

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

☐ Interim ☒ Final

Date of Report 6/11/19

Auditor Information

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Company Name: Martinez Auditing Services

Mailing Address: P. O. Box 372 City, State, Zip: Beeville, TX 78102

Telephone: (210) 790-7402 Date of Facility Visit: April 23-24, 2019

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

CoreCivic N/A

Physical Address: 10 Burton Hills Blvd. City, State, Zip: Nashville, Tennessee 37215

Mailing Address: - City, State, Zip: -

Telephone: (615) 263-3000 Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is: ☐ Military ☒ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☐ State ☐ Federal

Agency mission: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

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

Agency Chief Executive Officer

Name: Damon Hininger Title: President and Chief Executive Officer

Email: Damon.Hininger@corecivic.com Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson Title: Sr. Director, PREA Compliance and Programs

Email: eric.pierson@corecivic.com Telephone: 615-263-6915

PREA Coordinator Reports to: Steve Conry, Vice President, Operations Administration		Number of Compliance Managers who report to the PREA Coordinator 63	
Facility Information			
Name of Facility: Austin Transitional Center			
Physical Address: 3154 East Hwy 71, Del Valle TX 78617			
Mailing Address (if different than above): -			
Telephone Number: 512-386-5722			
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal		<input type="checkbox"/> County	<input type="checkbox"/> Private not for Profit
		<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<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:			
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Debra Orr-Brown		Title: Facility Director	
Email: debra.orr-brown@corecivic.com		Telephone: 512-386-5722 Ext: 2003	
Facility PREA Compliance Manager			
Name: Debra Orr-Brown		Title: Facility Director	
Email: debra.orr-brown@corecivic.com		Telephone: 512-386-5722 Ext: 2003	
Facility Health Service Administrator			
Name: none		Title: -	
Email: -		Telephone: -	

Facility Characteristic			
Designated Facility Capacity: 436		Current Population of Facility: 411	
Number of Inmates admitted to facility during the past 12 months			2910
Number of Inmates admitted to facility during the past 12 months who were transferred from a different community confinement facility:			2910
Number of Inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1981
Number of Inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1981
Number of Inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19-80	<input type="checkbox"/> Juveniles none	<input type="checkbox"/> Youthful Inmates none
Average length of stay or time under supervision:			3 months
Facility Security Level:			Minimum
Inmate Custody Levels:			Half-way house/Therapeutic Community
Number of staff currently employed by the facility who may have contact with Inmates:			54
Number of staff hired by the facility during the past 12 months who may have contact with Inmates:			30
Number of contracts in the past 12 months for services with contractors who may have contact with Inmates:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		10	
<p>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.):</p> <p>The facility had a total of 30 cameras and are only viewed by the designated monitoring staff with a retention of 30 days. The cameras were located in Dorm I, hallway, Dorm F, Dorm G, Dorm H, Case managers office, Dining and Lobby, Classroom, storage area, Dorm E, & Dorm D. The surveillance cameras are serviced by C2M Tech from Carrollton, Texas. The facility had a total of 15 security mirrors in I dorm, G dorm, F dorm, H dorm, Out-patient area, Food Service, Offices, Administration, Dorm A, Dorm E, & Dorm D. There were two locations for monitoring the cameras: Monitor's Station and Facility Director's office.</p>			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		MOU with The SAFE Alliance and Dell Seton Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with Inmates, currently authorized to enter the facility:			10
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) certification audit for the Austin Transitional Center (ATC), CoreCivic in Del Valle, Texas was conducted on April 23-24, 2019, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), United States Department of Justice Prison Rape Elimination Act Certified Auditor. The agency contract was secured through Martinez Auditing Services, LLC directly by the auditor. The contract describes the specific work required according to the Department of Justice (DOJ) standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The contract was signed by the auditor on 12/10/18 and clearly describes the lead auditors' responsibilities. The first PREA audit for ATC was conducted by PREA auditor Barbara Jo Denison on April 25-26, 2016. The previous auditor determined the ATC exceeded three standards, met 33 standards and the other three were non-applicable.

Audit Methodology (Pre-Onsite Audit Phase):

The auditor utilized the paper audit instruments for community confinement facilities which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA audit Site Review, interview protocols: Agency Head or Designee, Facility Director or Designee, PREA Coordinator, Specialized staff, Random Staff and Inmates. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The auditor established a positive working relationship with the Facility Director and key facility staff engaging in a productive working atmosphere. It was explained to the Facility Director about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and Inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (*PREA Auditor Handbook pg. 32 & 37*).

The facility provided the auditor with an inmate roster for random selection of Inmates, staff roster for selection for specialized staff and random interviews. The Facility Director understood the importance of the audit process and review and with no hesitation provided access to the auditor. The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the facility director the 45-day time frame for the submission of the final PREA report. The auditor also notified the facility director and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditors code of conduct to the PREA Resource Center. The facility director and auditor discussed information regarding the 90-day appeal process.

Communication:

CoreCivic Senior Director for the PREA Programs and Compliance forwarded the facility documents and information to the auditor through a secured website on 3/2/19. The secured website provided the following information: PREA Audit files with samples, PREA policies, the audit notice in both English and Spanish with the audit dates and mailing address for the Inmate population; list of Inmates who reported sexual abuse; Inmate roster and housing locations, Employee list, (contracts reviewed onsite), annual reports; staffing plans; mission statement; daily population; facility schematic; lesson plan for volunteers, correctional programs division, language line, PREA overview participant workbook, PREA overview facilitator guide, organizational chart; pre-audit questionnaire, and assigned Senior Director for PREA programs. The Senior Director for PREA emailed on 3/3/19 for Point of Contact (POC) information and communication. On 3/3/19, the Senior Director for PREA provided the POC information for ATC. The auditor sent an email to the facility as an introduction to include the Pre-Audit Questionnaire, Site Review Instructions, Interview protocols, Process map, & Checklist of documentation. Most of the requested information was provided to the auditor on 3/2/19 prior to this email through a secured website by the Senior Director for PREA. The following information was provided to the auditor.

1. A list of all allegations of sexual abuse and sexual harassment received in the previous 12 months at the facility including the outcomes of investigations, whether they were administrative or criminal and whether any allegations were forwarded to the district attorney for consideration of prosecution.
2. Diagram of the physical plant
3. List of Inmates, alphabetical and by housing unit
4. List of Inmates who are identified to meet one or more of the targeted Inmate categories:
 - a. Youthful Inmates, if any
 - b. Inmates with a physical disability
 - c. Inmates who are Blind, Deaf or hard of hearing
 - d. Inmates who are Limited English Proficient
 - e. Inmates with a Cognitive Disability
 - f. Inmates who identify as Lesbian, Gay, Bisexual,
 - g. Inmate who identify as Transgender or Intersex
 - h. Inmates who Reported Sexual Abuse
 - i. Inmates who Reported Sexual Victimization during Risk Screening
 - j. Random Inmate interviews
 - k. List of staff by shift, including position title
 - l. All contractors who have contact with Inmates
 - m. All volunteers who have contact with Inmates
 - n. All grievances made in the 12 months preceding the audit
 - o. All incident reports from the 12 months preceding the audit
 - p. All hotline calls made during the 12 months preceding the audit
 - q. Audit notice posting and dates, policies and procedures, PREA files and samples, PAQ and additional required information.

The email included the list of specialized staff required for interviews during the onsite visit.

- Agency contract administrator
- Medical and mental health staff
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with Inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation

- First responders, both security and non-security staff
- Intake staff
- Random staff

The following facility and agency leadership were interviewed: • Agency head or designee • Facility Director/facility director/superintendent or designee • PREA coordinator.

Point of Contact:

A point of contact (*POC*) was established with the facility prior to the audit and constant communication was maintained. The auditor and facility director discussed the location for interviews and decided that the interviews would be conducted in the conference room with plenty of room and privacy for the auditor to conduct staff and Inmate interviews. During the audit planning and logistics phase, the auditor remained engaged with the Facility Director/PREA Manager, and Senior Director regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The memorandum also discussed the transportation, daily schedule, workspace, adequate outlets, permissible technology (laptop, cell phone) and other necessary audit materials and information required. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, supporting documentation and conducting outreach to advocacy organizations.

Internet Search:

The auditor conducted a google search for articles related to the Austin Transitional Center for the past 12 months. The auditor discovered three articles with information about the facility. The Facility Director was interviewed and stated there is no information on record of any current litigation, consent decrees or local oversight under the contract.

[Parolee accused of assaulting Del Valle halfway house ...
www.kxan.com/2017/06/20/parolee-accused-of-assaulting-del-valle-halfway-house-employee](http://www.kxan.com/2017/06/20/parolee-accused-of-assaulting-del-valle-halfway-house-employee)

Outreach/Community Based Victim Services:

The auditor reviewed the Memorandum of Understanding between CoreCivic of Tennessee, LLC/Austin Transitional Center (ATC) and the Safe Alliance. The document establishes guidelines for the provision of victim services to Inmates in custody by and between Austin Transitional Center and Safe Alliance. The Safe Alliance agrees to provide advocates for confidential emotional support services related to sexual abuse including, but not limited to crisis intervention, referrals for follow-up counseling, and a twenty-four (24) hour, seven (7) days a week crisis line. Provide Forensic examinations to Inmate victims of sexual abuse at the facility.

Such examinations shall be performed by either a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) or, if not available, other qualified medical practitioners. Maintain confidentiality as required by state and federal laws, and as required by facility and FB of Prison policy and procedures. Provide the facility with 24-hour sexual abuse/assault crisis line number including Safe's mailing address that may be posted throughout Facility and in written resources given to Inmates. Accept and forward details of allegations of sexual abuse and harassment to Facility Officials allowing the offender to remain anonymous by request or when the allegations are received from an anonymous third-party. In these instances, Safe will not disclose any personal identifying information when contacting facility.

On 4/23/19, the 24-hour Crisis Hotline was tested by the auditor and was in good working condition, the representative stated that no calls had been received from the facility. On 4/23/19, the auditor contacted the SANE/SAFE nurse on-call, the process for a sexual assault was explained, and no other information was disclosed regarding the facility on that specific night. The Inmates interviewed by the auditor understood how to contact the rape crisis center directly at any time if needed.

The auditor utilized the Inmate and employee roster to make the selections for interviews, file reviews and investigations. The employees were selected by category using the specialized staff protocol and random interview protocol. The Inmate population was selected by category using the targeted Inmate protocol and random interview protocol.

The random Inmate interviews were selected by choosing the 1st, and 10th name to include race, gender and housing location to ensure an equal distribution of the diverse population was interviewed. The pre-on-site audit preparation included a review of the CoreCivic policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and certification process.

The facility posted the notice of audit with the auditor information six weeks prior to the audit in both English and Spanish for Inmates to send confidential information or correspondence to the auditor. Inmates are allowed to write the auditor in a confidential manner marked as legal mail. The notices were posted throughout the facility to include visitation, housing units, dining area and restrooms. The auditor verified the audit notice by an email forwarded from the facility on 3/2/19 and notices were posted on 2/8/19.

First Day Introduction:

On the first day of the audit 4/23/19 an introductory meeting was held with the following staff in attendance: Senior Director for PREA programs, Facility Administrator, TDCJ monitors and additional staff. The Inmate population on the first day of the onsite audit was 411, housing adult male Inmates. The auditor was provided an area in the conference room with privacy to conduct the file reviews. The requested files for staff and Inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Facility Director, TDCJ contract monitors and additional staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent two days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the Site Review, the auditor randomly talked to Inmates and staff in the food service area, housing units, dayroom and random Monitors I, II, and III regarding the reporting and notification process for sexual abuse allegations. The staff interviewed by the auditor were able to articulate the process in a consistent manner. The auditor did not receive any correspondence from inmates at the Austin Transitional Center. The auditor observed the notice of audit posted as of February in housing units and dayrooms posted by the phones. The auditor randomly asked several inmates (both male and female) if they were aware of the address and notice posted in the dayrooms. Several inmates stated that they did observe the notice but did not feel a need to write the auditor. The facility director was interviewed and stated that the facility did not have any court decrees or legal issues pending a PREA issue. The auditor conducted an internet search of the facility with the following links: www.kxan.com/2017/06/20/parolee-accused-of-assaulting-del-valle-halfway-house-employee, www.corecivic.com/facilities/austin-transitional-center.

On-Site Audit Phase:

The main building of the facility houses administrative offices, dining room, kitchen, day area, classrooms, maintenance, monitor station, counselor offices and the following housing units: A dorm, B dorm, C dorm, D dorm, E dorm, F dorm, G dorm, H dorm, I dorm and J dorm. The site review began on 4/23/19, the auditor observed the administrative building designated for the counselors with offices onsite for Therapeutic Community and Half-way house inmates assigned to the facility. The facility had counselors and case managers for the Inmate program. The administrative building had several cameras with security mirrors throughout the facility when Inmates are in counseling. There were no upgrades to the facility in the past 12 months according to the Facility Director. Strip searches of male Inmates are prohibited and monitors of the same gender conduct pat-searches.

A-dorm was observed during the site review with a capacity of 52 inmates, the female staff verbally made the announcement of a female entering the dorm. The dayroom had a television, one camera located in the corner of the area providing coverage of the dayroom. The PREA signs were displayed in both English and Spanish to include the PREA auditor notice and Safe Alliance information.

D-dorm was observed during the site review with a capacity of 52 inmates. Female staff verbally made the announcement of a female entering the dorm prior to walking in the dorm during the site review.

There was one camera in the dayroom and no security mirrors. The dorm is an open area and the auditor had a clear view of the area with no blind spots in sight. The dayroom lights were on with clear visibility and the area was clean. The dayroom had a television, one camera located in the corner of the area providing coverage of the dayroom. The PREA signs were displayed in both English and Spanish to include the PREA auditor notice and Safe Alliance information. The restrooms have showers with full shower curtains and toilets with full doors providing adequate privacy from the opposite gender staff. The restrooms and showers had the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The dorm had a television for the Inmates. The auditor opened one closet area which secured the air condition unit with staff limited access to keys and good lighting.

The auditor entered F-dorm with a capacity of 24 male Inmates, the female staff verbally made the announcement of a female entering the dorm. The auditor observed one camera in the dayroom and no security mirrors. The dorm is an open concept and the auditor had a clear view of the area with no blind spots in sight. The dayroom lights were on with clear visibility and the area was clean. The restroom and showers were designated on the left with no visibility of cross-gender viewing. The male Inmates have five individual restroom stalls with full doors and complete privacy from the opposite-gender. The male employee cleared the restroom and shower area prior to the female auditors entrance for observation in the area. The shower area had three separate individual showers with full shower curtains providing sufficient privacy from the opposite-gender. The restrooms and showers had the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The auditor opened one closet area which secured the heater with limited access to keys and the area had sufficient lighting. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry". The laundry room facilitated the washers and had one security mirror for visibility. The dorm had a pay phone available to all inmates.

The auditor entered G-dorm with a capacity of 24 male Inmates, the female staff verbally made the announcement of a female entering the dorm. The auditor observed one camera in the dayroom and no security mirrors. The dorm is an open concept and the auditor had a clear view of the area with no blind spots in sight. The dayroom lights were on with clear visibility and the area was clean. The restroom and showers were designated on the left with no visibility of cross-gender viewing. The male Inmates have five individual restroom stalls with full doors and complete privacy from the opposite-gender. The male employee cleared the restroom and shower area prior to the female auditors entrance for observation in the area. The shower area had three separate individual showers with full shower curtains providing sufficient privacy from the opposite-gender.

The restrooms and showers had the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The auditor opened one closet area which secured the heater with limited access to keys and the area had sufficient lighting. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry". The laundry room facilitated the washers and had one security mirror for visibility. The dorm had a pay phone available to all inmates.

The auditor entered H-dorm with a capacity of 24 male Inmates, the female staff verbally made the announcement of a female entering the dorm. The auditor observed one camera in the dayroom and no security mirrors. The dorm is an open concept and the auditor had a clear view of the area with no blind spots in sight. The dayroom lights were on with clear visibility and the area was clean. The restroom and showers were designated on the left with no visibility of cross-gender viewing. The male Inmates have five individual restroom stalls with full doors and complete privacy from the opposite-gender. The male employee cleared the restroom and shower area prior to the female auditors entrance for observation in the area. The shower area had three separate individual showers with full shower curtains providing sufficient privacy from the opposite-gender.

The restrooms and showers had the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The auditor opened one closet area which secured the heater with limited access to keys and the area had sufficient lighting. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry". The laundry room facilitated the washers and had one security mirror for visibility. The dorm had a pay phone available to all inmates.

The auditor observed I-dorm was during the site review with a capacity of 48/52 female inmates, the male staff verbally made the announcement of a male entering the dorm. The auditor observed one camera in the dayroom and no security mirrors. The dorm is an open concept and the auditor had a clear view of the area with no blind spots in sight. The dayroom lights were on with clear visibility and the area was clean.

The restrooms and showers were in a room to the right with no direct view inside the area and the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The auditor opened one closet area which secured the heater with limited access to keys and the area had sufficient lighting. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry". The laundry room facilitated the washers and had one security mirror for visibility. The dorm had two pay phones available to all inmates.

The auditor observed J-dorm was during the site review with a capacity of 40 female inmates, the male staff verbally made the announcement of a male entering the dorm. The auditor observed one camera in the dayroom and no security mirrors. The dorm is an open concept and the auditor had a clear view of the area with one blind spot in sight. The dayroom has a designated laundry area which has no door with a large wall providing a closed concept to the room creating a potential blind spot.

There are no cameras in the laundry room, the auditor recommended for the facility to place a security mirror in the area for visibility and prevention of a blind spot. The facility installed a security mirror on 5/7/19 in the laundry room preventing any blind spots in the laundry room. The dayroom lights were on with clear visibility and the area was clean. The restrooms and showers were in a separate room and had the PREA signs displayed in a large frame in both English and Spanish for easy visibility. The shower area had one handicap shower and the restroom had one handicap stall. The dayroom had a telephone for the Inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large frame in both English and Spanish. The auditor opened one closet area which secured the heater with limited access to keys and the area had sufficient lighting. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry". The laundry room facilitated the washers and had one security mirror for visibility. The dorm had two pay phone available to all inmates. The laundry room did not have a security mirror.

The auditor observed the monitor station which is positioned in the center of the dining and lobby area, which is open 24 hours a day, 7 days a week with an assigned employee/monitor to for inmates to check in/out. The monitor station has the monitor in the station for visual inspection of the facility operations. The Facility Director and Operations supervisor are responsible for monitoring the surveillance cameras. All camera issues are reported to and serviced by C2M Tech Services. The individual assigned to the monitor station has a monitor to view the cameras, however, does not have access to review incidents. The access is restricted to all staff with the exception of the Facility Administrator and Operations Supervisor. The zero-tolerance signs are displayed in the monitor station for staff and PREA information is provided to visitors in both English and Spanish. The main dayroom had four telephones for the inmates with the PREA signs displayed in both English and Spanish, six TDCJ PREA numbers and hotlines, and the Safe Alliance 24-hour Sexual Assault Crisis Hotline. The PREA Audit notification was posted and dated 2/8/19. The dayroom had the PREA signs displayed in a large posters over the phones in both English and Spanish for easy visibility. The auditor tested the SAFE Alliance 24/7 phone number with direct connection and no issues. The facility has a Memorandum of Understanding with SAFE Alliance hotline which provides advocates for confidential emotional support related to sexual abuse including, but not limited to crisis intervention, referrals for follow-up counseling, and a twenty-four (24) hour, seven (7) days a week crisis line. They are responsible for providing forensic examinations to resident victims of sexual abuse at the facility. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) or, if not available, other qualified medical practitioners. The SAFE Alliance hotline is 1-877-384-9891. The auditor tested the line on 4/23/19 with direct connection to a live individual. The auditor contacted the SAFE Alliance Director on 4/24/19 and conducted a telephonic interview at 3:26 pm. There were no reports made in the past 12 months requiring an exam.

The Food Service department staff are contracted with Five Star with three employees onsite during the audit. There were no cameras in the food service department and one security mirror. The auditor observed the freezer and the pantry during the site review. The Five Start supervisor stated that she had about 7 to 9 inmates assigned throughout the day on different shifts. The PREA signs, Third-Party reporting and Facility Director information are posted for the Inmates and family members. The food service department was small with an open concept and visibility.

The auditor observed the following offices during the site review: Parole offices, medication room, classrooms, Operations Supervisor, staff restrooms and the Facility Director's office. The auditor observed the PREA signs and notice of audit posted. The facility does not have a basement or an attic. The recreation area is outside with basketball rims and a court, however, does not have urinals. The inmates return to their dorms for restroom use. Strip searches are prohibited on the facility. The auditor did not identify any visible blind spots on the recreation yard.

Inmates Interviews

The auditor conducted Inmates' interviews on 4/24/19 with one Inmate respectfully declining the interview. Based on the Inmate's population size of 411 on the first day of the onsite portion of the audit, the PREA auditor handbook specifies that a minimum of 20 Inmates' interviews is required. The auditor is required to interview 10 random Inmates and 10 targeted Inmate interviews. The auditor selected a larger portion and a geographically diverse sample of random male Inmates for the audit process to include housing units by selecting the first and tenth of every housing unit. The Facility Director and other staff facilitated interviews of all Inmates in a private setting. The auditor conducted the following number of Inmate interviews during the onsite phase of the audit.

Category of Inmates	Interviews Conducted
Random Inmates (Total)	(5 females/9 males) 14 total
Targeted Inmates (Total)	(5 females/10 males) 15 total
Total Inmates Interviewed	29 (7 females/22 males)
Breakdown of Targeted Inmate Interviews:	
• Youthful Inmates	0 (no youthful Inmates assigned)
• Inmates with physical disability	1
• Inmates who are blind	0 (no blind Inmates)
• deaf	0 (no deaf Inmates)
• hard of hearing	2
• Inmate who are LEP	2
• Inmates with a cognitive disability	3
• Inmates who identify as lesbian, gay, or bisexual	4
• Inmates who identify as transgender or intersex	0 (there were no Inmates identified as transgender or intersex for interviews)
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	0
• Inmates who reported sexual victimization during risk screening	3
(Of the 411 population 8 Inmates met the targeted population) Total:	15

Inmates were interviewed in the conference room on an individual basis with privacy and sufficient time. The Inmates were interviewed using the Department of Justice Community Confinement facilities and protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for Inmates to report sexual abuse and sexual harassment. The Inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. One Inmates respectfully declined the interview. The facility director provided the auditor with a complete list of Inmates by housing, DOB, sex, race, admission date and Inmates meeting the targeted category. The auditor made a random selection from each housing unit to include a geographical selection of male Inmates.

The auditor made the random selection of staff to include all shifts, monitors, supervisory staff, and department heads including both male and female staff. The auditor conducted interviews with contractors and volunteers as part of the interview process.

The auditor conducted the staff interviews on 4/23/19 with full cooperation. Staff interviews were conducted in a private setting in the administration building in the conference room on an individual basis (previous interviews conducted included one agency head or designee and one agency PREA coordinator). The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (total)	12
Specialized Staff (total)	14
Total Staff Interviewed	26
Breakdown of Specialized Staff Interviews:	
• Medical and mental health staff	0 (no mental health staff assigned) (new nurse in training)
• Non-medical staff involved in cross-gender strip searches	0
• Human resource staff	1
• SANE staff (telephonic interview offsite hospital)	1
• Volunteers and Contractors who have contact with Inmates	5 (2 Volunteers/3 Contractors)
• Investigative staff	2
• Staff who perform screening for risk of victimization	1
• Incident review team	1
• Designated staff member charged with monitoring retaliation	1
• First responder, security staff, non-security staff	1
• Intake staff	1
Total Random Staff:	12

The facility director provided the auditor with a list of employees with their full name, title and rank who filled specialized staff categories for interview planning to include a complete listing of staff with schedules for all employees. The auditor randomly selected names for the interviews for each category. All specialized and random staff interviews were conducted in private in the administrative building.

Document Sampling and Review

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, Inmates who reported sexual abuse, PREA log, Inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background	20
Volunteer /Contractor	2V/1C
Inmate Files (411)	35
Specialized training	2
Investigative File	3
Total Files	43

Employee Files: The auditor reviewed a total of 20 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 20 employee files from the same list of the reviewed files with a random selection in no specific order. The auditor reviewed a few monitors, department heads and volunteers. The auditor reviewed the contractor information and PREA training.

Inmate Files: The auditor reviewed a total of 35 files which corresponded with the Inmate interview list and population of 411 Inmates during the onsite phase of audit meeting all categories.

Investigation Files: The auditor reviewed nine sexual abuse allegations for the past twelve months. Eight of the investigations were Employee-on-Inmate and one investigation was Inmate on Inmate. The facility administrator provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed investigations provided by the facility to include an interview with the facility investigator. The auditor reviewed the administrative investigation records, including retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. There were no records of criminal investigations pending during the audit. The investigation dispositions are shown below:

Allegations	Finding
1. Employee on Inmate Allegation	Unfounded
2. Employee on Inmate Allegation	Unfounded
3. Employee on Inmate Allegation	Unfounded
4. Employee on Inmate Allegation	Unsubstantiated
5. Employee on Inmate Allegation	Unfounded
6. Employee on Inmate Allegation	Unfounded
7. Employee on Inmate Allegation	Unfounded
8. Inmate on Inmate Allegation	Substantiated
9. Employee on Inmate Allegation	Unsubstantiated

Exit Meeting:

On the last day of the audit, an exit meeting was held on 4/24/19 to discuss the overall audit process with the Facility Director/PREA Manager. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The auditor provided a discussed several positive practices observed during the audit Site Review and interviews with staff and Inmates. The auditor also discussed missing documentation and corrective action that would be required by the facility noted during the review process. The facility was prepared with documentation supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and Inmates' interviews. The Post Audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the re-certification for the facility.

The first PREA audit for ATC was conducted by PREA auditor Barbara Jo Denison on April 25-26, 2016. The previous auditor determined the ATC exceeded three standards, met 33 standards and the other three were non-applicable. During the second audit cycle, the audit was conducted by Noelda Martinez, single auditor on April 23 & 24, 2019. The facility entered into corrective action with the following standards, 115.215, 115.234, 115.241, 115.273, and 115.286. In addition, the auditor determined the facility exceeded three standards which included 115.211, 115.253, & 115.254, due to the exceptional documentation provided including observed practice and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals.

(a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

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

The Austin Transitional Center, owned and operated by CoreCivic, is located at 3154 East Hwy 71, Del Valle TX 78617. The current capacity was 411 beds for housing adult male/female inmates. The auditor did not encounter any issues with facility administration or PREA management for the completion of the audit. CoreCivic has a page on their website (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) dedicated to PREA which includes their zero-tolerance policy reporting requirements, and reporting information. Since October 2015 the Austin Transitional Center (ATC) has been owned and operated by Corrections Corporation of America (CCA). Prior to that date of purchase, the facility was owned by Avalon Correctional Services Inc. and Subsidiaries. The Austin Transitional Center is a 436-bed co-ed residential treatment center and halfway house. ATC is licensed by the Texas Department of State Health Services (TDSHS) to provide Supportive Residential Substance Abuse treatment. The Austin Transitional Center is located within the Travis County Correctional Complex with state and county owned correctional facilities. The Austin Transitional Center is properly zoned to provide residential reentry center and transitional treatment service for the Texas Department of Criminal Justice (TDCJ).

The Austin Transitional Center provides community-based substance abuse treatment programs and job placement assistance programs for offenders recently released from TDCJ. ATC currently provides housing, life skills programs, and employment programs for TDCJ referred parolees and residential substance abuse treatment for male and female TDCJ program clients. The facility is a steel framed building with insulated glass windows and doors on the front of the building. The facility contains one floor with two wings and ten dorms (marked A-J). A-H is designated male housing totaling 324 male beds and I and J are designated female housing areas totaling 96 female beds. ATC is designed for a total occupancy of 436 beds. On the first day of the audit the population of the facility was 411 with residents ranging in age from 19-80.

The facility Demographics:

Designed facility capacity	436
Current population (4/23/19)	411
Population	Adult Males/Females
Contracts	TDCJ
Inmate Custody Level	Half-way House & Therapeutic Community
Age Range of Inmates	19-80
Full-time staff	54
PREA Manager	1
Cameras	30

Video Surveillance:

The facility provided the auditor with number of surveillance cameras on the facility. The facility had a total of 30 cameras and are only viewed by the designated monitoring staff with a retention of 30 days. The cameras are serviced by C2M Tech Services. The auditor observed 30 surveillance cameras throughout the facility monitored in the Monitor Station.

During the site review, two cameras in the monitor station were inoperable and a work order was submitted, and cameras were replaced. The facility immediately acted for the replacement of the video surveillance cameras.

Mission Statement:

CoreCivic Community – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded:

Click or tap here to enter text.

115.211, 115.253, 115.254

Number of Standards Met:

Click or tap here to enter text.

115.212, 115.213, 115.216, 115.215, 115.217, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 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, 115.288, 115.289

Number of Standards Not Met:

-

-

Summary of Corrective Action (if any)

The first PREA audit for ATC was conducted by PREA auditor Barbara Jo Denison on April 25-26, 2016. The previous auditor determined the ATC exceeded three standards, met 33 standards and the other three were non-applicable. During the second audit cycle, the audit was conducted by Noelda Martinez, single auditor on April 23 & 24, 2019. The facility entered into corrective action with the following standards, 115.215, 115.234, 115.241, 115.273, and 115.286. In addition, the auditor determined the facility exceeded three standards which included 115.211, 115.253, & 115.254, due to the exceptional documentation provided including observed practice and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. FSC Organizational Chart-Programs Division-PREA Senior Director
2. Job Description-Senior Director, PREA Programs and Compliance
3. Appointment Memo-Senior Director PREA
4. Facility Organizational Chart-PREA Compliance Manager Designation

Interviews:

- a. PREA Coordinator

Site Review Observations:

- a. PREA signage throughout the facility
- b. Cross-gender announcements observed in A dorm, B dorm, C dorm, D dorm and E dorm
- c. Opposite Gender Sign
- d. Shower curtains and doors on individual restroom stalls

Findings:

115.211 (a) Policy 14-2 CC Sexual Abuse Prevention and Response; mandated zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Sexual activity between Inmates/employees/contractors regardless of consensual status is strictly prohibited and subject to administrative sanctions and criminal prosecutions.

115.211 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 2 of 34 section B. The agency has a designated Senior Director for the PREA Program and Facility Director responsible for the PREA program. The PREA manager has sufficient time to complete all PREA duties and responsibilities. The PREA coordinator/manager is the Facility Director and stated during the interview that she that she had sufficient amount of time to complete her PREA responsibilities.

Corrective Action: The auditor recommends no corrective action.

Standard 115.212: Contracting with other entities for the confinement of Inmates

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

115.212 (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 Inmates 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 Inmates? (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Findings: CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care. Austin Transitional Center does not subcontract for confinement of residents. ATC is under contractual agreement with Texas Department of Criminal Justice (TDCJ) for the purpose of providing transitional services which include employment and residence development and other self-improvement opportunities.

Corrective Action: The auditor recommends no corrective action.

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 Inmates 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 Inmates 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 Inmate 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Austin Transitional Center-2019 Annual PREA Staffing Plan Assessment
2. 5-1B Notification to Administration
3. Memo to File
4. 2018 Operational Staffing pattern
5. 2018 PREA Statistics

Interviews:

- a. Director or Designee
- b. PREA Coordinator

Findings:

115.13 (a). Policy 14-2 CC Sexual Abuse Prevention and Response for Austin Transitional Center describes on pg. 9 of 31; ATC staffing plan reviewed, & 29 surveillance cameras. The interview with Facility Director determined that the staffing plan is reviewed annually by the Senior PREA Director, and PREA Coordinator for all staffing issues to assess staffing levels for the protection of Inmates of sexual abuse, review of surveillance cameras for possible blind spots and sexual abuse incidents and locations, to include documentation of staffing reviews. The staffing percentage was at 100%. The staffing level review also includes physical plant, programs, laws, all sexual abuse incidents, threat levels, good correctional practices, contract and population ratio. There were no issues of non-compliance.

The PCM stated that she was part of the staffing annual review and that CoreCivic representative was involved, PREA Director, and Facility Director were responsible for the assessment of the staffing compliance with input and communication for the overall safety of the sexual safety of the Inmate population.

115.13 (b). The staffing plan was reviewed for a 12-month period with no required deviations. The facility was at 100% staffing. The Facility Director stated that if a staffing issues occurs; the Facility Director will be contacted for additional staff for PREA safety if required. The PREA Coordinator stated that she was part of the Annual PREA staffing plan assessment once a year or as needed including the facility custody levels and population, patterns, video monitoring, supervision, locations, shifts, staff, all sexual abuse reports etc. These reviews are signed by the PCM, Facility Administrator, and Vice President of Facility Operations.

115.13 (c). Policy 14-2 CC Sexual Abuse Prevention and Response for Austin Transitional Center describes on pg. 9, Section D. The auditor observed the staffing plan for 2018. The PREA Coordinator stated that she was part of the Annual PREA staffing plan assessment once a year or as needed including the facility custody levels and population, patterns, video monitoring, supervision, locations, shifts, staff, all sexual abuse reports etc. These reviews are signed by the PCM, Facility Administrator, and Vice President of Facility Operations.

Corrective Action: The auditor recommends no corrective action.

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 Inmates, except in exigent circumstances? (N/A if less than 50 Inmates)
☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female Inmates' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 Inmates) ☐ 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 Inmates?
☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable Inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where Inmates 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 Inmates for the sole purpose of determining the Inmate's genital status? ☒ Yes ☐ No
- If an Inmate's genital status is unknown, does the facility determine genital status during conversations with the Inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (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 Inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Training Documents: Search Procedures Facilitator Guide, 2019 Training Schedule and 4-2A Training Roster
2. Memo Resident Dressing Procedures and photo of Opposite Gender Announcement Posting

Interviews:

1. Non-Medical staff (involved in cross-gender strip or visual searches) No medical staff employed.
2. Random Sample of Staff
3. Random Sample of Inmates
4. Transgender/Intersex Inmates (No Transgender/Intersex assigned at the facility during the site review).

Site Review Observations:

During the site review, the auditor observed the housing units from A, B, C, D, E, I & J dorm had privacy in the shower and restroom area. The dorms had separate showers with full shower curtains and privacy from cross-gender viewing; The restrooms were individual stall with full doors for privacy with no cross-gender viewing. The PREA signs are displayed in both English and Spanish. The female and male staff announce themselves by verbally saying, female or male in the dorm in a loud tone. The showers and restrooms for the male Inmates in all areas of the facility provide privacy from cross-gender viewing. The Inmates interviewed stated that the female employees do not walk into the shower or restroom areas at all. The facility provides full privacy for male and female inmates. Austin Transitional Center does not conduct cross-gender pat searches, cross gender strip searches or cross gender visual body cavity searches. Austin Transitional Center has not had any exigent circumstances requiring cross-gender pat searches in the past 12 months. Strip searches are prohibited and not conducted at the facility. The inmates stated that pat-searches were conducted upon returning from work in the front check-in area by same gender staff in front of a camera. The audit notice & zero tolerance signs were observed by the auditor in every housing dorm in both English and Spanish to include the restrooms and shower areas. It was a large display of PREA signs visible to all the Inmates. There were restroom stalls with doors preventing cross-viewing and the overall safety of the Inmates. There were no urinals on the recreation yard, inmates return to their housing.

Finding:

115.215 (a). Policy 14-2 CC Sexual Abuse Prevention and Response for ATC, describing Search and Observation which includes cross-gender searches. CoreCivic personnel are not authorized to conduct physical searches of body cavities for Inmates. Body Cavity Searches are not authorized at CoreCivic facilities and will not be conducted by CoreCivic personnel without the prior approval of the Vice President, Operations. The ATC did not conduct any cross-gender strip or cross-gender visual body cavity searches of Inmates in the past 12 months for any of the Inmates. There were no exigent circumstances or performed by non-medical staff in the past 12 months. The pat-searches are conducted by the same gender staff.

115.215 (b). Policy 14-2 CC Sexual Abuse Prevention and Response for ATC, describing Search and Observation which includes cross-gender searches. The ATC does not house female Inmates at the facility. Random staff interviews with both male and female staff determined that strip searches are prohibited. The random interviews with Inmates determined that they are not strip searched and same gender staff perform pat searches.

115.215 (c). Policy 14-2 CC Sexual Abuse Prevention and Response for ATC on pg. 14, describing Search and Observation which includes cross-gender searches.

The ATC did not conduct any cross-gender strip or cross-gender visual body cavity searches of Inmates in the past 12 months. There were no exigent circumstances or performed by non-medical staff in the past 12 months. Random video footage was observed on 4/23/19 in the monitor station for spot checks of pat-down searches of male inmates. The facility has a strip search log in place, however, there have been no documented cross-gender pat down searches or strip searches of male inmates (referencing cross-gender visual body cavity searches).

115.215 (d). The facility the Policy 14-2 Sexual Abuse Prevention and Response. The outlines references the Inmates may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstance (that is unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine cell/living quarter checks. Employees of the opposite gender must announce their presence when entering an inmates housing unit. Spot checks of the surveillance cameras in monitor station were observed in male housing units with no opportunity for incidental viewing. The policy requires staff of the opposite gender to knock and announce their presence when entering an inmates housing unit. The auditor observed these announcements from both male and female staff when entering the dorms on 4/23/19 and 20 out of 20 random interviews determined that male/female monitor/staff made the verbal announcement of the opposite gender for Inmate privacy prior to entering the dorm. 18 out of the 20 Inmate random interviews stated that male/female staff made the announcements prior to entering the dorm and that they had privacy from the opposite gender staff. The other two responses were vague with a yes gesture. The auditor observed both male and female staff make the opposite gender announcements verbally by saying female in the dorm throughout the site review.

115.215 (e). 14-2 CC Sexual Abuse Prevention and Response on page 14 of 34 section K prohibiting staff from searching or physically examining a transgender or intersex Inmate for the sole purpose of determining the Inmate's genital status. There have been no intersex or transgender searches in the past 12 months.

115.215 (f). The percent is at 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex Inmates in a professional and respectful manner, consistent with security needs. CoreCivic provides all employees with additional training all all types of Searches, annual in-service requiring Search procedures. 10 of 10 random staff interviews stated that they attend training once a year.

Corrective Action: The facility had a total of 30 cameras and are only viewed by the designated monitoring staff with a retention of 30 days. The cameras were located in Dorm I, hallway, Dorm F, Dorm G, Dorm H, Case managers office, Dining and Lobby, Classroom, storage area, Dorm E, & Dorm D. The surveillance cameras are serviced by C2M Tech from Carrollton, Texas. The facility had a total of 15 security mirrors in I dorm, G dorm, F dorm, H dorm, Out-patient area, Food Service, Offices, Administration, Dorm A, Dorm E, & Dorm D. There were two locations for monitoring the cameras: Monitor's Station and Facility Director's office. The auditor observed one potential blind spot in J-dorm where the laundry room was located. Upon entering the J dorm, the laundry is to the right in a secluded room with a wall and no door facing the opposite side of the entrance door. The wall provides coverage all the way to the top creating a blind spot for any officer making security rounds. There laundry room has no door however, the officer must walk all the way around in order to monitor the area. The auditor suggested that the facility place a security mirror in the top corner for staff visibility as they are walking in making their rounds, for immediate view of the laundry room for the overall safety and security of the facility. The auditor and facility discussed the potential dangers and the overall sexual safety of inmates and staff on the facility. The facility was very receptive of the auditors feedback. The facility immediately added the security mirror in J-dorm as suggested by the auditor. No further action is required, and the facility is compliant with the standard.

Standard 115.216: Inmates with disabilities and Inmates who are limited English proficient

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

115.216 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with Inmates with disabilities including Inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with Inmates with disabilities including Inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (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 Inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and response

Secondary:

1. Language Line-Interpreter Services Instructions to Staff and photo of TTY phone for the hearing impaired
2. 14-2AA-CC Preventing Sexual Abuse and Misconduct Resident Handout (English/Spanish)
3. Photo of PREA Poster, CoreCivic PREA Inmate Poster, and Inmate Reporting Poster
4. Photo of the PREA Training Multi-Language DVD
5. Memo Communication of Resident Education

Interviews:

1. Agency Head
2. Inmates with disabilities or who are LEP
3. Random Staff

Site Review Observations:

1. Information posted in both English/Spanish
2. Staff interpreter list/TTY machine/Language Line

Findings:

115.216 (a). Policy 14-2 CC Sexual Abuse Prevention and Response on page 13 of 34 Section 5. a. establishing procedures to provide disabled Inmates 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. The facility has contracts for the following: Language Line Interpreter, Contract Usage of Language Line Services and the TTY Machine for Hearing Impaired & Inmate Telephone. Thirty-five files were reviewed for the Inmates with disability. LEP Inmates stated that several staff spoke Spanish and they had no problems communicating.

115.216 (b). Policy 14-2 CC Sexual Abuse Prevention and Response on page 14 of 34 Section b. describes the established procedures to provide Inmates with limited English proficiency 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. The facility has contracts for the following: Language Line Interpreter, Line Services and the TTY Machine for Hearing Impaired & Inmate Telephone. Twenty-out of 40 employee files were reviewed for the Inmates with disability training. LEP Inmates stated that several staff spoke Spanish and they had no problems communicating. The agency head interview determined that CoreCivic corporate office aids facilities that enable them to locate potential vendors and/or agencies that would provide support services for Inmates with disabilities. The agency maintains a comprehensive contract with the Language Line and some even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided, and arrangements are also made to assist those Inmates who are blind. Inmates with disabilities or who are limited English proficient stated that the means of communication were provided at the facility. The site review determined that the PREA signs and other postings were displayed in both English and Spanish.

115.216 (c). Policy 14-2 CC Sexual Abuse Prevention and Response on page 14 of 34 Section c. prohibits use of Inmate interpreters, Inmate readers, or other types of Inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Inmate's safety, the performance of first-response duties under §115.264, or the investigation of the Inmate's allegations. There were no documentation of Inmate interpreters used in the past 12 months. The facility has contracts for the following: Language Line Interpreter, Language Line Services and the TTY Machine for Hearing Impaired & Inmate Telephone. Twenty employee files were reviewed for training regarding Inmates with disabilities. LEP Inmates stated that several staff spoke Spanish and they had no problems communicating.

Corrective Action: The auditor recommends no corrective action.

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

115.217 (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 Inmates? ☒ Yes ☐ No

115.217 (c)

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

115.217 (d)

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

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

115.217 (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Primary 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 14-2H CC Self-Declaration of Sexual Abuse/Sexual Harassment (applicant, contractor applicant, and promotion)
2. Criminal Background Clearance (applicant and contractor), and TDCJ PFCMOD Letter-Continuous Monitoring of Background Clearance
3. Employment Reference Check (applicant) and 3-20-2B PREA Questionnaire for prior Institutional Employers (applicant)

Interviews:

1. Administrative (Human Resources) Staff

Site Review Observation:

Document Sampling and Review

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, Inmates who reported sexual abuse, PREA log, Inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background	20
Volunteer /Contractor	2V/1C
Inmate Files (411)	35
Specialized training	2
Investigative File	3
Total Files	43

Employee Files: The auditor reviewed a total of 20 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 20 employee files from the same list of the reviewed files with a random selection in no specific order. The auditor reviewed a few monitors, department heads and volunteers. The auditor reviewed the contractor information and PREA training.

Inmate Files: The auditor reviewed a total of 35 files which corresponded with the Inmate interview list and population of 411 Inmates during the onsite phase of audit meeting all categories.

Findings:

115.217 (a) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34 prohibits hiring or promoting anyone who may have contact with Inmates and prohibits enlisting the services of any contractor who may have contact with Inmates who: • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. A review of 20 employee files determined proper criminal record background checks have been conducted and questions regarding past conduct. The self-declaration of sexual abuse/sexual harassment was reviewed.

115.217 (b) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34 requires the consideration of 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 Inmates. The Human Resource Manager interview determined that all staff prior incidents of a sexual nature in the decision to hire.

115.217 (c) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34 section B, requires that before it hires any new employees who may have contact with Inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. The facility did not have any new hired individuals in the past 12 months. The HR interview determined that the facility performs background checks all employees to include newly hired, contractors or promotions.

115.217 (d) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34 section B, requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with Inmates. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with Inmates: 0.

115.217 (e) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34 section B, requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with Inmates, or that a system is in place for otherwise capturing such information for current employees.

115.217 (f) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34, The HR manager stated during the interview that the facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

115.217 (g) Policy 14-2 CC Sexual Abuse Prevention and Response on page 5 of 34, states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.217 (h) Policy 14-2 CC Sexual Abuse Prevention and Response on page 6 of 34, unless prohibited by law, the agency shall 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. The HR manager stated that all protocols would be followed prior to releasing any information according to policy.

Corrective Action: The auditor recommends no corrective action.

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 Inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (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 Inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Austin Transitional Center-2019 Annual PREA Staffing Plan Assessment
2. Security Camera locations
3. Austin Transitional Center had no substantial expansions or modifications of the facility, no installations or upgrades in the past twelve months.

Interviews:

1. Agency Head

2. Director or Designee

Site Review Observations:

The facility provided the auditor with number of surveillance cameras on the facility. The facility had a total of 30 cameras and are only viewed by the designated monitoring staff with a retention of 30 days. The cameras are serviced by C2M Tech Services. The auditor observed 30 surveillance cameras throughout the facility monitored in the Monitor Station. During the site review, two cameras in the monitor station were inoperable and a work order was submitted, and cameras were replaced. The facility immediately acted for the replacement of the video surveillance cameras. The cameras were located in Dorm I, hallway, Dorm F, Dorm G, Dorm H, Case managers office, Dining and Lobby, Classroom, storage area, Dorm E, & Dorm D.

The surveillance cameras are serviced by C2M Tech from Carrollton, Texas. The facility had a total of 15 security mirrors in I dorm, G dorm, F dorm, H dorm, Out-patient area, Food Service, Offices, Administration, Dorm A, Dorm E, & Dorm D. There were two locations for monitoring the cameras: Monitor's Station and Facility Director's office.

Findings:

115.218 (a) Policy 14-2 Sexual Abuse Prevention and Response on page 33 of 34 section V, Interviews with the agency head determined there have been no substantial expansions or modifications since 2012.

115.218 (b) Policy 14-2 Sexual Abuse Prevention and Response on page 33 of 34 section 2. The interview with the Facility Director confirmed 2 cameras were replaced by C2M Tech Services.

Corrective Action: The auditor recommends no corrective action

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 Inmates 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and response

Secondary:

1. PREA Investigator Training Certificates
2. Overview of PREA Investigator Training Curriculum
3. Memorandum of Understanding-The Safe Alliance

Interviews:

1. SANE/SAFE Staff (telephonic interview offsite location/hospital)
2. Random Staff
3. PREA Coordinator
4. Inmates who reported a sexual abuse (no Inmates in this category for interviews during onsite audit)

Site Review Observations:

The auditor reviewed the Memorandum of Understanding between CoreCivic of Tennessee, LLC/Austin Transitional Center (ATC) and the Safe Alliance. The document establishes guidelines for the provision of victim services to Inmates in custody by and between Austin Transitional Center and Women's Shelter of South Texas

D/B/A/ The Safe Alliance. The Safe Alliance agrees to arrange for forensic examinations for Inmate victims of sexual abuse, such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Provide a victim advocate, if requested by the victim; contact facility personnel and provide the identity of the victim advocate responding to the forensic exam. Provide 24-hour sexual abuse/assault crisis line number and the Safe Alliance mailing addresses that may be posted throughout the facility and in written resources given to Inmates. On 4/23/19, the 24-hour Crisis Hotline was tested by the auditor and was in good working condition, the representative stated that no calls had been received from the facility. On 4/24/19, the auditor contacted the SANE/SAFE nurse on-call, the process for a sexual assault was explained, and no other information was disclosed regarding the facility on that specific night. The Inmates interviewed by the auditor understood how to contact the rape crisis center directly at any time if needed. The Sexual Assault Services include crisis intervention and advocacy, available to adult survivors of stranger and non-stranger sexual assault at no charge 24-hours per day, 7 days per week, 365 days per year.

Findings:

115.221 (a) Policy 14-2 CC Sexual Abuse Prevention and Response page 10 of 34, facility is responsible for conducting administrative or criminal sexual abuse investigations (including Inmate-on-Inmate sexual abuse or staff sexual misconduct). Any and all criminal investigations are forwarded to the Austin P.D. for further investigation according to the Interview with the Facility Director. 10 random staff interviews articulated their first responder duties and level of confidentiality.

115.221 (b) ATC does not house youthful Inmates.

115.221 (c) Policy 14-2 CC Sexual Abuse Prevention and Response page 25 of 34 A. The SANE/SAFE exams are conducted offsite at the local Hospital. The facility offers all Inmates who experience sexual abuse access to forensic medical examinations without financial cost. The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANEs/SAFEs during the past 12 months: 0. The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

115.221 (d) Policy 14-2 CC Sexual Abuse Prevention and Response page 25 of 34 B, the facility has an MOU with the Safe Alliance in Austin , TX.

115.221 (e) Policy 14-2 CC Sexual Abuse Prevention and Response page 25 of 34 C, the facility has an MOU with the Safe Alliance in Austin , TX. There were no Inmates onsite who reported sexual abuse for interviews during the audit.

115.221 (f) Policy 14-2 CC Sexual Abuse Prevention and Response page 25 of 34 D, the facility does not has an MOU with the Austin Police department.

115.221 (g) The facility does not has an MOU with the Inmate department. however, will forward all criminal investigations to AUSTIN .

115.221 (h) The Safe Alliance agrees to arrange for forensic examinations for Inmate victims of sexual abuse. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Provide a victim advocate, if requested by the victim, and allow the victim advocate to provide emotional support, and accompany the victim through the forensic medical examination process and investigatory interviews. Provide a 24-hour sexual abuse/assault crisis line number ant the Safe Alliance mailing address that is posted throughout the facility and is provided in written resources to Inmates.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. Memo to File and Memorandum of Understanding-Austin Police Department
2. 14-2C CC Sexual Abuse Incident Check Sheet & 5-1A Incident Report
3. 5-1G Incident Investigation Report
4. TDCJ Administrative Incident Review

Interviews:

1. Agency Head
2. Investigative Staff

Site Review Observations:

Investigation Files: The auditor reviewed nine sexual abuse allegations for the past twelve months. Eight of the investigations were Employee-on-Inmate and one investigation was Inmate on Inmate. The facility administrator provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed investigations provided by the facility to include an interview with the facility investigator. The auditor reviewed the administrative investigation records, including retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. There were no records of criminal investigations pending during the audit. The investigation dispositions are shown below:

Allegations	Finding
3. Employee on Inmate Allegation	Unfounded
4. Employee on Inmate Allegation	Unfounded
5. Employee on Inmate Allegation	Unfounded
6. Employee on Inmate Allegation	Unsubstantiated
7. Employee on Inmate Allegation	Unfounded
8. Employee on Inmate Allegation	Unfounded
9. Employee on Inmate Allegation	Unfounded
10. Inmate on Inmate Allegation	Substantiated
11. Employee on Inmate Allegation	Unsubstantiated

Findings:

115.222 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 24 of 34. The interview with the facility head determined that all administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. The facility had seven investigations in the past 12 months. During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 9.

During the past 12 months, the number of allegations resulting in an administrative investigation: 9. During the past 12 months, the number of allegations referred for criminal investigation: 6.

115.222 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 24 of 34, policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.

The investigative staff interviews determined that the facility does not have an MOU with the Police Department, however, will refer all criminal investigations regarding criminal cases to Austin Police Department.

115.222 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 25 of 34.

115.222 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 26 of 34, the facility does not has an MOU with the Inmate department.

115.222 (e) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 26 of 34, the facility does not has an MOU with the Inmate department.

Corrective Action: The auditor recommends no corrective action.

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

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

115.231 (b)

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

115.231 (c)

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

115.231 (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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. PREA Overview Facilitator Guide
2. Austin Transitional Center 2019 Training Schedule (Pre-service and In-service)
3. 4-2A CC Training Attendance Roster (Pre-Service and In-Service)
4. 14-2A CC Policy/Training Acknowledgement Form (Pre-service and In-service)

Interviews:

1. Random Staff

Site Review Observations:

Document Sampling and Review

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, Inmates who reported sexual abuse, PREA log, Inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background	20
Volunteer /Contractor	2V/1C
Inmate Files (411)	35
Specialized training	2
Investigative File	3
Total Files	43

Employee Files: The auditor reviewed a total of 20 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 20 employee files from the same list of the reviewed files with a random selection in no specific order. The auditor reviewed a few monitors, department heads and volunteers. The auditor reviewed the contractor information and PREA training.

Inmate Files: The auditor reviewed a total of 35 files which corresponded with the Inmate interview list and population of 411 Inmates during the onsite phase of audit meeting all categories.

Findings:

115.231 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 6 of 34, trains all employees who may have contact with Inmates on the following matters 115.231 (a) 1-10. Twenty out of 40 employee training files were reviewed for compliance (1-10). Ten random staff interviews determined that they have received the training at least once a year. The random staff were asked about their training and questions regarding their duties and responsibilities.

115.231 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 6 of 34, training is tailored to the gender of the Inmates at the facility. Twenty out of 40 employee training files were reviewed for compliance.

115.231 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 7 of 34, the number of staff employed by the facility, who may have contact with Inmates, who were trained or retrained in PREA requirements 100%. The frequency with which employees who may have contact with Inmates receive refresher training on PREA requirements. 100%.

115.231 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 8 of 34, Twenty files had the documentation of employee signatures or electronic verification signifying comprehension of the training.

Corrective Action: The auditor recommends no corrective action.

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 Inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

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

115.232 (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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Volunteer PREA Training Video & 14-2A CC Policy/Training Acknowledgement Form
2. Contractor Training Material: PREA Overview Facilitator Guide
3. 4-2A CC Training Attendance Roster and 14-2A Training Acknowledgement-Contractor
4. 14-2A CC Policy Acknowledgement-Contractor

Interviews:

1. Volunteer(s) and Contractor(s) who have contact with Inmates

Findings:

115.232 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 8 of 34, All volunteers and contractors who have contact with Inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor reviewed Volunteers files who received the PREA volunteer training and 1 contractor who received the PREA training prior to the day of the audit. The facility provided the auditor with information regarding one contractor during the 12 months preceding the audit. The auditor reviewed the contractor information and PREA training. The contractor was no longer assigned to the facility during the onsite PREA audit, therefore, the auditor did not conduct any contractor interviews. The volunteer and contractor signed the PREA policy training acknowledgement and a self-declaration of sexual abuse/sexual harassment and Training Acknowledgement. The auditor interviewed two volunteers and the stated that they received the training and understood the reporting process and training requirements.

115.232 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 8 of 34, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with Inmates and notified of the agency's zero-tolerance policy. The volunteer and contractors signed the PREA policy training acknowledgement and a self-declaration of sexual abuse/sexual harassment. The auditor interviewed two volunteers and the stated that they have received the training and understand the reporting process and training requirements.

115.232 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 8 of 34, maintains documentation confirming that volunteers/contractors understand the training they have received. The volunteer's and contractor files is the source to which the facility identifies the approval status of a volunteer. The facility provided the auditor with Acknowledgment of Volunteer Training and contractor training confirming compliance with the standard.

Corrective Action: The auditor recommends no corrective action.

Standard 115.233: Inmate education

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

115.233 (a)

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

115.233 (b)

- Does the agency provide refresher information whenever an Inmate is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

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

115.233 (d)

- Does the agency maintain documentation of Inmate 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 Inmates through posters, Inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. 14-2AA CC Preventing Sexual Abuse & Misconduct Resident Handout (English/Spanish)
2. PREA Multi-Language DVD "What You Need to Know"
3. PREA Intake Acknowledgement for Offenders
4. Posters: TDCJ Break the Chains, CoreCivic Resident and Resident Reporting (English/Spanish)
5. ATC Client Handbooks (E/S) & Client Handbook Acknowledgment Form
6. Memo Communication of Resident Education, Language Line Interpreter Instructions to Staff/TTY Photo
7. Memo PREA Intake Procedures for New Arrivals

Interviews:

1. Random Inmates
2. Intake Staff

Site Review Observations:

During the facility site review, random inmates were asked about their rights to be free from PREA and the reporting process. The facility had large display of PREA signs in both English and Spanish in all dorms.

Findings:

115.233 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 13. The intake monitor was interviewed and stated that all Inmates receive zero-tolerance and PREA information immediately upon arrival. The number of Inmates admitted during past 12 months who were given this information at intake: 796. The PREA information is provided to the Inmate handbook, Inmate video schedule showing Know your rights and the PREA video in both English and Spanish. The Inmate handbook in Chapter Eight, 801 PREA provides multiple ways report sexual abuse to include the Zero-Tolerance Signs, Staff, Inmates, Family and Friends, PREA Ombudsman Office, Office of Inspector General, the Safe Alliance, TDCJ Ombudsman Coordinator, TDCJ Correctional Institutions Division, CID Ombudsman Office, PREA Hotline, Sexual Assault Hotline and agency toll-free telephone number. The facility has an orientation verification that the Inmate signs upon completion of the PREA video, orientation video, and are given the opportunity to ask questions. The intake monitor ensure the handbook acknowledgement is signed, to include the Zero Tolerance Acknowledgement for Inmates.

115.233 (b) The number of Inmates admitted during past 12 months who were given this information at intake: 8. All incoming Inmates received the PREA information. Intake staff interviews determined that the Inmates are assessed upon arrival and provided the information. 10 random Inmates said they remembered receiving the information and one Inmate said he didn't remember but knows how to report a sexual abuse.

115.233 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 14. Intake staff stated that any Inmate requiring the language line, TTY or other services for effective communication would be provided immediately as needed.

115.233 (d) Inmate PREA education is available in formats accessible to all Inmates, including those who are Limited English proficient, Deaf, Visually impaired, otherwise disabled, and Limited in their reading skills. The agency maintains documentation of Inmate participation in PREA education sessions.

115.233 (e) The PREA information is provided to the Inmate handbook, Inmate video schedule showing Know your rights and the PREA video in both English and Spanish. The Inmate handbook provides multiple ways to report an abuse with clear instructions. The facility has an orientation verification that the Inmates sign upon completion to ensure every Inmate receives the PREA information.

115.233 The facility has the PREA information largely displayed in both English and Spanish for the Inmate population. The facility handbook has a section in the handbook in chapter eight which describes multiple ways to report a sexual abuse. The facility has an orientation verification that the Inmates sign upon completion of the PREA video, orientation video, and are given the opportunity to ask questions.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. PREA Investigator Training Curriculum
- 2. Memo Facility PREA Investigator Designation & Facility PREA Investigator' Certificates
- 3. Memo to File & Memorandum of Understanding -Austin Police Department

Interviews:

- 1. Investigative Staff
- 2. Files reviewed for Specialized training for Investigations

Site Review Observations:

Investigation Files: The auditor reviewed nine sexual abuse allegations for the past twelve months. Eight of the investigations were Employee-on-Inmate and one investigation was Inmate on Inmate. The facility administrator provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed investigations provided by the facility to include an interview with the facility investigator. The auditor reviewed the administrative investigation records, including retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. There were no records of criminal investigations pending during the audit. The investigation dispositions are shown below:

Allegations	Finding
3. Employee on Inmate Allegation	Unfounded
4. Employee on Inmate Allegation	Unfounded
5. Employee on Inmate Allegation	Unfounded
6. Employee on Inmate Allegation	Unsubstantiated
7. Employee on Inmate Allegation	Unfounded
8. Employee on Inmate Allegation	Unfounded
9. Employee on Inmate Allegation	Unfounded
10. Inmate on Inmate Allegation	Substantiated
11. Employee on Inmate Allegation	Unsubstantiated

Findings:

115.234 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 7 section B. A review of the employment education and training record for the facility investigators meet the specialized training requirements. The investigators received the Specialized Training for investigators and PREA Investigation Protocols (Relias Learning).

115.234 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 7 section B. The investigator training and PREA Investigation Protocols (Relias Learning) covers all the required trainings.

115.234 (c) The facility utilizes two Investigators on the facility for all sexual abuse investigations. All criminal cases will be referred to the Inmate Department.

115.234 (d) The facility does not has an MOU with the Austin Police department; however, all criminal investigations are referred to the Austin Police Department for Investigations.

Corrective Action: The auditor reviewed a total nine investigations for standard 115.234 (c) Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor observed one investigator that did not have the training required to conduct the investigation. The auditor and Facility Administration discussed the standard and requirement of this standard. The Specialized PREA Investigator training was completed on 4/29/19 successfully and submitted to the auditor with no further action required.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Medical Staff-PREA Specialty Training Video and Lesson Plan
2. 2019 Pre-Service & In-Service Training Schedule
3. PREA Overview Facilitator Guide

Findings:

The facility does not have contracted medical and mental health services, the services are provided by outside licensed medical and mental health staff community services, TDCJ referrals or the Safe Alliance. The SAFE/SANE will be conducted through the Safe Alliance as described in the MOU. The facility will seek information of any and all sexual assault allegations by reaching out to the SANE/SANE individuals and or the Safe Alliance with the permission of the Inmate.

Corrective Action: The auditor recommends no corrective action.

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

115.241 (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 Inmates for risk of sexual victimization: Whether the Inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: The age of the Inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: The physical build of the Inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: Whether the Inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: Whether the Inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: Whether the Inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: Whether the Inmate is or is perceived to be gay, lesbian, bisexual,

transgender, intersex, or gender nonconforming (the facility affirmatively asks the Inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the Inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: Whether the Inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess Inmates for risk of sexual victimization: The Inmates own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing Inmates 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 Inmates 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 Inmates 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 Inmate's arrival at the facility, does the facility reassess the Inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

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

115.241 (h)

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

115.241 (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 Inmate's detriment by staff or other Inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination: Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 14-2B CC Sexual Abuse Screening Tool-Initial
2. 14-2B CC Sexual Abuse Screening Tool-30 Day Reassessment (f)
3. 14-2B CC Sexual Abuse Screening Toll-New Information
4. Memo to Staff stating residents cannot be disciplined for refusing to answer questions
5. Memo Access to resident files

Interviews:

1. Staff responsible for Risk Screening
2. Random Inmates
3. PREA Coordinator

Site Observations:

Document Sampling and Review

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, Inmates who reported sexual abuse, PREA log, Inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background	20
Volunteer /Contractor	2V/1C
Inmate Files (411)	35
Specialized training	2
Investigative File	3
Total Files	43

Employee Files: The auditor reviewed a total of 20 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 20 employee files from the same list of the reviewed files with a random selection in no specific order. The auditor reviewed a few monitors, department heads and volunteers. The auditor reviewed the contractor information and PREA training.

Inmate Files: The auditor reviewed a total of 35 files which corresponded with the Inmate interview list and population of 411 Inmates during the onsite phase of audit meeting all categories

Findings:

115.241 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 12 section H. Staff conduct interviews upon inmates arrival and reassessed within 30-days. The Sexual Abuse Screening Tool 14-2B-CC is utilized to access the inmate upon arrival for the initial, 30-day reassessment and New Information.

18 of 20 random Inmates remember being interviewed and the other two offenders said they didn't remember. The assessments/interviews were verified by the Inmates signature on the form.

115.241 (b) The Intake screening takes places within 72 hours of arrival at the facility. A total of 35 Inmate files were reviewed for the screening process and the initial risk screening with no issues. The intake staff was interviewed and described the PREA interview process and 30-day reassessment.

115.241 (c) The facility utilizes a sexual abuse screening tool for the initial screening, 30-day reassessment and new information.

115.241 (d) The facility utilizes a sexual abuse screening tool for the initial screening, and 30-day reassessment with the required criteria.

115.241 (e) A review of the initial risk screening for 35 Inmates determined that the question is on the form.

115.241 (f) The auditor reviewed a total of 35 Inmate for the initial and 30-day reassessment; Six offender files reviewed determined that that the 30-day reassessments were over 30 days. The 30-day reassessments were conducted by the facility, however, were over the initial time frames.

115.241 (g) Policy 14-2 Sexual Abuse Prevention and Response pg. 12 section H. The auditor reviewed a total of 26 Inmate for the initial and 30-day reassessment.

115.241 (h) There were no inmates disciplined for refusing to answer or for not disclosing complete information.

115.241 (i) Policy 14-2 Sexual Abuse Prevention and Response that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other Inmates.

Corrective Action: The auditor recommended the following corrective action. The auditor reviewed a total of 35 Inmate for the initial and 30-day reassessment; Six offender files reviewed determined that that the 30-day reassessments were over 30 days. The 30-day reassessments were conducted by the facility, however, were over the initial time frames. The auditor and the Facility Administrator discussed the corrective action plan to ensure all reassessments were conducted in a timely manner according to the standard. The auditor required the facility to retrain all staff who conduct the Sexual Abuse Screening Tool to include the initial, 30-day reassessment and new information. The training was conducted on 5/2/19 by Quality Assurance Manager referencing PREA Standards 115.241 Screening for risk of victimization and abusiveness. The facility will monitor all assessments on the Facility PREA Assessment Tracker to ensure all interviews are monitored within the timeframes not to exceed 30-days. No further action is required by the facility.

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

- Are transgender and intersex Inmates given the opportunity to shower separately from other Inmates? ☒ 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 Inmates, does the agency always refrain from placing: lesbian, gay, and bisexual Inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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 Inmates, does the agency always refrain from placing: transgender Inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ 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 Inmates, does the agency always refrain from placing: intersex Inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 14-2B CC Initial Sexual Abuse Screening
2. Memo procedures for Transgender and Intersex Resident Showering
3. PREA Housing Tracker
4. Memo Housing LGBTI Residents
5. Memo PREA Intake Procedures for New Arrivals

Interviews:

1. PREA Coordinator
2. Staff responsible for Risk Screening
3. Transgender/Intersex Inmates Interviews (the facility did not have any Inmates listed for interviews in this specific area Transgender/Intersex Inmates)

Site Review Observations:

The site review consisted of random interviews with male Inmates, observing the practice, to include privacy and cross-gender viewing for the shower and toilet areas. The PREA Coordinator interview determined that transgender and intersex will be provided with the opportunity to shower separately and all policies will be followed on an individual basis. There were no assigned Transgender or Intersex Inmates for the past 12 months.

Findings:

115.242 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 12 section H. The interview conducted with the intake monitor and PCM determined that the information from the initial risk screening is used to protect the Inmates from sexual abuse by assessing their housing assignment, work, and outside activity. The assessment is to ensure their overall safety. The auditor reviewed the assessment form which reflected every provision of the standard.

115.242 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 12 section e. Staff who conduct the screenings for risk of victimization and abusiveness were interviewed and stated that the information was assessed for each individual coming in by assessing all the information on the screens, verifying the questions and answers to their individual safety. If the Inmate requires monitoring, the codes of Victim, Potential Victim, Potential Predator and Predator and suicide alert will be entered immediately.

115.242 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 14 section J. The PC/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned Inmates who identified as Transgender or Intersex for interviews.

115.242 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 14 section J. The PCM/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned Inmates who identified as Transgender or Intersex for interviews.

115.242 (e) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 14 section J. The PCM/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned Inmates who identified as Transgender or Intersex for interviews.

115.242 (f) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 15 section 7. The interview with the PCM/Screening staff and policy review determined that Transgender and Intersex offenders are provided with the opportunity to shower separately from other Inmates according to policy.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.251: Inmate 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 Inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.251 (b)

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

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 Inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. Photos of TDCJ PREA Poster, CoreCivic Resident PREA Poster, and Resident Reporting Poster
- 2. 14-2AA CC Preventing Sexual Abuse & Misconduct Resident Handout (E/S)
- 3. CoreCivic Staff PREA Poster & Employee Ethics Hotline Poster
- 4. PREA Overview Facilitators Guide
- 5. 14-2 CC Policy/Training Acknowledgement Form

Interviews:

- 1. Random sample of staff
- 2. Random sample of Inmates
- 3. PREA Coordinator

Site Review Observations:

The auditor observed the PREA information and reporting procedures posted throughout the facility in both English and Spanish during the site review.

Name of Record	Number Reviewed
Employee Files/Training/Background	20
Volunteer /Contractor	2V/1C
Inmate Files (411)	35
Specialized training	2
Investigative File	3
Total Files	43

Employee Files: The auditor reviewed a total of 20 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 20 employee files from the same list of the reviewed files with a random selection in no specific order. The auditor reviewed a few monitors, department heads and volunteers. The auditor reviewed the contractor information and PREA training.

Findings:

115.251 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 15 section L. During the facility site review, random Inmates were asked about the reporting process for sexual abuse and sexual harassment; both staff and Inmates were able to describe how the reports would be made. 20 staff members interviewed stated that Inmates can report using the PREA hotline, tell a family member, the PREA notices posted throughout the facility and the PREA hotline.

115.251 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 16 section 2. There are no Inmates detained solely for immigration purposes. 20 of 20 staff members interviewed stated that Inmates can report using the PREA hotline, tell a family member, the PREA notices posted throughout the facility and the PREA hotline.

115.251 (c) The facility has a Memorandum of Understanding the Safe Alliance in Austin , TX with a direct free phone number for Inmates to call at any time. 10 random Inmate interviews said during the interview that the phones in the dayroom had a PREA hotline number for use. The auditor contacted the representative at the Safe Alliance for a review of sexual abuse reports.

115.251 (d) CoreCivic provides an Ethics line available for all staff 24 hours a day, seven days a week at 1-866-757-4448 on the website www.corecivic.ethicspoint.com. 10 random staff interviews described how to use the Ethics line.

Corrective Action: The auditor recommends no corrective action.

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 Inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an Inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.252 (b)

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

115.252 (c)

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

115.252 (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 Inmates 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 Inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the Inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an Inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow Inmates, staff members, family members, attorneys, and outside advocates, permitted to assist Inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of Inmates? (If a third-party files such a request on behalf of an Inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the Inmate declines to have the request processed on his or her behalf, does the agency document the Inmates 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 an Inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an Inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. Resident Grievance Form
- 2. 5-1A Incident Report

Interviews:

1. Inmates who reported sexual abuse (there were no Inmates who reported sexual abuse assigned to the facility during the onsite portion of the audit for interviews)

Findings:

115.252 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 16 section b. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Facility Director for investigation. The PC interviewed determined that Inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.252 (b) The interview it the PC and Investigator determined that there are no timeframes for the submission of a grievance. The grievance process in the Inmate handbook.

115.252 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17. The Inmate handbook provides the information under Inmate Grievances.

115.252 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Facility Director for investigation.

The PC interviewed determined that Inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.252 (e) The facility has a Memorandum of Understanding the Safe Alliance in Austin , TX with a direct free phone number for Inmates to call at any time. Several random Inmate interviews said during the interview that the phones in the dayroom had a PREA hotline number for use. The auditor contacted the representative at the Safe Alliance for a review of sexual abuse reports. The Inmates can request assistance from other Inmates or staff for the assistance of a report.

115.252 (f) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Facility Director for investigation. The PC interviewed determined that Inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action. All sexual abuse grievances are processed as emergency grievances.

115.252 (g) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17. The agency has a written policy that limits its ability to discipline an Inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the Inmate filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.253: Inmate 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 Inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving Inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between Inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

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

115.253 (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 Inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. PREA Resident Reporting Poster & National Sexual Assault Hotline Information
- 2. Memorandum of Understanding-The Safe Alliance

Interviews:

- 1. Random sample of Inmates
- 2. Inmates who reported sexual abuse

Site Review Observations:

Findings:

115.253 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 10 section F. The facility has a Memorandum of Understanding with the Safe Alliance in Austin, TX. This information is in the Inmate handbook; You can also contact the Safe Alliance, in writing or by telephone as follows: 24-hour Crisis hotline: 512.267-SAFE (7233) or 877-384-9891. Sexual Assault Services include crisis intervention and advocacy, available to adult survivors of stranger and non-stranger sexual assault at no charge. 24 hours per day, 7 days a week, 365 days per year. Telephone lines at the Austin Transitional Center are not monitored or recorded. Calls to the Austin Police Department, The SAFE Alliance Hotline and the National Sexual Assault Hotline for emotional support are confidential. Written reports (including anonymous reports) of sexual abuse and sexual harassment may be made to Austin Police Department and Texas Department of Criminal Justice to PREA Ombudsman P.O. box 99 Huntsville, TX 77342.

115.253 (b) The auditor tested the line to the Safe Alliance hotline and ATC does not monitor the phones or view incoming or outgoing mail. Random interviews with the Inmate population determined that they understood the how to contact the PREA hotline and the Safe Alliance.

115.253 (c) The facility has a Memorandum of Understanding with the Safe Alliance in Austin, TX.

Corrective Action: The auditor recommends no corrective action.

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 an Inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. CoreCivic Webpage
2. 14-2AA CC Preventing Sexual Abuse & Misconduct Resident Handout (E/S)
3. CoreCivic Poster: Third Party Reporting
4. 5-1G Incident Report

Site Review Observations:

During the site review, the auditor observed the Third-Party notices in visitation, staff areas and other locations throughout the facility. The Third-Party information is also provided on the agency website.

Findings:

115.254 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 17 section 4. Reporting Allegations of Sexual Abuse/Sexual Harassment: Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report: including, but not limited to:

- Contact the National Sexual Assault Hotline at 1-800-656-4673
- Send a letter to the Warden of the facility at the address provided

- Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at the facility
- Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided
- Contact the CoreCivic's Ethics and Compliance Helpline at 1-866-757-4448 or online.
<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>
- CoreCivic Brochure: Verbally telling any employee, including the Chaplain; Submitting a request to meet with health service and/or reporting to a health service staff member during sick call; Forwarding a letter to the Warden/Administrator, sealing and marking it "confidential"; Forwarding a letter to the Managing Director, Facility Operations at 10 Burton Hills Blvd., Nashville, TN 37215 or calling the following no-charge number: 800-656-4673 & 512-267-7233.
- PRISON RAPE ELIMINATION ACT (PREA) REPORTING INFORMATION:
To report an incident of Sexual Abuse or Sexual Harassment on behalf of a resident at Austin Transitional Center, one of the following methods may be utilized: Send a letter to Facility Director Austin Transitional Center 3154 E. Hwy 71 Del Valle, TX 78617 or PREA Coordinator CoreCivic 10 Burton Hills Blvd. Nashville, TN 37215. Call the CoreCivic 24-hour Ethics Line: 1-866-757-4448 or visit www.CoreCivic.ethicspoint.com
To report an incident on behalf of a TDCJ resident, written notification may be made to the Texas Department of Criminal Justice PREA Ombudsman P.O. Box 99, Huntsville, TX 77342-0099.

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING An INMATE 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 Inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (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 Inmates 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. CoreCivic First Responder Card
2. 14-2C CC Sexual Abuse Incident Check Sheet
3. PREA Overview Facilitators Guide

Interviews:

1. Random sample of staff
2. Director or Designee
3. PREA Coordinator
4. Medical and Mental Health Staff

Findings:

115.261 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 16 section 2. Random staff interviews conducted on the facility determined that staff understands their duties and responsibilities of reporting.

115.261 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17 section e. Random staff interviews conducted on the facility determined that staff understands their duties and responsibilities of reporting and confidentiality.

115.261 (c) The facility does not have medical staff contracted or assigned to the facility for interviews.

115.261 (d)

115.261 (e) There have been no reports of retaliation against staff or Inmates who have reported information regarding sexual abuse or sexual harassment upon interviewing Human Resources and the Facility Director.

Corrective Action: The auditor recommends no corrective action.

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 an Inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the Inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. First Responder Card
- 2. 14-02C CC Sexual Abuse Incident Check Sheet

Interviews:

- 1. Facility Director
- 2. Random sample of staff

Findings:

115.262 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 12 section H. In the past 12 months, the number of times the agency or facility determined that an Inmate was subject to a substantial risk of imminent sexual abuse: 0. The Facility Directors interview determined that upon receiving any information of the substantial risk, all measures will be taken to safeguard the offender. 20 of 20 random staff explained their responsibilities for any Inmate that is subject to a substantial risk of imminent sexual abuse.

Corrective Action: The auditor recommends no corrective action.

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

115.263 (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 4-2A CC Training/Activity Attendance Rosters

Interviews:

1. Facility Director

Findings:

115.263 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 20 section a. During the past 12 months, the number of allegations the facility received that an Inmate was abused while confined at another facility: 0. The auditor reviewed this investigation.

115.263 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 20 section a.

115.263 (c) The facility documents this information by email and on the report.

115.263 (d) In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. The Facility Director interview determined that the process was in place and all protocols will be followed.

Corrective Action: The auditor recommends no corrective action.

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

115.264 (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)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. CoreCivic First Responder Card
- 2. PREA Overview Facilitator's Guide
- 3. 14-2C CC Sexual Abuse Incident Check Sheet

Interviews:

- 1. First Responders
- 2. Random sample of staff

Findings:

115.264 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 18 section C. 20 of 20 random staff interviews determined that staff understands the importance of first responder duties. (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and/or (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. In the past 12 months, the number of allegations that an Inmate was sexually abused: 5. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 5. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0.

115.264 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 18. Of the allegations that an Inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 1. Of those allegations responded to first by a non-security staff member, the number of times that staff member : (1) Requested that the alleged victim not take any actions that could destroy physical evidence: 0.

(2) Notified security staff: 0. 10 random staff interviews determined that staff understands the importance of first responder duties.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination: Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. CoreCivic First Responder Card
2. Memo Facility Sexual Abuse Response Team (SART) Members
3. 14-2C CC Sexual Abuse Incident Check Sheet
4. 5-1G Incident Investigation Report
5. 14-2F CC Sexual Abuse or Assault Incident Review Form

Interviews:

1. Facility Director
2. Investigative staff

Findings:

115.265 (a) Policy 14-2 CC Sexual Abuse and Response pg. 17 section M. A facility review of policy and the Facility Directors interview determined the facility has a plan to coordinate amongst first staff responders, investigators and facility administration. The facility does not have contracted medical or mental health employees, the services are community based by a trained medical professional. This was determined by the interviews with the Facility Director & Investigator.

Corrective Action: The auditor recommends no corrective action.

Standard 115.266: Preservation of ability to protect Inmates from contact with abusers**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.266 (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 Inmates 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

A. Policy 14-2 CC Sexual Abuse and Response

Secondary:

Austin Transitional Center does not participate in collective bargaining.

Interviews:

1. Agency head

Findings:

115.266 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. No collective bargaining agreements at Austin Transitional Center. The agency head interview determined that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since 8/20/12. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.

115.266 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. No collective bargaining agreements at Austin Transitional Center.

Corrective Action: The auditor recommends no corrective action.

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 Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other Inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

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

115.267 (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 Inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by Inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of Inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any Inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor Inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of Inmates, 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. First Responders Incident Report
2. 14-2D CC PREA Retaliation Monitoring Report (30/60/90)
3. Memo Designation of PREA Retaliation Monitor
4. 14-2 CC Sexual Abuse Incident Check Sheet

Interviews:

1. Agency head
2. Facility Director
3. Designated staff member charged with monitoring retaliation
4. Inmates who reported sexual abuse

Findings:

115.267 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 10 section F. The facility has assigned a PREA Manager and Retaliation Monitor for this position.

115.267 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 11 section 3. The Facility Director, staff designated with monitoring retaliation and explained the reporting process and protection from retaliation.

115.267 (c) The number of times an incident of retaliation occurred in the past 12 months: 0. The Facility Director, staff designated with monitoring retaliation and the PCM explained the reporting process and protection from retaliation.

115.267 (d) The length of time that the agency/facility monitors the conduct or treatment: 30, 60 90 days with no limitations and a reassessment of the investigation if required according to the Facility Director and staff assigned to monitor retaliation.

115.267 (e) The Facility Director interview determined that staff or Inmate witness involved in the reporting process of a sexual abuse would be monitored for retaliation.

115.267 (f) Unfounded cases will not be monitored.

Corrective Action: The auditor recommends no corrective action.

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 Inmate or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an Inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination: Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 5-1G Incident Investigation Report and TDCJ Administrative Incident Report
2. Memo Facility PREA Investigator Designation and Facility PREA Investigator's Certificate
3. Overview of PREA Investigator Training Curriculum
4. 1-15B CC CoreCivic Record Retention Schedule
5. Memo to File and Memorandum of Understanding-Austin Police Department

Interviews:

1. Investigative staff
2. Inmates who reported sexual abuse
3. Director
4. PREA Coordinator

Findings:

115.271 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section b. The auditor reviewed a total of two sexual abuse allegations investigated administratively by a trained investigator. The investigator stated that the facility does not have an MOU with the Austin Police Department for criminal cases, however all investigations are forwarded to APD. There were no PREA Allegations in need of criminal investigations or investigations from outside agencies; there were no substantiated allegations in the past 12 months at the ATC.

115.271 (b) The auditor reviewed documentation for investigators who took the specialized training placed in their file.

115.271 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 7 section d. The auditor reviewed a total of sexual abuse allegations investigated administratively by a trained investigator. The retention of files will be adhered to the facility policy.

115.271 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 7 section d. The auditor reviewed a total of two sexual abuse allegations investigated administratively by a trained investigator. The investigator stated that the facility does not have an MOU with the Austin Police Department for criminal cases, however all investigations are forwarded to APD.

115.271 (e) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 11. The investigator stated that the credibility of the victim, suspect or witness will be assessed on an individual basis.

115.271 (f) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 16. The investigative interview determined that they will consider staff actions, to include all facts and findings and follow all protocols of sexual abuse and sexual harassment.

115.271 (g) The investigator interview determined that all investigations are documented. The auditor reviewed the two documented investigations and one that was pending.

115.271 (h) The investigator and Facility Director interview determined that nay substantiated allegation of conduct that appear to be criminal will be referred to the Corpus Christ Police Department for further investigation. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

115.271 (i) The investigations reviewed are maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five years according to the retention schedule.

115.271 (j) The interview with the Facility Director and Investigative staff determined that the investigation will continue to monitor whether the victim/abuser have left the agency for completion and the outcome of the investigation.

115.271 (k) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 17.

115.271 (I) The Facility Director and Investigator were interviewed and stated that they would comply with all efforts and remain engaged during an investigation of an outside agency.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 5-1G Incident Investigation Report and TDCJ Administration Incident Report
2. PREA Investigator training curriculum-Preponderance of evidence

Interviews:

1. Investigative staff

Site Review Observations:

Findings:

115.272 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 26 section 5. The interview with the investigator determined that the facility will not impose standards higher than preponderance of the evidence when making decisions. There were no substantiated allegations within the past 12 months preceding the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.273: Reporting to Inmates**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.273 (a)**

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. 14-2E CC Inmate PREA Allegation Status Notification

Interviews:

1. Facility Director
2. Investigative staff
3. Inmates who reported sexual abuse

Site Review:

Investigation Files: The auditor reviewed nine sexual abuse allegations for the past twelve months. Eight of the investigations were Employee-on-Inmate and one investigation was Inmate on Inmate. The facility administrator provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed investigations provided by the facility to include an interview with the facility investigator. The auditor reviewed the administrative investigation records, including retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. There were no records of criminal investigations pending during the audit. The investigation dispositions are shown below:

Allegations	Finding
1. Employee on Inmate Allegation	Unfounded
2. Employee on Inmate Allegation	Unfounded
3. Employee on Inmate Allegation	Unfounded
4. Employee on Inmate Allegation	Unsubstantiated
5. Employee on Inmate Allegation	Unfounded
6. Employee on Inmate Allegation	Unfounded
7. Employee on Inmate Allegation	Unfounded
8. Inmate on Inmate Allegation	Substantiated
9. Employee on Inmate Allegation	Unsubstantiated

Findings:

115.273 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 26 section Q. The number of criminal and/or administrative investigations of alleged Inmate sexual abuse that were completed by the agency/facility in the past 12 months: 9. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Inmates who were notified, verbally or in writing, of the results of the investigation: 7. The auditor reviewed a total of nine investigations within required timeframe. The auditor reviewed a current pending investigation. The Facility Director and investigator were interviewed and knowledgeable of the process.

115.273 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 25 & 27. The number of investigations of alleged Inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. The auditor reviewed a total of two investigations.

115.273 (c) There were no substantiated cases for the past 12 months.

115.273 (d) There have been no substantiated cases for Inmate-on-Inmate allegations for the past 12 months requiring a notification.

115.273 (e) There have been no substantiated cases for Inmate-on-Inmate allegations for the past 12 months requiring a notification.

115.273 (f) The facility's obligation to report under this standard shall terminate if the Inmate is released from custody.

Corrective Action: The auditor recommended the following corrective action. The number of criminal and/or administrative investigations of alleged Inmate sexual abuse that were completed by the agency/facility in the past 12 months: 9. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Inmates who were notified, verbally or in writing, of the results of the investigation: 7. The auditor reviewed a total of nine investigations within required timeframe. 2 out of 9 investigation did not receive the required notification of outcome of the investigation. The Facility Director and investigator were interviewed and knowledgeable of the process and notification process. The auditor and Facility Administrator discussed the standard and the required corrective action for notifying inmates of the outcome of the investigation. The Quality Assurance Manager conducted training on 5/2/19 & 5/6/19 to capture the investigators referencing PREA Standard 115.273 Reporting to Residents with a completed training signature log provided to the auditor. No further action is required.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

Austin Transitional Center had no staff under disciplinary sanctions or termination for violating agency sexual abuse or sexual harassment policies within the past twelve months preceding the audit.

Findings:

115.276 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 28 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

115.276 (b) There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-Inmates were unfounded and one pending the outcome of the investigation. There was a review of the Administrative Leave Letter for staffing pending the investigation.

115.276 (c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 28 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-Inmates were unfounded and one pending the outcome of the investigation. There was a review of the Administrative Leave Letter for staffing pending the investigation.

115.276 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 28 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-Inmates were unfounded and one pending the outcome of the investigation. There was a review of the Administrative Leave Letter for staffing pending the investigation.

Corrective Action: The auditor recommends no corrective action.

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

115.277 (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 Inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Interviews:

1. 14-2C CC Sexual Abuse Incident Check Sheet
2. 5-1G Incident Investigation Report
3. 5-1A Incident Report

Findings:

115.277 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 29 section 3. The interview with the Facility Director determined the facility had one allegation involving a contractor, or volunteer in the past twelve months. The allegation was found to not be of criminal nature and was unfounded and no violation of agency policies.

115.277 (b) The interview with the Facility Director determined that the facility takes all measures and prohibits contact with Inmates in the event of a violation of sexual abuse by a volunteer or contractor. The volunteer or contractor would not be allowed on the facility until completion of investigation for the protection of the offender.

Corrective Action: The auditor recommends no corrective action.

Standard 115.278: Interventions and disciplinary sanctions for Inmates

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (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 Inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

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

115.278 (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 Inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between Inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. ATC Client Handbooks (E/S) and Client Handbook Acknowledgement Form
2. PREA Intake Acknowledgement Form

Interviews:

1. Facility Director
2. Director
3. Medical/Mental health staff

Findings:

115.278 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 27 section A. In the past 12 months, the number of administrative findings of Inmate-on-Inmate sexual abuse that have occurred at the facility: 1. In the past 12 months, the number of criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred at the facility: 0.

115.278 (b) The Facility Directors interview determined that there were no incidents of disciplinary sanctions imposed on Inmates during the past 12 months for substantiated Inmate-on-Inmate sexual abuse or criminal findings of guilt for Inmate-on-Inmate sexual abuse, or for Inmate-on-staff sexual contact abuse.

115.278 (c) The Facility Directors interview determined that the Inmates mental disabilities or mental illness contributed to his or her behavior when making decisions on the types of sanctions to be imposed.

115.278 (d) The facility does not have medical or mental health staff assigned to the facility therefore no medical staff interviews were conducted. All medical services are provided by a community medical professional.

115.278 (e) The Facility Director interview determined that there were no incidents of disciplinary sanctions imposed on Inmates during the past 12 months for substantiated Inmate-on-Inmate sexual abuse or criminal findings of guilt for Inmate-on-Inmate sexual abuse, or for Inmate-on-staff sexual contact abuse.

115.278 (f) The Facility Directors interview determined that the facility prohibits disciplinary action for a report made in good faith.

115.278 (g) The agency prohibits all sexual activity between Inmates. If the agency prohibits all sexual activity between Inmates and disciplines Inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Corrective Action: The auditor recommends no corrective action.

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

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

115.282 (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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Memo to File & MOU-Dell Seton Medical Center at the University of Texas
2. 14-02 CC Sexual Abuse Incident Check Sheet

Interviews:

1. No Medical/Mental health staff for interviews
2. Inmates who reported sexual abuse
3. Security staff and non-security staff first responders

Findings:

115.282 (a) The facility does not have medical or mental health staff assigned to the facility. The MOU with the Safe Alliance describes in detail the services provided and Dell Seton Medical Center are available for community-based services by medical professionals. The Safe Alliance & Dell Seton Center at the University of Texas provides services 24/7 free of charge for sexual abuse examinations.

115.282 (b) The facility does not have medical or mental health staff assigned to the facility. The MOU with the Safe Alliance describes in detail the services provided and Local Hospitals are available for community-based services by medical professionals. The Safe Alliance provides services 24/7 free of charge.

115.282 (c) The interview with the Facility Director and Safe Alliance representative and a review of documentation determined that Inmate victims of sexual abuse are provided with the standard community-based care by medical trained professionals.

115.282 (d) The interview with the Facility Director and review of the MOU with the Safe Alliance determined that victims of sexual abuse are provided the services without financial cost.

Corrective Action: The auditor recommends no corrective action.

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 Inmates 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 Inmate 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 Inmate 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 Inmate-on-Inmate 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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. Memorandum of Understanding-The SAFE Alliance and The SAFE Alliance Website
2. Memorandum of Understanding-Dell Seton Medical Center at the University of Texas

Interviews:

1. Medical and Mental health staff
2. Inmates who reported a sexual abuse

Findings:

115.283 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 2. The auditor reviewed a total of 35 Inmate files and 9 Sexual Abuse allegations. The MOU with the Safe Alliance provides appropriate treatment for all Inmates who have been a victim of sexual abuse in a confinement setting. The Safe Alliance representative was interviewed, and the services are provided free of charge. There were no Inmates onsite during the audit process for interviews. The auditor reviewed the Memorandum of Understanding between CoreCivic of Tennessee, LLC/Austin Transitional Center (ATC) and the Safe Alliance.

The document establishes guidelines for the provision of victim services to Inmates in custody by and between Austin Transitional Center the Safe Alliance. The Safe Alliance agrees to arrange for forensic examinations for Inmate victims of sexual abuse, such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Provide a victim advocate, if requested by the victim; contact facility personnel and provide the identity of the victim advocate responding to the forensic exam. Provide 24-hour sexual abuse/assault crisis line number and the Safe Alliance mailing addresses that may be posted throughout the facility and in written resources given to Inmates. On 4/23/19, the 24-hour Crisis Hotline was tested by the auditor and was in good working condition, the representative stated that no calls had been received from the facility. On 4/24/19, the auditor contacted the SANE/SAFE nurse on-call, the process for a sexual assault was explained, and no other information was disclosed regarding the facility on that specific night. The Inmates interviewed by the auditor understood how to contact the rape crisis center directly at any time if needed.

115.283 (b) The Facility Director interview determined that treatment is offered to all Inmates who have been victims of sexual abuse. The facility has a Memorandum of Understanding with the Safe Alliance in Austin, TX. This information is in the Inmate handbook; You can also contact the Safe Alliance, in writing or by telephone as follows: 24-hour Crisis hotline: 512-267-SAFE (7233)Address: 1515 Grove Blvd Austin, TX 78741. Sexual Assault Services include crisis intervention and advocacy, available to adult survivors of stranger and non-stranger sexual assault at no charge. 24 hours per day, 7 days a week, 365 days per year.

115.283 (c) The Facility Director interview determined that treatment is offered to all inmates who have been victims of sexual abuse consistent with the community level of care.

115.283 (d) The MOU states that all victims of sexual abuse will be offered timely information and unimpeded access to emergency care consistent with community level care to include pregnancy test as required.

115.283 (e) N/A There were no pregnancy test offered in the past 12 months.

115.283 (f) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 2. There were no instances which required for testing of sexually transmitted infections.

115.283 (g) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 25. The Safe Alliance MOU determined that treatment services are provided to the victim without any financial cost.

115.283 (h) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 25 section C. The Safe Alliance offers the services to all Inmates free of charge. Both victims and abusers receive the same level of care.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

- 1. 14-2F CC Sexual Assault or Abuse Incident Review Form
- 2. Memo-Facility SART Members

Interviews:

- 1. Facility Director
- 2. PREA Coordinator
- 3. Incident Review Team

Site Review Observations:

Investigation Files: The auditor reviewed nine sexual abuse allegations for the past twelve months. Eight of the investigations were Employee-on-Inmate and one investigation was Inmate on Inmate. The facility administrator provided the investigations to the auditor on the first day of the audit for review.

The auditor reviewed investigations provided by the facility to include an interview with the facility investigator. The auditor reviewed the administrative investigation records, including retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. There were no records of criminal investigations pending during the audit. The investigation dispositions are shown below:

Allegations	Finding
4. Employee on Inmate Allegation	Unfounded
5. Employee on Inmate Allegation	Unfounded
6. Employee on Inmate Allegation	Unfounded
7. Employee on Inmate Allegation	Unsubstantiated
8. Employee on Inmate Allegation	Unfounded
9. Employee on Inmate Allegation	Unfounded
10. Employee on Inmate Allegation	Unfounded
11. Inmate on Inmate Allegation	Substantiated
12. Employee on Inmate Allegation	Unsubstantiated

Findings:

115.286 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 23 section N. The auditor reviewed a total of nine sexual abuse investigations. The required investigations had the Sexual Abuse Incident Review.

A. 14-2F CC Sexual Assault or Abuse Incident Review Form

B. PREA 5-1 Incident Reporting Definitions & 5-1E PREA Reporting

115.286 (c) The review team was coordinated with all the required team members. The facility has a good process in place utilizing for 14-2F CC Sexual Abuse or Assault Incident Review which requires detailed information for the overall assessment. The Facility Director was interviewed and explained the process of the SART team. The facility was not obtaining the input of the medical or mental health practitioners or LVN. The facility does not have medical or mental health staff assigned or employed onsite.

115.286 (d) The review team was coordinated with all the required team members. The facility has a good process in place utilizing for 14-2F CC Sexual Abuse or Assault Incident Review which requires detailed information for the overall assessment. The Facility Director was interviewed and explained the process of the SART team. The review team considers 1-6.

115.286 (e) The facility implements any recommended improvement and documents on the form.

Corrective Action: The auditor recommended to following corrective action. The review team was coordinated with all the required team members. The facility has a good process in place utilizing for 14-2F CC Sexual Abuse or Assault Incident Review which requires detailed information for the overall assessment. The Facility Director was interviewed and explained the process of the SART team. The facility was not obtaining the input of the medical or mental health practitioners or LVN. The facility does not have medical or mental health staff assigned or employed onsite and recently hired an LVN for medicine distribution only. The auditor and Facility Administrator discussed the importance and requirement of seeking input from medical staff involved. The Community Confinement does not have medical or mental health assigned onsite and the LVN employed at the facility only distributes resident medication and was not contracted to triage or provide any other medical services. The facility has no contracted medical or mental health practitioners providing services to the residents and is performed at the local hospital.

The auditor required for staff assigned as part of the SART referencing standard 115.286; to receive training on the required input from medical staff involved in the Sexual abuse investigation. The Quality Assurance Manager conducted training on 5/2/19, 5/3/19, & 5/6/19. No further action is required.

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 Inmates? (N/A if agency does not contract for the confinement of its Inmates.) ☐ 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)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 2017 CoreCivic PREA Annual Report

Findings:

115.287 (a/c) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 29 section T. Retention of Records CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.287 (b) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 29 section T. CoreCivic Records Retention Schedule.

115.287 (d) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 29 section T. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.287 (e) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 30 section 2. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.287 (f) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 30 section 2. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 2017 CoreCivic PREA Annual Report
2. CoreCivic webpage

Interviews:

1. Agency head
2. PREA Coordinator
3. PREA Coordinator

Findings:

115.288 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 30 section 3. Annual Reports may be viewed on the public website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.288 (b) Annual Reports may be viewed on the public website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

115.288 (c) This report is approved by the agency head and Annual Reports may be viewed on the public website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

115.288 (d) The agency may redact specific material from the reports prior to publication: Annual Reports may be viewed on the public website: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

Corrective Action: The auditor recommends no corrective action.

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*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 CC Sexual Abuse Prevention and Response

Secondary:

1. 1-15B CC CoreCivic Record Retention and Response
2. 2017 CoreCivic PREA Annual Report
3. CoreCivic website

Findings:

115.289 (a) Policy 14-2 CC Sexual Abuse Prevention and Response pg. 30. The agency ensures that the incident based, and aggregate data are securely retained.

115.289 (b) Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/corpus-christi-transitional-center>.

115.289 (c) All personal information will be removed prior to public distribution. Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/corpus-christi-transitional-center>.

115.289 (d) The agency maintains sexual abuse data collected pursuant to 118.87 for at least 10 years to include the Retention schedule.

Corrective Action: The auditor recommends no corrective action.

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

CoreCivic Austin Transitional Center demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of offenders, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with Inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

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*)

Instructions for Overall Compliance Determination Narrative

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

CoreCivic Austin Transitional Center publishes reports on their agency website, and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is : <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

The facility is compliant with the reporting process and standard for this recertification review period.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez

6/11/19

Auditor Signature

Date

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

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