sentence. FBOP residents who meet certain requirements have the opportunity for home confinement, which allows them to live at home and follow all of the program and accountability requirements of the program.

The facility offers on-site programming to include a nine-week journaling class, employment readiness training, job assistance, case management services and several other programs and services to assist residents to reintegrate into the community. A Goodwill volunteer comes to the facility two mornings a week to speak to residents about services offered such as enrollment in trade schools, resume writing,

mentoring and job services. Residents are offered off-site programming in the community such as drug and alcohol treatment and mental health services.

The Austin Residential Reentry Center is an 8800 square foot building that is located directly behind the Austin Transition Center, another CoreCivic community confinement facility. ARRC consists of four housing units, a dining room, a Monitor Station and administrative/support offices. In addition, there is a 1680 square foot modular building adjacent to the main building that has a property/storage room, a conference room, an Employee Specialist office and a Social Services Coordinator office. There are no cameras in the modular building and the entry door of the building is always secured. Residents can only gain entry to this building if they have an appointment with the Employment Specialist.

On the left side of the facility, there is a small picnic table that is used as a recreation/smoking area for males and females at separate designated times. On the right side of the building, there are two large fenced recreation areas that are used by males and females at separate designated times. Each recreation area has a covered pavilion with tables with benches. Residents can play basketball, soccer, volleyball, football, horseshoes or weight training.

Residents and visitors enter the main building of the facility through a metal detector where belongings are inspected by a Security Monitor. After entering the building there is a Monitor Station where residents and visitors sign in and out. Residents are pat searched in the hall in front of the Monitor Station in view of a camera each time they enter the building and are breathalyzed. Security Monitors control doors and view camera monitors from the Monitor Station and document electronically resident offsite movements.

To the left of the Monitor Station, there is an administration hallway where there are staff restrooms, a copier room, and offices for the Facility Director, Case Managers, the Case Manager Supervisor/PREA Compliance Manager and the Operations Supervisor.

The Austin Residential Reentry Center has four housing units, Dorms K, L, M, and N. The facility has the capacity to house 96 residents. On the first day of the audit, 47 in-house residents included 41 males and 6 females. The age range of the population was 21-69 years of age. Due to the low population for the past 6 months, K Dorm, which has 12 resident beds, has been vacant.

All dorms are dormitory style housing units with double bunks, lockers and pay telephones within the dorm. There is a glass-enclosed dayroom when entering into each dorm. Dayrooms have cameras and televisions, tables with benches, microwave ovens and pay telephones. All dorms have a laundry rooms adjacent to the living area with open entryways with washers and dryers for residents' use.

L and M Dorms are male housing units. L Dorm can house 20 residents and M Dorm, the largest housing unit, can house 48 residents. N Dorm is the female dorm and can house 16 residents. All housing units have a common restroom within the dorm with individual shower stalls with shower curtains for privacy and individual toilet stalls. L Dorm has three showers, four sinks and three toilets. M Dorm has six showers, eight sinks and four toilets. N Dorm has two showers, three sinks and two toilets.

Bunk beds and lockers in each living unit were arranged to allow a visual of the area when entering into the dorm and large dome mirrors in each dorm assist staff with supervision of residents in the housing units.



Residents are provided with three hot meals daily provided by a contract with Five Star Correctional Services. Food is prepared at the Austin Transitional Center and delivered to the facility along with sack lunches for residents who are working or programming during the lunch hour.

The facility has 16 cameras that provide coverage to hallways and common areas of the facility and the exterior of the building. LED lights have been added to the exterior of the building to provide added security to the recreation yards and the exterior of the building.

The facility currently has 17 employees, five contracted Five Star Correctional Services workers and one Goodwill volunteer. There are vacancies for an Operations Supervisor, two Case Managers and two Security Monitors. The two Security Monitor positions were recently added to the established staffing plan to increase security presence at the facility. Security Monitors conduct seven head counts in a 24-hour period and conduct walkthroughs of the facility at a minimum of every 30 minutes. One PREA unannounced round is conducted on each shift.

## Summary of Audit Findings

The audit of the Austin Residential Reentry Center determined that the facility was found to exceed in six standards and meet compliance to the requirements of the remaining standards. The audit findings are as follows:

**Number of Standards Exceeded:** 6

The facility was found to exceed in the requirements of the following standards: 115.211; 115.217; 115.231; 115.232; 115.233 and 115.288.

**Number of Standards Met:** 35

The facility was found to meet all of the provisions of the following standards: 115.212; 115.213; 115.215; 115.216; 115.218; 115.221; 115.222; 115.234; 115.235; 115.241; 115.242; 115.251; 115.252; 115.53; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.266; 115.267; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.282; 115.283; 115.286; 115.287; 115.289; 115.401 and 115.403.

**Number of Standards Not Met:** 0

There were no standards found to not meet the requirements of the standard.

**Summary of Corrective Action (if any)** N/A

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

**115.211 (a):** CoreCivic policy 14-2 CC was used to verify compliance to this standard, along with interview of the agency's PREA Coordinator and the facility's PREA Compliance Manager. CoreCivic has written policies and procedures mandating zero tolerance for all forms of sexual abuse and sexual harassment as stated on page 1, section 14-2 CC.1, paragraph 2. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Upon review of policy 14-2 CC, it was found to be very comprehensive and includes a thorough description of the agency's approach to reduce and prevent sexual abuse and sexual harassment of residents, exceeding in the requirements of this standard.

**115.211 (b)** CoreCivic employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager. The Case Manager Supervisor is designated as the 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 on 3/2/17, and the facility's PREA Compliance Manager during the on-site audit, 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 entities for the confinement of residents

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

#### 115.212 (a)

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

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents.

## Standard 115.213: Supervision and monitoring

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

### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.213 (b)

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

### 115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?  Yes  No

### Auditor Overall Compliance Determination

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

**115.213 (a):** Based on policy 14-2 CC, pages 9 & 10, section D, 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, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and the resources the facility has available to commit to ensure adequate staffing levels. The FBOP 2018 staffing pattern provided for review allocates 19 positions. Since the last PREA audit, the average daily population totaled 72 residents and the average daily number of residents on which the staffing plan was predicted was 90. There is always a male and female Security Monitor on each shift.

**115.213 (b):** The facility makes its best efforts to comply with the approved PREA Staffing Plan. Based on documentation provided and upon interview with the Facility Director, in the past 12 months, there were no times that there were deviations to the staffing plan; therefore, this provision of the standard is not applicable to this facility.

**115.213 (c):** The staffing plan is reviewed annually by the PREA Compliance Manager in conjunction with the PREA Coordinator and documented on the *Annual PREA Staffing Plan Assessment (14-2I-CC)*. Upon completion, the 14-2I-CC form is 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 last *Annual PREA Staffing Plan Assessment* was completed on 6/25/18 and it was noted that two additional Security Monitors be added to the staffing pattern.

In interview with the Facility Director, she reported that she is made aware of any staff call-ins and the facility utilizes staff overtime to fill those vacant positions. FBOP also reviews staffing during audits and each month the facility provides FBOP with staffing rosters.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)  
 Yes  No  NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)  Yes  No  NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents?  
 Yes  No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

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

#### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

**115.215 (a):** Based on review of policy 14-2 CC, pages 14 & 15, section K, and documentation provided for review, 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.

**115.215 (b):** The policy prohibits pat searches of female residents by male staff except in exigent circumstances. Females are not restricted access to regularly available programming or other outside opportunities because there is always a male and a female Security Monitor on duty on all three-security shifts. All pat searches are performed in view of a camera and documented on a *FBOP Pat Search Log*. In information provided on the Pre-Audit Questionnaire, the past 12 months there were no cross-gender strip searches or cavity searches performed

**115.215 (c):** If exigent circumstances require staff to perform a cross-gender strip search or visual body cavity search or a cross-gender pat-down search of a female resident, the search would be documented on the 5-1B, *Notice to Administration* form.

**115.215 (d):** 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 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. Signs on the doors of all resident rooms remind opposite gender staff to announce their presence before they enter resident rooms. Residents received a memorandum from the Facility Director on resident dress code procedures. Residents were informed that they are required to dress in the shower area and that if the resident has to remove their undergarments while changing, they are to do so in the shower area or toilet stall. When interviewed both male and female residents stated that they feel they have privacy when showering, toileting or changing clothing.

**115.215 (e):** Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

**115.215 (f):** According to page 7, section b-I of policy 14-2-CC, in addition to general PREA training, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents as part of their pre-service and in-service training requirement. The *Search Procedures* curriculum was provided for review. Staff sign a *Training Acknowledgement/Enrollment/Attendance Roster (4-2A)* upon completion of this training. Receipt of this training was verified through interviews with staff and in review of staff training records.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

### **115.216 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No



- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

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

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.216 (a):** Based on review of policy 14-2 CC, pages 13 & 14, section I-5, residents who are deaf, hard of hearing, blind, with low vision, cognitive deficits, or otherwise disabled, as well as residents who have limited reading skills are provided PREA education in formats they can understand.

**115.216 (b):** The agency/facility takes steps to ensure that resident who are limited English proficient have access to all aspects of the Residents view the *PREA: What You Need To Know* video within 72 hours of arrival to the facility that is available in both English and Spanish. Residents are given a *Preventing Sexual Abuse and Misconduct* (14-2CC-AA) brochure and a *Resident Handbook*, both available in English and Spanish. PREA information posted throughout the facility is in both English and Spanish. Three Security Monitors have been identified as staff who are bilingual and are used for Spanish translation and a contract with Language Line Services provides for the translation of any other languages. A TTY is available for deaf residents. The TTY machine is stored in the Monitor's Station and information on how to access the Language Line is available to ensure accessibility at all times to staff.

**115.216 (c):** The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In information provided on the Pre-Audit Questionnaire, the past 12 months there have been no instances where residents were used for this purpose. Staff interviewed knew that using residents for these purposes was prohibited.

At the time of the audit, there were no residents who were blind, with low vision, deaf, hard of hearing, or with limited reading skills or cognitive disabilities housed at the facility.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

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

#### 115.217 (b)

- Does the agency consider 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?  Yes  No

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

## 115.217 (h)

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

### Auditor Overall Compliance Determination

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

**115.217 (a)** 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.

**115.217 (b):** CoreCivic 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.

**115.217 (c):** The agency requires that all applicants have a criminal background check. BOP conducts NCIC/NLETS criminal background checks on all applicants. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were 11 criminal background checks conducted. In the first quarter of this year, BOP conducted criminal background checks on all ARRC employees and contractors.

**115.217 (d):** The agency requires that all contractors who may have contact with residents have a criminal background checks. BOP conducts NCIC/NLETS criminal background checks on all contractors. According to information provided on the Pre-Audit Questionnaire, there were three criminal background checks conducted on contractors in the past 12 months.

**115.217 (e):** The agency requires that all employees and contractors have criminal background checks every five years. Five-year criminal background checks are conducted by BOP every five years on all employees and contractors.

**115.217 (f):** All applicants, employees, contractors and volunteers are asked about previous misconduct. Agency policy requires that the 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form be completed as part of the hiring process, on new hires, annually and as part of the promotional process. Review of personnel files, showed that this process is in place.

**115.217 (g):** CoreCivic 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.

**115.217 (h):** An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassments or any resignations during a pending investigation of an allegation of sexual abuse or sexual harassment. A *PREA Questionnaire for Prior Institutional Employers* form (3-20-2B) is sent to prior institutional employers. A contract with Thomas and Company provide employment and PREA verification upon request of substantiated allegations of sexual abuse or sexual harassment involving a former employee.

In review of the files of 17 employees and 5 contractor files, initial criminal background checks are being completed per agency policy and standard requirements. The facility was found to exceed in the requirements of this standard.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

**115.218 (a):** Based on policy 14-2 CC, page 33, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic 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 the last PREA audit; therefore, this provision of the standard is not applicable to this facility.

**115.218 (b):** When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. The facility installed LED lights to recreation areas and around the exterior of the entire facility to enhance visibility of the perimeter of the building.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, he explained what the agency would consider for planning for new construction or making modifications to existing facilities, which would include careful consideration to the use of monitoring technology. In interview with the Facility Director, she confirmed that there have been no expansions or modification to the facility and no cameras added since the last PREA audit. She did report that 12 large dome mirrors were added to common and living areas and additional LED lights added to the recreation yards.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.221 (a):** Based on policy 14-2 CC, page 25, section O - 4, the agency/facility are responsible for conducting administrative sexual abuse investigations on both resident-on-resident and staff sexual misconduct. The agency/facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. There are two trained facility investigators responsible for conducting administrative investigations of sexual abuse and sexual harassment.

**115.221 (b):** The protocol is based on the most recent edition of the Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011.

**115.221 (c):** Victims of sexual abuse have access to forensic medical examinations. Residents in need of forensic exams are transferred to SAFE Alliance or to the Dell Seton Medical Center where there are SANE available for a forensic exam at no cost to the resident. The facility has attempted to enter into a Memorandum of Understanding with SAFE Alliance and Dell Seton Medical Center. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no referrals of residents for forensic exams.

**115.221 (d):** The facility has also made attempts to enter into an MOU with SAFE Alliance to provide confidential support services to resident victims of sexual abuse, but to date that attempt has been unsuccessful and ongoing.

**115.221 (e):** The terms of the MOU with SAFE Alliance and Dell Seton Medical Center would provide victims a victim advocate to accompany and support the victim through the forensic exam, investigatory process and provide related support services, crisis intervention, information and referrals. Absent of an MOU's, these services are being provided.

**115.221 (f):** The facility has attempted to enter into an MOU with the Austin Police Department to conduct criminal investigations of sexual abuse. To date that attempt has been unsuccessful, but the Austin Police Department, absent of an MOU, would conduct criminal investigations of sexual abuse as needed.

## Standard 115.222: Policies to ensure referrals of allegations for investigations

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



### 115.222 (a)

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

### 115.222 (b)

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

### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  Yes  No  NA

### 115.222 (d)

- Auditor is not required to audit this provision.

### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.222 (a):** Policy 14-2 CC, pages 21-23, section O, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility

investigators are responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment.

**115.222 (b):** Upon receipt of allegations of rape, sexual assault or resident or staff sexual misconduct, the facility is required to notify the Austin Police Department. The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation.

**115.222 (c):** The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the CoreCivic website (<http://www.CoreCivic.com/security-operations/prea>).

In interview with the facility investigators, they were knowledgeable of their responsibilities of referring allegations that appear to be criminal to the Austin Police Department. In the past 12 months, there were no allegations referred for criminal investigation. There was one allegation of inmate-on-inmate sexual abuse that was administratively investigated.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

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

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

**115.231 (a):** CoreCivic employees receive training on CoreCivic'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-1-a, of the policy. The CoreCivic *Overview of PREA* training curriculum, which include training on the limits of cross gender viewing and searches, was reviewed and found to contain all elements of this provision of the standard as required.

**115.231 (b):** The *Overview of training* is tailored to meet the needs of male and female residents.

**115.231 (c):** All employees receive annual PREA training. Between trainings, the facility has staff meetings and department head meetings where PREA is discussed.

**115.231 (d):** Employees sign a *Training Activity Enrollment/Attendance Roster (4-2A)* acknowledging that they received and understood the training they received. They also sign a *CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement* form (14-2A) acknowledging review of the agency's 14-2 CC policy and acknowledging receiving PREA training. All PREA training is conducted by the Learning and Development Manager.

Adherence to employee training requirement was confirmed by the review of 17 employee-training files. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. The *CoreCivic Overview of PREA training curriculum* reviewed was very thorough and staff was extremely knowledgeable which revealed that the facility has not only met, but also exceeded the requirements of this standard. In interview with the Learning and Development Manager, she was very knowledgeable of the PREA training requirements and keeps excellent training records.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

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

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

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

**115.232 (a):** CoreCivic policy 14-2 CC, page 8, 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.

**115.232 (b):** Volunteers view the PREA Volunteer training DVD and contractors complete the same *Overview of PREA* training as employees do.

**115.232 (c):** Both volunteers and contractors sign a *CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment* form (14-2A) acknowledging review of the agency's 14-2 CC policy and acknowledging receipt of PREA training. The facility maintains documentation to confirm volunteers and contractors understand the training they received.

The facility has five contractors and one volunteer. Review of their training files showed that training has been completed. When interviewed the volunteer and the one contractor interviewed, reported receiving PREA training and knew their responsibilities if a resident alleged sexual abuse or sexual harassment to them. The facility was found to exceed in the requirements of this standard.

## Standard 115.233: Resident education

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

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

**115.233 (a):** Based on CoreCivic 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. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 253 residents admitted to the Austin Residential Reentry Center received PREA information upon intake.

**115.233 (b):** Residents who transfer from another community confinement facility receive the same PREA information that all residents assigned to the facility receive.

**115.233 (c):** Resident education is provided in formats accessible to all residents. At intake residents receive a *Preventing Sexual Abuse and Misconduct* brochure (14-2AA) and an *FBOP Resident Handbook*, both available in English and Spanish. A *PREA: What You Need to Know* video is viewed by residents within 72 hours of arrival to the facility and is available in both English and Spanish. Staff translators for Spanish-speaking residents or Language Line Services are utilized to relay PREA information to limited English proficient residents.

**115.233 (d):** Residents acknowledge by their signature on a Zero Tolerance Acknowledgment for Offenders form that they have viewed the PREA video, received, and understood the PREA information presented to them. This documentation, maintained in resident files.

**115.233 (e):** Ongoing information is provided continuously on posters, both in English and Spanish, prominently displayed in various locations throughout the facility. The Facility Director facilitates monthly Town Hall Meetings for residents where PREA is discussed and reviewed at every meeting.

All residents interviewed were aware of the zero-tolerance policy and methods of reporting sexual abuse and sexual harassment available to them. In review of 16 resident files, residents are receiving PREA information upon intake and the facility is maintaining documentation of this training. Ongoing information is provided not only on posted information, but also through monthly Town Hall Meetings; therefore, the facility was found to exceed in the requirements of this standard.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  
 Yes    No    NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]  
 Yes    No    NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.234 (a):** Based on CoreCivic policy 14-2 CC, page 7, section b-i, bullets 1-3, in addition to general training provided to all employees, CoreCivic ensure that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

**115.234 (b):** 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.

**115.234 (c):** At this facility, there are two trained facility investigators, the Case Manager Supervisor/PREA Compliance Manager and a Security Monitor I. Documentation provided for review showed they completed an online American Jail Association course, *PREA: Investigation Protocols*, The PREA Compliance Manager on 5/23/18 and the Security Monitor I on 5/2/18. Certificates of completion of this training is maintained by the facility. In interview with the facility investigators, they confirmed completing specialized training and general PREA training annually provided to all employees.

### Standard 115.235: Specialized training: Medical and mental health care

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

#### 115.235 (a)



- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

The Austin Residential Reentry Center does not employ medical or mental health staff; therefore, this standard is not applicable to this facility.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
 Yes  No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  
 Yes  No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  Yes  No

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

**115.241 (a):** Per policy 14-2 CC, pages 12 & 13, section H, upon admission to the Austin Residential Reentry Center or upon transfer to another facility, residents are screened for their risk of being sexually abused or sexually abusive towards others. CoreCivic's *Sexual Abuse Screening Tool* (14-2 CC-B) is used for this purpose.

**115.241 (b):** Intake screening takes place within 72 hours of arrival to the facility. At Austin Residential Reentry Center, intake screening takes place within 24 hours, exceeding in this provision of the standard.

**115.241 (c):** The 14-2 CC-B form is the objective screening tool used to conduct PREA screenings.

**115.241 (d):** The 14- CC-B form was reviewed and found to contain all requirements of this provision of this standard. The Case Managers or the Security Monitor l's, in the absence of the Case Managers completes the 14-2 CC-B upon the resident's arrival to the facility. In the past 12 months, 249 residents were screened upon admission to the Austin Residential Reentry Center.

**115.241 (e):** The *Sexual Abuse Screening Tool* considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence of sexual abuse.

**115.241 (f):** Within 30 days of the resident's arrival to the facility, the resident is rescreened by the Case Manager Supervisor or one Case Manager using the 14-2 CC-B form. The reassessment includes any

additional relevant information received by the facility. A resident's risk level is also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

**115.241 (g):** Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. A memorandum dated 4/24/18, to all staff from the Facility Director informs staff that residents cannot receive disciplinary action for refusing to answer questions on the 14-2 CC-B form and screeners are to note on the form the resident's refusal.

**115.241 (h):** The 14-2 CC-B forms are filed in a binder that is locked in one of the Case Manager's office. Only the Facility Director, the Case Manager Supervisor/PREA Compliance Manager and the Case Managers have access to screening information.

In the record review of 16 random resident records, initial screenings are being completed timely. In interview with and the Case Managers and the PREA Compliance Manager and in review of random resident records, the screening process is in place and being followed.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.242 (b)

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

### 115.242 (c)

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

### 115.242 (d)

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

### 115.242 (e)

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

### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

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

**115.242 (a):** Policy 14-2 CC, page 12, section H-1, addresses the use of the information obtained during the screening process. 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.

**115.242 (b):** Individualized determinations are made about how to ensure the safety of each resident. In interview with the Facility Director, she explained how the facility utilizes information from the 14-2 CC-B form. Residents that score to be at risk of victimization are assigned in rooms closest to camera view and closest to the door. Residents who score at risk for abusiveness are housed in rooms away from rooms that victims are assigned. These residents are tracked on an *Austin Residential Reentry Center Housing Tracker* sorted by dorm.

**115.242 (c):** 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-1. 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.

**115.242 (d):** A transgender or intersex resident's own views with respect to his/her safety will be given serious consideration.

**115.242 (e):** Transgender and intersex residents are given the opportunity to shower separately from other residents as stated in policy 14-2 CC, page 15, section K-6. Transgender and intersex residents would be allowed to shower upon request during a time when a staff member is in the dorm to provide supervision. In the past 12 months, there have not been any transgender or intersex residents housed at the Austin Residential Reentry Center.

**115.242 (f):** The agency does not place lesbian, gay bisexual, transgender or intersex residents in dedicated facilities, units or wings solely based on such identification.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

**115.251 (a):** CoreCivic 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 and can verbally tell or write to the PREA Compliance Manager.

**115.251 (b):** Residents are informed on page 59 of the *FBOP Resident Handbook, Preventing Sexual Abuse and Misconduct* brochure (14-2 CC-AA) and on numerous posters that they can report allegations to public and private entities that are not part of CoreCivic. They are informed they call the Austin Police Department, the SAFE Alliance Hotline or the RAINN, the National Sexual Assault Hotline. They are given the mailing address to the Austin Police Department and to the US Department of Justice Office of the Inspector General. Page 17, section 3 of the policy 14-2 CC, outlines a method of anonymous reporting.



**115.251 (c):** Staff must take all allegations of sexual abuse seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

**115.251 (d):** Staff may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential" to the Facility Director or contact CoreCivic's Ethics and Compliance Hotline. Staff interviewed were aware of their method of privately reporting sexual abuse and sexual harassment of residents. Third party reporting methods can be found on the CoreCivic website.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (e)

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

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

According to CoreCivic policy 14-2 CC, page 16, section 1-b, at the Austin Residential Reentry Center PREA incidents are not processed through the facility's resident grievance process. If a grievance is received alleging a PREA incident, it is immediately referred to a facility investigator to be investigated according to the PREA standards; therefore, this standard is not applicable to this facility. In information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed alleging sexual abuse.

## Standard 115.253: Resident access to outside confidential support services

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

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.253 (b)

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

### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

**115.253 (a):** CoreCivic policy 14-2 CC, page 10, section F-1-3, 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 provided to residents on posters displayed throughout the facility, in the *FBOP Resident Handbook* and in the *Preventing Sexual Abuse and Misconduct* brochure (14-2 CC-AA).

**115.253 (b):** 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.

**115.253 (c):** The facility's attempts to enter into MOU's with the SAFE Alliance to date have been unsuccessful. The facility continues in those attempts. Absent of an MOU, SAFE Alliance currently provides residents with emotional support services and a 24-hour reporting hotline.

Residents interviewed were aware of the emotional support services available to them and how to access them.

## Standard 115.254: Third-party reporting

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

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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

**115.254 (a):** 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 PREA Coordinator or to the Facility Director. Per CoreCivic policy 14-2 CC, page 17, section L-4, information for third party reporting is made available on the CoreCivic website with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the Facility Director.

Residents are made aware of this method of reporting in the *FBOP Resident Handbook* and in the *Preventing Sexual Abuse and Misconduct* brochure (14-2 CC-AA).

Residents interviewed were knowledgeable of this method of reporting. During the past 12 months, there no third-party reports received.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.261 (b)

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

#### 115.261 (c)

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

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

**115.261 (a):** 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 Director, the PREA Compliance Manager and the PREA Coordinator.

**115.261 (b):** Apart from reporting to designated supervisors, employees are not to reveal any information related to a sexual abuse report to anyone than to the extent necessary. Staff who fail to report allegations may be subject to disciplinary action.

**115.261 (c):** This provision of the standard is not applicable to this facility; the Austin Residential Reentry Center does not employ medical or mental health staff.

**115.261 (d):** The Austin Residential Reentry Center houses adult male and female residents only, none of whom according to their classified level of care are considered vulnerable adults under the Texas State Vulnerable Persons Statue; therefore, this provision of the standard is not applicable to this facility.

**115.261 (e):** All allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators.

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

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

**115.262 (a):** 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 and page 17, section 2-c requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.

In interview with the Facility Director and information provided on the Pre-Audit Questionnaire, 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. The Facility Director upon interview stated she would remove the resident and talk to the person and notify BOP.

## Standard 115.263: Reporting to other confinement facilities

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

### 115.263 (a)

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

### 115.263 (b)

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

### 115.263 (c)

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

### 115.263 (d)

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

## Auditor Overall Compliance Determination

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

**115.263 (a):** CoreCivic policy 14-2 CC, page 20, section 5 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 Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided.

**115.263 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

**115.263 (c):** If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Facility Director 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.

**115.263 (d):** If an allegation is received from another facility, the Facility Director will ensure that the allegation is investigated in accordance with the PREA standards.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations received that a resident was sexually abused while confined at another



facility and there were no allegations of sexual abuse received from other facilities. The Facility Director was aware of her responsibilities of reporting and documenting allegations received.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

#### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

**115.264 (a):** CoreCivic policy 14-2 CC, pages 17 & 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 allows for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth.

**115.264 (b)** 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 that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff 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, knew how to preserve the crime scene and the physical evidence and report to their supervisor.

In the past 12 months, there was one allegation of inmate-on-inmate sexual abuse that was reported by the alleged victim by one of the Site Checkers. In interview, the staff member related what steps he took when the allegation was reported to him.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

**115.265 (a):** Policy 14-2 CC, pages 10-12, section G and pages 18-25, 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 ARRC that includes the Facility Director, the Case Manager Supervisor/PREA Compliance Manager, the Security Monitor I/Investigator, one other Security Monitor I and two Case Managers.

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.

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

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

### 115.266 (a)

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

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.266 (a):** CoreCivic policy 14-2 CC, page 28, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment. Since the last PREA audit, CoreCivic has not 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.

**115.266 (b):** There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer at an earlier date, any agreements that CoreCivic enters in to would not limit the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation and not disciplining employees up to and including termination. In interview with the Facility Director, she confirmed this statement.

## Standard 115.267: Agency protection against retaliation

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

### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**115.267 (a):** CoreCivic 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.

**115.267 (b):** 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.

**115.267 (c):** The Case Manager Supervisor/PREA Compliance Manager 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.

**115.267 (d):** Retaliation monitoring of residents will also include periodic status checks.

**115.267 (e):** 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.

**115.267 (f):** The agency's obligation to monitor shall terminate if the agency determines the allegation to be unfounded.

In the past 12 months, there was one allegation received that upon investigation, was determined to be unfounded. There were no incidents of retaliation that occurred. When interviewed, the Case Manager Supervisor/PREA Compliance Manager knew her responsibilities for monitoring for retaliation per policy and this standard.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  Yes  No  NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  Yes  No

#### 115.271 (c)

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

#### 115.271 (d)

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

**115.271 (e)**

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

**115.271 (f)**

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

**115.271 (g)**

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

**115.271 (h)**

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

**115.271 (i)**

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

**115.271 (j)**

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

**115.271 (k)**

- Auditor is not required to audit this provision.

## 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).]  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.271 (a):** The agency/facility conducts an investigation promptly, thoroughly and objectively when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports.

**115.271 (b):** The facility has two trained facility investigators who is responsible for conducting administrative investigations of sexual abuse and sexual harassment at the facility. Both investigators have completed the *PREA: Investigation Protocol* training. The facility provided the training curriculum and certificates of completion of this training.

**115.271 (c):** The agency's policy on administrative and criminal investigations is outlined in CoreCivic policy 14-2 CC, pages 23 & 24, section O. Investigators gather and preserve evidence and any electronic monitoring data. They interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

**115.271 (d):** When the quality of evidence appears to support criminal prosecution the agency shall conduct compelled interviews only after consulting with prosecutors. Allegations of sexual abuse are referred to the Austin Police Department who conduct criminal investigations pursuant to the requirements of this standard.

**115.271 (e):** 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.

**115.271 (f):** 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 to include the physical and testimonial evidence, the reasoning and credibility assessments and investigative facts and findings.

**115.271 (g):** The Austin Police Department will document in a written report to include a thorough description of physical, testimonial, and documentary evidence.

**115.71 (h):** Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

**115.271 (i):** CoreCivic 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 *CoreCivic Retention Schedule* (1-15 B-CC).



**115.271 (j):** The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

**115.271 (l):** The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators.

In the past 12 months, there was one PREA allegation reported. The allegation was not referred for prosecution. When interviewed, the facility investigators knew their responsibilities in the conduct of administrative investigations and referral of allegations of sexual abuse that appear to be criminal to the to the Austin Police Department for criminal investigation or possible prosecution.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

Based on CoreCivic policy 14-2 CC, page 25, 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 responsible for administrative investigations 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

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

### 115.273 (a)

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

### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

**115.273 (a):** Policy 14-2 CC, pages 26 & 27, 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

**115.273 (b):** 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.

**115.273 (c):** 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. The resident is informed that the staff is no longer employed by the facility, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to the sexual abuse incident.

**115.273 (d):** Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. Notification would include if the abuser were indicted on a charge related to the abuse or convicted on a charge related to sexual abuse.

**115.273 (e):** 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 form verifying it was received, and the form is filed in the corresponding investigative file.

**115.273 (f):** The facility's obligation to notify the resident shall terminate if the resident is released from the agency's custody.

In information provided on the Pre-Audit Questionnaire and in review of the investigative file of the one allegation received in the past 12 months, an administrative investigation was completed by the facility, which was determined to be unfounded. The alleged victim of that investigation was provided an *Inmate/Resident Allegation Status Notification* form, which was found filed in the investigative file.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

**115.276 (a)**

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

**115.276 (b)**

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

**115.276 (c)**

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

**115.276 (d)**

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

**Auditor Overall Compliance Determination**

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

**115.276 (a):** 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 28, section R-2-a-c.

**115.276 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**115.276 (c):** 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.

**115.276 (d):** 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, and to relevant licensing bodies.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, 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

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

**115.277 (a):** Based on review of policy 14-2 CC, page 28, section R-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. The facility has one volunteer and five contractors.

**115.277 (b):** The facility will take appropriate remedial measures and prohibit contact with residents if a volunteer or contractor violates CoreCivic's sexual abuse or sexual harassment policy.

In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Austin Residential Reentry Center has not received any reports of sexual abuse of residents by the facility's volunteer or any contractors. The Facility Director stated that if a volunteer or contracted violated the agency's zero-tolerance policy, an investigation would follow and the volunteer would no longer be allowed access to the facility pending the outcome of the investigation.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

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

#### 115.278 (b)

- Are 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?  Yes  No

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

## Auditor Overall Compliance Determination

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

**115.278 (a):** Per policy 14-2 CC, pages 27 & 28, section R-1, 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. Residents receive a *FBOP Resident Handbook* when they arrive at the Austin Residential Reentry Center and sign a form acknowledging receiving and understanding the information in the handbook. They also sign a *Zero-Tolerance Acknowledgement for Offenders* form. Residents are informed in Chapter 2 of the *FBOP Resident Handbook* that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct and the sanctions imposed if a resident violates these rules.

**115.278 (b):** 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.

**115.278 (c):** 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.

**115.278 (d):** The Austin Residential Reentry Center does not offer therapy or counseling to the abuser onsite, but referrals would be made to offsite providers if deemed necessary.

**115.278 (e):** A resident may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

**115.278 (f):** 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.

**115.278 (g):** The agency/facility prohibits all sexual activity between residents and residents may be disciplined for such activity. Such activity does not constitute sexual abuse if it is determined that it is not coerced.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there have been no substantiated allegations of sexually related misconduct by residents.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

### 115.282 (a)

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

### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.282 (c)

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

### 115.282 (d)

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

## Auditor Overall Compliance Determination

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

**115.282 (a):** According to policy 14-2 CC, page 25, section 4-c & d, the facility will ensure that medical and mental health referrals are completed. Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All services are determined by the medical and mental health practitioners according to their professional judgement.

**115.282 (b):** The Austin Residential Reentry Center does not employ medical or mental health staff. First responders to sexual abuse ensure that the victim be transported to the Dell Seaton Medical Center or to SAFE Alliance for a forensic exam.



**115.282 (c):** Resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis.

**115.282 (d):** All services are provided without cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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 and abusers**

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

#### **115.283 (a)**

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

#### **115.283 (b)**

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

#### **115.283 (c)**

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

#### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.283 (e)**

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### **115.283 (f)**

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

### 115.283 (g)

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

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

**115.283 (a):** The Austin Residential Reentry Center will offer ongoing medical and mental health evaluations to all residents who have been victimized by sexual abuse. Resident victims would be referred to the Dell Seton Medical Center for ongoing medical services and to SAFE Alliance or to Hill Country Counseling for mental health services.

**115.283 (b):** The evaluation will include follow-up services, treatment plans and referrals for continued care following their transfer or release from custody.

**115.283 (c):** The medical and mental health services offered are consistent with the community level of care.

**115.283 (d):** Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

**115.283 (e):** If pregnancy results from sexual abuse, victims received timely and comprehensive information about timely access to all lawful pregnancy-related infections as medically appropriate.

**115.283 (f):** Resident victims of sexual abuse are offered treatment for sexually transmitted infections as medically appropriate.

**115.283 (g):** Treatment services are provided to the victim without cost and regardless if the victim names the abuser or cooperates with any investigation arising out of the incident.

**115.283 (h):** The facility will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment by mental health practitioners.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to sexual abuse.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.286 (e)

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

### Auditor Overall Compliance Determination

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

**115.286 (a):** Based on policy 14-2 CC, page 23, section N, the Facility Director will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

**115.286 (b):** The review will ordinarily occur within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded.

**115.286 (c):** At this facility, the Sexual Abuse Response Team (SART) is responsible for conducting incident reviews. The Facility Director, the Case Manager Supervisor/PREA Compliance Manager, two Monitor I's and two Case Managers make up the SART.

**115.286 (d):** The SART considers whether the allegation indicates a need to change policy or practice, whether the allegation was motivated by race, ethnicity, gender identify, sexual orientation, or gang affiliation. They also examine the area where the incident allegedly occurred, assess the adequacy of staffing levels in that area on different shifts, assess whether monitoring technology should be deployed and prepare a report of its finding. All findings and recommendations for improvement will be documented on the 14-2F-CC, *Sexual Abuse or Assault Incident Review Form*, and completed forms will be forwarded to the Facility Director and to the PREA Coordinator.

**115.286 (e):** The facility will implement the recommendations for improvement or will document reasons for not doing so.

In information provided, in the past 12 months, there was one allegation of resident-on-resident sexual abuse that did not require an incident review as it was determined to be unfounded. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

**115.287 (b)**

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

**115.287 (c)**

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

**115.287 (d)**

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

**115.287 (e)**

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

**115.287 (f)**

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

**Auditor Overall Compliance Determination**

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

**115.287 (a & c):** Information on data collection is found on page 29, section T of CoreCivic policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facilities under its control using a standardized instrument and set of definitions. 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 and sexual harassment are reported on the *Incident Tracking Form*.

**115.287 (b):** At least annually, the PREA Coordinator aggregates this data.

**115.287 (d):** The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

**115.287 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

**115.287 (f):** Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. The PREA Coordinator prepares an *Annual PREA Report* summarizing the aggregated data from all of their facilities.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

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

**115.288 (a):** Based on policy 14-2 CC, page 30, 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 including identifying problem areas, taking corrective action on an ongoing basis, and the PREA Coordinator prepares an annual report of findings and corrective actions for each facility and for CoreCivic as a whole.

**115.288 (b):** The annual report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

**115.288 (c):** The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CoreCivic website and can be accessed at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.288 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2017 data and posted on the agency's website, was very well written with easy to read tables according to the type of allegations and the investigative findings as well as a narrative overview of this information for the entire agency.

## Standard 115.289: Data storage, publication, and destruction

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

**115.289 (a):** According to policy 14-2 CC, page 29, section T-1-a-iv and section T-2-c, the agency ensures that the data collected is securely retained.

**115.289 (b):** The PREA Coordinator prepares an annual report with the aggregated sexual abuse data from all facilities under its control. The report is then made public on the CoreCivic website and can be accessed at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.289 (c):** Before making aggregated data publically available, the agency removes all personal identifiers.

**115.289 (d):** According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)



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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

**115.401 (a):** Based on CoreCivic policy 14-2 CC, page 30, section U, an external audit of all CoreCivic facilities will be conducted every three years to ensure compliance with the agency policy and the PREA National Standards.

**115.401 (b):** During each one year period starting August 20, 2013, CoreCivic ensured that at least one-third of each facility type operated by the agency was audited. This audit is the first audit for the Austin Residential Reentry Center while under the management of CoreCivic.

**115.401 (h):** During the audit, I was allowed access and I was able to observe all areas of the Austin Residential Reentry Center.

**115.401 (i):** I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

**115.401 (m):** I was permitted to conduct private interviews with residents and staff ensuring confidentiality to our conversation.

**115.401 (n):** Residents were notified six weeks before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence that would be handled as legal mail and were given my name and mailing address. I did not receive any correspondence from residents of the Austin Residential Reentry Center.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**115.403 (f):** In compliance with the National PREA Standards, I certify by my signature in the *Auditor Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

In thorough review of CoreCivic's policy 14-2 CC and agency procedures were found to comply with relevant PREA standards.

For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 9 for a summary of my audit findings for each of the PREA standards.

This report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable resident or employee information, but I can provide such information to CoreCivic or to the Department of Justice upon request.

Per agency policy and standard requirements, CoreCivic ensures me this final report will be published on their website at (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) to be available to the public.

## AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison  
**Auditor Signature**

September 1, 2018  
**Date**