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

☐ **Interim** X☐ **Final**

☐

☐ **Date of Interim Audit Report:** X☐ **N/A**

Date of Final Audit Report: April 26, 2022

Auditor Information

Name: K.E.Arnold	**Email:** kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1982	**City, State, Zip:** Castle Rock, CO 80104
Telephone: 484-999-4167	**Date of Facility Visit:** March 8, 9, 2022

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency *(If Applicable):* SAA			
Physical Address: 5501 Virginia Way Suite 110		**City, State, Zip:** Brentwood, Tennessee 37027	
Mailing Address: SAA		**City, State, Zip:** SAA	
The Agency Is:	☐ Military	X☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon Hininger, President and Chief Executive Officer	
Email: damon.Hininger@corecivic.com	**Telephone:** 615-263-3000

Agency-Wide PREA Coordinator

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

Email: eric.pierson@corecivic.com	**Telephone:** 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President, Operations Administration	**Number of Compliance Managers who report to the PREA Coordinator:** 65 (indirect)

Facility Information

Name of Facility: Corpus Christi Transitional Center

Physical Address: 1515 N. Tancahua Street	**City, State, Zip:** Corpus Christi, TX 78401
Mailing Address (if different from above): SAA	**City, State, Zip:** SAA

The Facility Is:	☐ Military	X☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

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

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

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

X☐ ACA
☐ NCCHC
☐ CALEA
☐ Other (please name or describe:
☐ N/A

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

Facility Director

Name: Dawn Canion

Email: dawn.edwards@corecivic.com	**Telephone:** 361-402-5516

Facility PREA Compliance Manager

Name: Dawn Canion

Email: dawn.edwards@corecivic.com	**Telephone:** 361-402-5516

Facility Health Service Administrator X☐ N/A

Name:	
Email:	**Telephone:**

Facility Characteristics

Designated Facility Capacity:	158
Current Population of Facility:	104
Average daily population for the past 12 months:	71
Has the facility been over capacity at any point in the past 12 months?	☐ Yes X☐ No
Which population(s) does the facility hold?	☐ Females X☐ Males ☐ Both Females and Males
Age range of population:	18-68
Average length of stay or time under supervision	60 days
Facility security levels/resident custody levels	Probation/Parole/Parole EM/SISP
Number of residents admitted to facility during the past 12 months	550
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	545
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	500
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	X☐ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch X☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: ☐ **N/A**
Number of staff currently employed by the facility who may have contact with residents:	24

Number of staff hired by the facility during the past 12 months who may have contact with residents:	21
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	6
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	6
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	6
Number of open bay/dorm housing units:	6
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	X☐ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	X☐ Yes ☐ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes X☐ No

Are mental health services provided on-site?	☐ Yes X☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site X☐ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators X☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	X☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2 As reflected in the narrative for 115.234, the Director has now completed specialty investigative training.
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	X☐ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: X☐ N/A

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.231, 115.288

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 0 Of note, 115.253 was not compliant for the entirety of the audit period however, the Director corrected the same during the first week of the post-audit period. Accordingly, CCTC is now compliant with the same.

List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 8, 2022
2. End date of the onsite portion of the audit:	March 9, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	X☐ Yes ☐ No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Purple Door
Audited Facility Information	

4. Designated Facility Capacity:	158
5. Average daily population for the past 12 months:	71

6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No X☐ N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit
Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	83
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	12

12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Staff, Volunteers, and Contractors

Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees

24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	21
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Contractors and volunteers have not provided services at CCTC during the last 12 months in view of COVID-19 constraints.

Interviews

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8

29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	X☐ Age X☐ Race X☐ Ethnicity (e.g., Hispanic, Non-Hispanic) X☐ Length of time in the facility X☐ Housing assignment ☐ Gender ☐ Other (describe) ☐ None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	At least one resident housed in each housing unit was interviewed.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	X☐ Yes ☐ No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed: *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.* *For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed.* *If a particular targeted population is not applicable in the audited facility, enter "0".*	9
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the facility tour, the auditor observed no evidence of juvenile presence at CCTC. Random staff interviews validated the same.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	NA
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	8
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	NA
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the facility tour, the auditor observed no evidence of b**lind or low vision (visually impaired)** presence at CCTC. Random staff interviews validated the same.
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During random discussions with staff during the facility tour, subsequent formal staff interviews, and the auditor's observations, there is no evidence of deafness or hard-of-hearing within the resident population.

39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Pursuant to random and scripted with both residents and staff, the auditor finds no evidence of LEP residents housed at CCTC. The Director asserts that one LEP resident absconded on the Friday preceding commencement of the on-site audit.
40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Pursuant to random staff interviews, the auditor is advised zero LGBTI residents are confined at CCTC. The Director/PCM confirmed the same.
41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Pursuant to random staff interviews, the auditor is advised zero LGBTI residents are confined at CCTC. The Director/PCM confirmed the same.
42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor notes that zero reports of sexual abuse were received at CCTC during the last 12 months.
43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Pursuant to random staff interviews, the intake staff interview, and the Director/PCM, zero residents are housed at CCTC who disclosed historical sexual victimization during risk screening.
44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	X☐ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the facility tour, the auditor noted the absence of a segregated housing area within the facility. This is consistent with partner policies and procedures, as well as, CoreCivic (CC) policies and procedures.

45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Staff, Volunteer, and Contractor Interviews
Random Staff Interviews

46. Enter the total number of RANDOM STAFF who were interviewed:	12
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	X☐ Length of tenure in the facility X☐ Shift assignment X☐ Work assignment X☐ Rank (or equivalent) ☐ Other (describe) ☐ None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	X☐ Yes ☐ No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	☐ Too many staff declined to participate in interviews ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	NA

49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
51. Were you able to interview the Agency Head?	☐ Yes X☐ No
a. If no, explain why it was not possible to interview the Agency Head:	The auditor interviewed the Agency Head during previous CC audits. The CC PREA Coordinator (CCPC) advises nothing has changed with respect to the Agency Head's interview.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	X☐ Yes ☐ No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	The auditor interviewed the CCPC during previous CC audits. He advises nothing has changed with respect to his interview.
53. Were you able to interview the PREA Coordinator?	☐ Yes X☐ No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	X☐ Yes ☐ No ☐ N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	

55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff X☐ Non-medical staff involved in cross-gender strip or visual searches X☐ Administrative (human resources) staff X☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff X☐ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations X☐ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/ residents in isolation X☐ Staff on the sexual abuse incident review team X☐ Designated staff member charged with monitoring retaliation X☐ First responders, both security and non-security staff X☐ Intake staff ☐ Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes X☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes X☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	0

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	The auditor attempted contact with Corpus Christi Police Department to facilitate a criminal investigative interview with appropriate investigators on three occasions. While he spoke with one individual who referred him to another voice mail, there was no response regarding the auditor's request. Accordingly, the criminal investigative interview could not be conducted.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	X☐ Yes ☐ No
a. If no, explain what areas of the facility you were unable to access and why.	
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	X☐ Yes ☐ No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	X☐ Yes ☐ No

a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	X☐ Yes ☐ No
63. Informal conversations with staff during the site review (encouraged, not required)?	X☐ Yes ☐ No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Documentation Sampling
Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	X☐ Yes ☐ No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	Files reviewed on-site: Random staff Human Resources (HR) files- 11 Random staff Training Files- 10 Random resident files- 12

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.
Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	0	0	0	0
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	NA

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	0	0	0	0
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	NA

Sexual Abuse and Sexual Harassment Investigation Outcomes
Sexual Abuse Investigation Outcomes
Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

NA

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	NA

Sexual Harassment Investigation Outcomes
Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	NA

72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.	NA

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual abuse investigation files:	Zero allegations of sexual abuse at CCTC during the last 12 months.
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Zero allegations of sexual harassment at CCTC during the last 12 months.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/ outcomes?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No X☐ N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.*	None.

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes X☐ No
a. **If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:**	NA

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? *Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.*	☐ Yes X☐ No
a. **If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:**	NA

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?	X☐ The audited facility or its parent agency ☐ My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) ☐ A third-party auditing entity (e.g., accreditation body, consulting firm) ☐ Other

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? X□ Yes □ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? X□ Yes □ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? X□ Yes □ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? X□ 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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

CC 14-2 CC entitled Sexual Abuse Prevention and Response, pages 1-32 addresses 115.211(a).

Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCPC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The Director reports the CCPC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CC Organizational Chart.

The auditor notes the Director serves as the PREA Compliance Manager (PCM) at Corpus Christi Transitional Center (CCTC). She is likewise included in the CCTC Organizational Chart.

The CCPC reports to the CC Vice President of Core Services. In turn, the Vice President of Core Services reports to the Executive Vice President and Chief Corrections Officer.

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PCM, numbering in excess of sixty.

As Senior Director, the CCPC oversees the Director who facilitates reviews of all PREA investigations. The Director tracks any follow-up regarding reviewed PREA investigations. The Director is now working on an enhanced PREA training program for implementation at all facilities.

The CCPC's primary focus is audit preparation. Specifically, he reviews each Pre-Audit Questionnaire (PAQ) for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. Additionally, he is currently developing a team to facilitate mock audits of each facility. The CCPC reviews each mock audit report and coordinates corrective action with Wardens/Directors, and facility PCMs. He posts common audit deficiencies on a shared website so stakeholders can assume a proactive approach, as opposed to, reactive in terms of PREA- related matters. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Finally, the CCPC reviews each facility PREA Staffing Plan and signs the same. Assistance with relevant MOU development is also a primary responsibility, with approval being conferred by the CC Legal Department.

In view of the above, the auditor finds CCTC substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports that CC and CCTC do not contract with other facilities or companies to house residents designated for confinement at CCTC. The auditor's research and informal interview with the CCPC and Director validates the same.

Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds CCTC substantially compliant with the same.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- X□ Yes □ No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? X□ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? X□ Yes □ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X□ Yes □ No

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? X□ 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? X□ 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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The Director self reports the average daily number of residents since the last PREA audit is 90 and the average daily number of residents on which the staffing plan is predicated is 158.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section D(1)(a-d) addresses 115.213(a).

According to the Director, a minimum number of three staff are assigned to the facility during two shifts per day. There is no direct supervision in each housing unit as one staff member is assigned to the control center (cc), one staff member effects fairly continuous rounds throughout all units and programming/operational areas of the facility, and a supervisor is assigned to each shift. Adequate resident sexual safety screening is employed to accommodate the staffing pattern.

The Director/PCM asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect residents against sexual abuse are considered in the plan. The staffing plan is documented and maintained on-line for privileges access by the operations supervisor (os), treatment manager (tm), administrative coordinator (ac), and learning development/compliance manager (ldm/cm). The Director possesses the only hard copy of the same.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

a. Staffing must meet the specifications listed above in terms of staff per shift.
b. CCTC is a therapeutic community and the population is carefully screened to ensure they are capable of completing the program. A highly structured schedule reduces resident idleness. There are no racial issues at CCTC as racial groups are balanced. The transgender/intersex population (zero) and gangs (zero members) trigger no management concerns. There are no staffing plan concerns associated with the resident population.
c. Substantiated and unsubstantiated cases are closely monitored for trends. If trends are identified, they are first assessed to determine if there are any local measures that can be implemented to offset the same. For example, re-positioning of cameras, changes in program schedules/staff security rounds, additional staffing requests, or increased electronic monitoring may be viable options.
d. There are no other relevant factors under consideration at CCTC at this time.

In regard to daily checks for compliance with the staffing plan, the Director maintains contact with shift supervisors to determine compliance. Supervisors alert the Director regarding call-offs. She and other staff may provide coverage, ensuring no staffing plan deviations. With the os position vacant, she assumes an active role in monitoring this critical function.

CCTC is always compliant with the contract and staffing plan.

Pursuant to the PAQ, the Director self reports in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The Director further self reports there were no instances of deviation from the staffing plan during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section D(5 and 6) addresses 115.213(b).

The Director asserts all instances of non-compliance with the PREA Staffing Plan would be documented. Specifically, the deviation would be documented in a 5-1 packet as a reportable incident and forwarded to the CCPC within seven days of occurrence. The Director self reports there were no instances of deviation from the staffing plan during the last 18 months.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Two monitors and a shift supervisor are assigned to the shift during both shifts and they are visible throughout the facility.

The auditor did note camera surveillance is sufficient to augment staffing, thereby serving to facilitate resident sexual safety. Camera placements appear to capture resident and staff movement throughout the facility from entry to exit.

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;
Prevailing staffing patterns;
The deployment of video monitoring systems and other monitoring technologies; or
The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(2)(a-c) addresses 115.213(c).

According to the Director/PCM, the facility staffing plan is reviewed at least once each year. As both Director and PCM, she develops and signs the same.

The auditor's review of the February 5, 2018, August 3, 2020, and October 15, 2021 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.213(c). The plans address the four requisite consideration factors and bear all requisite signatures.

In view of the above, the auditor finds CCTC substantially compliant with 115.213.

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? X□ Yes □ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.) □ Yes □ No X□ NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) □ Yes □ No X□ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X□ Yes □ No

- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). □ Yes □ No X□ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X□ Yes □ No

- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X□ Yes □ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? X□ Yes □ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? X□ Yes □ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X□ 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? X□ Yes □ No

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at CCTC. However, as reflected in the policy narrative cited below, the same can be conducted pursuant to exigent circumstances. The Director further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at CCTC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(3) addresses 115.215(a). Such searches can be completed in exigent circumstances. Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee asserts such searches are not facilitated at CCTC. However, in the event no male staff are available and there is reasonable suspicion a resident is conveying hard contraband (weapon, drugs), the Corpus Christi Police Department (CCPD) would be asked to facilitate such search off campus.

The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff, at CCTC during the last 12 months.

Pursuant to the PAQ, the Director self reports female residents are not housed at CCTC. The auditor validated the same through observation during the facility walk through.

Accordingly, the auditor finds that 115.215 (b) is not applicable to CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(1) addresses 115.215(b). Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements.

Pursuant to the PAQ, the Director self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. Likewise, facility policy requires that all cross-gender pat-down searches of female residents are documented. As previously mentioned, female residents are not housed at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(5) addresses 115.215(c).

The auditor has found no evidence of the conduct of either cross-gender pat searches of female residents or cross-gender strip searches or visual body cavity searches of CCTC residents during the audit period.

Pursuant to the PAQ, the Director self reports the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). The Director further self

reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response in Community Corrections, pages 14 and 15, section J(6)(7)(a-e), (8) and (9) addresses 115.215(d).

During the facility tour, the auditor observed a notice on every unit entrance door reading, "Opposite Gender Must Announce Upon Entry". The auditor noted only one instance during the facility tour or throughout the duration of the on-site audit wherein opposite gender staff failed to announce their presence (by gender) whenever they entered a housing area. This single example certainly does not detract from the numerous times on which such announcements were made.

All eight random resident interviewees report opposite gender staff announce their presence, by gender, when entering their housing area. All eight interviewees also self report they are never naked or in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothing.

All 12 random staff interviewees self report opposite gender staff announce their presence, by gender, when entering housing and shower/toilet areas at CCTC. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Director, no such searches were facilitated during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section J(10)(a-c) addresses 115.215(e).

All 12 random staff interviewees self report the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status and that they are aware of the relevant policy.

The Director/PCM asserts zero transgender/intersex residents were housed at the facility at the time of the on-site audit. The same was validated during random staff interviews.

Pursuant to the PAQ, the Director self reports 100% of all security staff have received training on conducting cross-gender pat-down searches of female residents and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section J(10)(g)(i-v) and page 6, section C(4) address 115.215(f).

The auditor's review of thirteen 2020 and 2021 Pre-Service and thirteen 2020 and 2021 In-Service Training Activity Enrollment/Attendance Rosters reveals substantial compliance with 115.215(f).

The auditor's review of eight of ten random staff training files reveals evidence of requisite 115.215(f) training regarding the conduct of cross-gender pat down searches of female residents and searches of transgender/intersex residents in a professional and respectful manner. Accordingly, compliance with 115.215(f) is established. Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated during the PREA Overview session during Pre-Service and annual In-Service training. The same may also be facilitated as a component of the security training presentation during Pre-Service and In-Service training. Finally, admonishments to residents regarding being fully clothed are reflected in the CCTC Resident Handbook.

The auditor notes the above narrative encompasses staff of all disciplines.

Ten of 12 random staff interviewees assert they received agency training regarding cross-gender pat down searches of female residents and professional and respectful searches of transgender/intersex residents. The auditor notes that pursuant to review of the two training files associated with the staff who allegedly did not receive this training, evidence reflects that they did receive the same. Training is provided in video, discussion, power point formats during both PREA Pre-Service and Annual PREA In-Service (ART) sessions.

In view of the above, the auditor finds CCTC substantially compliant with 115.215.

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

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? X□ Yes □ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) X□ Yes □ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? X□ 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? X□ Yes □ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? X□ Yes □ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? X□ Yes □ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? X□ Yes □ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? X□ Yes □ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X□ Yes □ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director asserts the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(6)(a) and (b) addresses 115.216(a).

According to the PCM, a TTY is available at CCTC however, Braille is not available. For blind residents, material is read aloud to them. For low functioning or mentally impaired residents, material is read aloud to them in a manner that assists with comprehension. Severely mentally ill residents are not housed at CCTC.

According to the Agency Head interviewee, the agency has established procedures to provide residents with disabilities and residents who are Limited English Proficient (LEP) 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. Specifically, LanguageLine is used, when necessary, to communicate with LEP residents. Gen-

erally speaking, staff translators can also be used. TTY units are available in every facility and Braille is available in some facilities.

Eight of nine disabled (nine receiving mental health treatment and two of of these residents also physically impaired) interviewees self report the facility provides information about sexual abuse/harassment that they are able to understand. One interviewee states that he cannot read or write so he did not receive information in a format he could understand. He did state that his counselor provided assistance and the auditor subsequently validated the same pursuant to contact with her.

The counselor stated she did provide PREA training to him in a verbal format and that he had completed the entirety. However, she again provided refresher training at the auditor's request.

The auditor notes posters are positioned at reasonable heights for a physically disabled resident's review. Additionally, printed materials appear to be written at a reading level appropriate to the resident population.

The Director asserts when needed, staff read and explain materials to blind residents and deaf or hard of hearing residents read materials themselves. Staff also read aloud PREA information to mentally incompetent residents.

Pursuant to the PAQ, the Director self reports the agency has established procedures to provide residents with limited English proficiency (LEP) 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 12 and 13, section H(7) addresses 115.216(b).

The auditor's review of the LanguageLine Solutions contract and instructions reveals substantial compliance with 115.216(b). However, while available to the resident population, the auditor determined that all supervisors have not been properly trained regarding the specifics of LanguageLine operations. Accordingly, the auditor recommends that all supervisors be given training/refresher training regarding the process and activation of the same.

Finally, the auditor's review of the PREA: Prevent, Detect, Respond tri-fold brochure reveals the same is presented in both English and Spanish, as is the Texas Board of Criminal Justice (TBCJ) PREA Ombudsman Office brochure. Both documents address zero tolerance, reporting options, tips to avoid sexual abuse and other nuances of the PREA program.

Of note, the Client Handbook is likewise produced in English and Spanish.

Pursuant to the PAQ, the Director self reports agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. The Director further self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, in the last 12 months, there were no instances wherein resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 12 and 13, section H(8) addresses 115.216(c).

Nine of 12 random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or other resident assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. Interviewees cited resultant further physical injury to the victim or loss of evidence/investigation as the basis for invocation of 115.216(c) strategies. The auditor notes interviewees quickly identified the condition(s) following dissection of a sce-

nario. All 10 interviewees self report no such instances of using translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months.

Throughout the on-site audit, the auditor found no evidence of staff use of other residents as prescribed in 115.216(c).

In view of the above, the auditor finds CCTC substantially compliant with 115.216(c).

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X□ Yes □ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X□ Yes □ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X□ Yes □ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X□ Yes □ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X□ Yes □ No

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

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? X□ Yes □ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? X□ Yes □ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? X□ Yes □ No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X□ Yes □ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? X□ Yes □ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X□ Yes □ No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 4, section B(1)(a-c) addresses 115.217(a).

The auditor's review of one employee Self-Declaration of Sexual Abuse/Harassment (14-2H-CC) dated September 7, 2021 reveals the requisite 115.217(a) and (b) questions were both asked and answered by the applicant or employee. Additionally, one document entitled TDCJ Pre-Employment Criminal History Inquiry reveals review of the employee's NCIC/TCIC (criminal history) and clearance of the same.

In addition to the above, the auditor's review of a promotion 14-2H CC dated March 9, 2021 reveals substantial compliance with 115.217(a) and (b). Reverting to the employee referenced in the preceding paragraph, a copy of a 3-20-2B form entitled PREA Questionnaire for Prior Institutional Employers dated August 3, 2021 also reveals compliance with 115.217(a), (b), and (c).

As noted in the narrative for 115.232, the Director advises there are no contractors on board at CCTC who have contact with residents.

It is noted the auditor's on-site review of four random Human Resource (HR) files regarding staff promoted during the last 18 months reveals they completed the 14-2H CC, minimally, during the calendar year, commensurate with CC policy and practice. Additionally, the non-existence of Flash Reporting charges reveals further compliance with 115.217(a) and (b) issues with respect to the promotions. Flash reporting is addressed later in this narrative for 115.217(a).

The auditor's on-site review of five random HR files for staff hired at CCTC during the last 18 months reveals the requisite 14-2H CC form or completed on-line application form [captures the three questions plus the 115.217(b) question] were completed by the applicants either prior to the date of hire or on the date of hire. Four additional random staff file reviews pertained to employees who were hired prior to the audit period and accordingly, they were not considered for 115.217(a) analysis purposes.

Finally, the auditor's review of 10 of 11 random staff HR files relative to the staff referenced throughout this narrative reveals the 14-2H CC was completed for two of three audit years, with the exception of those staff hired in 2021 or 2022. The auditor did note a trend wherein the 2020 14-2H CCs were missing from the majority of files. The auditor has learned that there has been substantial turnover in the HR department and accordingly, those documents are not available. While not optimal, the auditor finds no basis for a finding as steps have been taken to remedy the situation during 2021.

The auditor has learned that subsequent (annual) criminal background record investigations are not conducted pursuant to either TDCJ or contracted agency requirements. Instead, TDCJ is alerted to criminal violations by DPS and they (TDCJ) immediately report the same to contract agency officials. Accordingly, the reporting of criminal offenses is perpetual.

During the on-site audit, the auditor found no evidence of accrual of additional criminal charges related to any of the random files reviewed. Additionally, facility HR staff inquiry with prior institutional employers in one of the two applicable cases was met with non-response. In the other matter, there is no evidence that inquiry with prior institutional employers occurred.

The auditor finds CCTC compliant with 115.217(a) and (b).

Pursuant to the PAQ, the Director self reports agency policy 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 residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(2)addresses 115.217(b).

As articulated in the narrative for 115.217(a), the Form 14-2H CC contains a separate question as to whether a substantiated allegation of sexual harassment has been made against the applicant. Additionally, the Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers reflects the same question. Prior institutional employers are requested to complete the same and there is an expectation of response regarding PREA issues.

As criminal background record checks or flash reporting do not address sexual harassment, the form referenced in the preceding paragraph is the only available document to validate the 14-2H CC.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor, who may have contact with residents. New hires/promotional applicants complete the 14-2H CC. Prior Institutional Employer Checks validate any incidence of sexual harassment when the receiving party completes the mailed form or addresses the 115.17(a) and (b) during a telephonic interview.

The interviewee also asserts that the First Advantage (contracted vendor) criminal background record check entails contact with all previous employers. If sexual harassment is identified during these interviews or written questionnaires, the same may constitute a "red flag" warranting follow-up.

Pursuant to the PAQ, the Director self reports agency policy requires before it hires any new employees who may have contact with residents, 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 Director further self reports 21 applicants were hired during the last 12 months who may have contact with residents and all have had criminal background record checks.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, sections B(7) and (8) address 115.217(c).

Documentary evidence of 115.217(c) compliance is addressed in the narrative for 115.217(a). The auditor's review of seven random staff HR files covering staff hired at CCTC since 2015, reveals criminal background record checks were conducted prior to the date of hire in all seven cases. Flash reporting is addressed in the narrative for 115.217(a).

The HR interviewee asserts the facility performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. The practice, as described by the HR interviewee, is clearly articulated in the narrative for 115.217(a).

Criminal background record checks are initiated by the CCTC HRM and fingerprints and a privacy disclosure are completed by the applicant and forwarded to TDCJ. TDCJ staff physically complete the NCIC/TCIC check and they authorize or deny employment. Notifications subsequently follow to the CCTC Director and HRM.

This narrative also addresses procedural processing of criminal background record checks regarding promotions and contractors.

Pursuant to the PAQ, the Director self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports there were zero contracts for services where a criminal background record

check was conducted during the last 12 months. As previously indicated in the narrative for 115.217, there are no contractors within the context of 115.217 or 115.232 at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(7)addresses 115.217(d).

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or a system is in place for otherwise capturing such information for current employees.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.217(e).

Flash reporting (applies as a substitute for annual criminal background record checks) is addressed in the narrative for 115.217(a).

Pursuant to the auditor's review of an email dated January 7, 2019, perpetual notifications of changes in an employee's criminal background record are addressed pursuant to the FACT Clearing House process. Once the employee's name is inputted into the system, such notifications are accomplished pursuant to the same. According to the TDCJ author of the email, this process is implemented to replace stand alone criminal background record checks at the five-year interval.

The auditor finds the same to meet the intent of 115.217(e) as there is a method of capturing subsequent charges and convictions.

In addition to the above, a letter dated February 1, 2011 addresses the procedure for the conduct of annual criminal background record checks for contractors.

During her interview, the HR interviewee articulated the information reflected throughout the narrative for 115.217(e) regarding flash reporting.

The auditor's review of one Texas Department of Criminal Justice (TDCJ) Fingerprint Analysis Name Query Search reveals that both NCIC and TCIC results are considered. Flash reporting results are addressed throughout the narrative for 115.217.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(3-5) addresses 115.217(f).

The auditor is aware, as reflected in previous paragraphs, that the equivalent of the Form 14-2H CC is completed annually by all staff as required by the above policy. Additionally, the document is completed as a staff applicant and prior to hire. Finally, the same is completed by staff who are promoted.

The auditor also notes the three 115.217(a) and one 115.217(b) questions are reflected in both the new employee and promotion applications.

14-2H CC findings are addressed in the narrative for 115.217(a).

According to the HR interviewee, the facility asks all applicants and employees who may have contact with residents about previous misconduct described in 115.217(a) as an applicant (asked both separate from the application and as part of the initial hire and promotion application), at the interview, and following hire. Additionally, staff are asked the same questions on an annual basis and during the promotion phase. The 14-2H CC is completed annually as of calendar year 2018, to encompass the performance evaluation process and affirmative duty to report. Of note, the affirmative duty to report caveat is also reflected on the 14-2H CC.

Pursuant to the PAQ, the Director self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.217(g) in totality.

The auditor's review of the Form 14-2H CC reveals a caveat about material omissions regarding 115.217(a) misconduct and the provision of materially false information, being grounds for termination. As previously stated, this document is signed and dated by the employee, minimally, on an annual basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.217(h) in totality.

According to the Director, during the last 12 months, zero requests for information were received from an institutional employer, to whom a CC or ex-CC employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment.

The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse/sexual harassment involving the former employee, unless prohibited by law. Such information is released by Corporate staff.

In view of the above, the auditor finds CCTC substantially compliant with 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the date of the last PREA audit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, sections E(1) and (2) addresses 115.218(a).

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA. Lines of sight are assessed to enhance inmate sexual and personal safety and camera surveillance needs to address blind spots. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

The Director asserts that zero building structural changes were effected at CCTC since the last PREA audit.

Since the last PREA audit, pursuant to the PAQ, the Director self reports the facility has added interior and exterior cameras in various locations to enhance security and resident safety. Additionally, hard drives have been upgraded and cameras were replaced.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section E(3) addresses 115.218(b).

The Director asserts that all changes in video camera repositioning and addition of cameras to offset blind spots and enhance visibility, were based on PREA issues.

The Form 7-1B, one Purchase Order, and one proposal are included in the PAQ. The auditor's review of facility diagrams, reflective of the locations of the additional cameras, also reveals substantial compliance with 115.218(b).

In view of the above, the auditor finds CCTC substantially compliant with 115.218**.**

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.) X□ 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.) X□ 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.) X□ Yes □ No □ NA

115.221 (c)

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

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X□ 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)? X□ Yes □ No

- Has the agency documented its efforts to provide SAFEs or SANEs? X□ Yes □ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X□ Yes □ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) X□ Yes □ No □ NA

- Has the agency documented its efforts to secure services from rape crisis centers? X□ 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? X□ Yes □ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X□ 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) X□ 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) □ Yes □ No X□ NA

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Corpus Christi Police Department (CCPD) facilitates criminal investigations relative to CCTC residents. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. This caveat is articulated in the MOU between CCPD and CC.

The Director asserts she has been working with CCPD to update the existing MOU regarding the conduct of criminal sexual abuse investigations. The auditor's review of the outdated and updated MOUs reveals substantial compliance with 115.221(a). By virtue of emails dated May 12, 2020, January 26, 2021, and April 9, 2021, it is clear the Director has attempted to resolve this matter. At this point, there is no signature by both parties however, there is ample evidence of attempts.

Eleven of 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. CCPD investigators conduct criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator.

Eight of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited at 115.264(a). The majority of misinformation centers on telling or ensuring both the victim and perpetrator do not destroy physical evidence, as opposed to, requesting that the victim and ensuring the perpetrator do not destroy physical evidence.

Ten of 12 random staff interviewees assert the maintenance technician (primary) and Director (secondary) facilitate administrative sexual abuse/harassment investigations while eight interviewees assert CCPD investigators facilitate criminal investigations.

Pursuant to the PAQ, the Director self reports no youth are housed at CCTC and accordingly, that component of 115.221(b) is not applicable to the facility. During the facility tour and pursuant to random conversations with staff and resident interviewees, the auditor validated the Director's assertion. The Director further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(4)(b) addresses 115.221(b).

Pursuant to the PAQ, the Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners.

When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. According to the Director, zero forensic medical examinations were conducted during the last 12 months. Sexual abuse forensic examinations are facilitated at the hospital referenced in the following paragraphs.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section M(11) addresses 115.221(c).

The SANE Nurse interviewee asserts she is one of a team of four SANE nurses responsible for conducting all forensic medical examinations at Doctor's Regional, Corpus Christi Medical Center. Forensic examinations for CCTC residents are generally conducted at this facility.

All SANEs are on-call. The interviewee advises a 40 hour adult didactic training is provided to SANEs, followed by written examination(s) and the conduct of supervised (by experienced SANEs) in-person patient examinations. Certification is granted by the Texas Office of the Attorney General with respect to this program and the veracity of evidence collection protocols. The interviewee states some of the SANEs have completed the international certification as well.

SANEs are available twenty-four hours per day. The interviewee is not aware of any incidents wherein SANE services were not available. The Emergency Room physician may be available to assist with evidence collection.

SANE examinations include an offer of prophylaxis for certain STDs and a referral to another source for testing. Tests are not included in the hospital forensic protocol. The SANEs do refer patients for follow-up care.

Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides victim advocate services pursuant to an MOU between CC and the Women's Shelter of South Texas dba The Purple Door.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 22 and 23, section M(12) addresses 115.221(d).

According to the Director/PCM, victim advocacy services are available to CCTC residents pursuant to an MOU with The Purple Door. The Purple Door information is posted within the facility.

The auditor verified victim advocate (VA) credentials pursuant to review of The Purple Door website. It is recommended that the Director/PCM discuss VA credentialing with executives from The Purple Door.

The PCM asserts zero sexual abuse incidents were reported at CCTC during the last 12 months.

Pursuant to the PAQ, the Director self reports if requested by the victim, a VA accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section M(12) addresses 115.221(e).

The Director/PCM asserts, if requested by the victim, a VA is accessed through The Purple Door to accompany the victim and provide emotional support, crisis intervention, information, and referrals during

the forensic medical examination process and investigatory interviews. This is addressed in The Purple Door MOU.

As reflected throughout this narrative, CCPD investigator(s) facilitate(s) criminal sexual abuse/harassment investigations. A facility investigator conducts administrative investigations. Accordingly, the auditor finds 115.221(f) not applicable to CCTC.

In view of the above, the auditor finds CCTC substantially compliant with 115.221.

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? X□ Yes □ No

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

- Does the agency document all such referrals? X□ Yes □ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) X□ 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*)

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

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

Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 12 months, zero allegations of sexual abuse/harassment were received at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section N(1) addresses 115.222(a).

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA trained investigator and whenever the Inspector General (IG) arm of the partner is tasked with facilitation of criminal investigations, they are generally PREA trained pursuant to the contract.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. Medical examination and allegations the victim incurred physical harm may trigger a forensic examination as ordered by medical professionals. The allegation is generally reported to the Director, os, and PCM. Notifications to the facility investigator and/or criminal investigating agency would ensue.

The Agency Head interviewee continued, stating first responders ensure the victim and perpetrator are separated and perpetrator, if known, is isolated. The victim would likewise remain under staff's physical supervision. Generally, physical evidence is collected by the criminal investigator in a criminal matter. If criminal, the criminal investigator determines interview status and whether the facility investigator assists. CC investigative staff would assist the criminal investigator in any way needed, inclusive of research and preservation of camera footage, resident/staff file reviews, review of reports submitted by staff, review of resident statements (if applicable), and coordination of investigative activities. Additionally, CC officials would support prosecution efforts of both staff and residents.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol(s) however, he/she does interview witnesses and assesses victim, perpetrator, witness credibility. Finally, the investigator writes an investigative report.

Pursuant to the PAQ, the Director self reports the agency has a policy that requires 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 Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 21, section M(9) and page 27, section O(1) address 115.222(b).

The investigative staff interviewee asserts agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. CCPD sexual abuse investigators conduct criminal investigations for CCTC.

The auditor's review of the CC and CCTC websites reveals the appropriate policy regarding criminal referrals and the investigative responsibilities for administrative and criminal investigative entities is posted on the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section O(2) and (3) addresses 115.222(c). The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

In view of the above, the auditor finds CCTC substantially compliant with 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? X□ Yes □ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X□ Yes □ No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? X□ 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? X□ 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? X□ Yes □ No

115.231 (d)

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

Auditor Overall Compliance Determination

X□ **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*)

Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:

Its zero-tolerance policy for sexual abuse and sexual harassment;
How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
Resident's rights to be free from sexual abuse and sexual harassment;
The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
The dynamics of sexual abuse and sexual harassment in confinement;
The common reactions of sexual abuse and sexual harassment victims;
How to detect and respond to signs of threatened and actual sexual abuse;
How to avoid inappropriate relationships with residents;
How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(2)(a-j) addresses 115.231(a).

The auditor's review of the PREA Overview Curriculum, PREA Training Student Handout, and accompanying training slides reveals substantial compliance with 115.231(a). The PREA Teach back Topics document suggests significant interactive learning between facilitator and students and content appears to be comprehensive.

The auditor's review of PAQ Pre-Service and In-Service CORECIVIC PREA POLICY ACKNOWLEDGMENT AND/OR TRAINING ACKNOWLEDGMENT forms reveals one staff member was provided In-Service PREA Overview training during 2021. This document includes the "I understand the subject-matter presented" caveat and is signed/dated by the employee participant.

In addition to the above, four 2021 Training Activity Enrollment/Attendance Rosters reveal 11 staff completed Code of Conduct and PREA Pre-Service training classes conducted throughout 2021. The auditor's review of 10 random resident training files reveals one of three staff hires within the last 12 months did not receive pre-service PREA training on his entry-on-duty date or during the first two weeks following his entry-on-duty date as requisite documentation was not present within his file. Five files reflect affected staff members

(those hired prior to 2020) received at least two consecutive PREA Annual Refresher Training (ART In-Service) trainings. The auditor's review of two files pertaining to staff members hired during 2020 revealed completion of one 2021 PREA ART training.

All 12 random staff interviewees self report they received training regarding the aforementioned 10 PREA topics either during Pre-Service and/or PREA ART training, dependent upon their date of hire.

Pursuant to the PAQ, the Director self reports training is tailored to the male gender of the residents housed at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.231(b).

The auditor's review of the aforementioned training curriculum reveals the same is commensurate with 115.231(b).

The PCM asserts that during the last 24 months, zero staff have transferred to CCTC from a female facility.

Pursuant to the PAQ, the Director self reports 24 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of the staff complement. PREA updates are forwarded to staff via monthly PREA emails from CoreCivic FSC and employees who may have contact with residents receive PREA training on an annual basis.

Given the fact 115.231(c) requires refresher training every two years to ensure all employees know the agency's current sexual abuse/harassment policies and procedures and the fact CCTC facilitates annual PREA ART, the auditor finds CCTC exceeds standard requirements with respect to 115.231.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(2)(a-j) addresses 115.231(c).

Pursuant to the PAQ, the Director self reports the agency documents that employees, who may have contact with residents, understand the training they received through employee signature or electronic verification.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(3) addresses 115.231(d).

The auditor's on-site review of staff training files, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite Core Civic PREA Policy Acknowledgment and/or Training Acknowledgment forms acknowledging their understanding of the subject-matter presented for 2021. Additionally, training participants sign CC training rosters. Accordingly, the auditor finds CCTC substantially compliant with 115.231(d).

In view of the above, the auditor finds CCTC exceeds standard expectations with respect to 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Director further self reports zero trained volunteer(s) and contractor(s) have provided services at CCTC during, at least, the last 12 months in view of COVID constraints. Food Service staff (one) is a CC employee and zero medical/mental health staff are employed at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(a) addresses 115.232(a).

The auditor's review of the CC PREA Volunteer Training video and PREA Overview: Training for Volunteers and Contractors syllabus reveals substantial compliance with 115.232. The same provides sufficient information and background enabling all contractors/volunteers to fulfill their PREA responsibilities.

In view of the above, zero volunteers and/or contractors were interviewed for purposes of this audit process.

Pursuant to the PAQ, the Director self reports 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 residents. The Director further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(b)(i) and (ii) addresses 115.232(b). Pursuant to this policy, regular contractors who have recurring contact with residents complete the same training as required for CC employees and they complete the 14-2J-CC document, validating completion of training.

Pursuant to the PAQ, the Director self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(d) addresses 115.232(c).

In view of the above, the auditor finds CCTC substantially compliant with 115.232.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The Director further self reports 550 residents were provided requisite information at intake during the last 12 months, equating to 100% of residents admitted during the last 12 months who were provided this information at intake.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section H(1)(a-e) addresses 115.233(a).

The intake staff interviewee self reports she provides residents with information about the CC and CCTC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at intake. This information is presented in the PREA video and an intake packet including the CoreCivic PREA- Prevent, Detect, and Respond brochure, the PREA Reporting Information form, and pages 5-7 of the Therapeutic Community Center Handbook (CCTC Handbook). Additionally, a flyer from The Purple Door (victim advocacy program) may also be provided however, the same is posted within the facility and available on a table in the Food Service Dining Area. The interviewee asserts she personally advises residents regarding incident reporting options and relevant provisions of The Purple Door pamphlet. Orientation instruction is generally provided following arrival.

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The Director further self reports ten residents were transferred to CCTC from a different community confinement facility within the last 12 months and they have received refresher training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(5)addresses 115.233(b).

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within the first day of admission and prior to placement in a bunk.

Four of eight random resident interviewees reported being transferred to CCTC from state correctional facilities or county jail(s).

The PCM asserts that all incoming and transferring residents to CCTC were provided PREA education as described in the narrative for 115.233(a).

Pursuant to the PAQ, the Director self reports resident PREA education is available in accessible formats for all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.233(c).

Resident education formats and accessibility of the same to the disabled or LEP resident population are addressed in the narrative for 115.216 above.

Pursuant to the PAQ, the Director self reports the agency maintains documentation of resident participation in PREA education sessions.

Substantiating documentation is referenced in the narrative for 115.233(a) above. Executed documents, as discussed above, are applicable to one resident, in addition to the on-site random resident file reviews.

Pursuant to the PAQ, the Director self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The auditor's review of numerous documents referenced throughout the narrative for 115.233 reveals substantial compliance with 115.233(e). Additionally, the auditor's review of two posters submitted with PAQ information reveals zero tolerance towards sexual abuse/harassment and reporting options.

The auditor validated the preceding statement during the facility tour. Posters are positioned in strategic locations throughout the facility.

In view of the above, the auditor finds CCTC substantially compliant with 115.233.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

  X□ 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).) X□ 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).) X□ 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).) X□ 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).)
  X□ 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).) X□ 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*)

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

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

Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.234(a).

The auditor's review of the training syllabus for the Relias PREA: Investigation Protocols course reveals the same addresses the requirements of both 115.234(a) and (b). The auditor has reviewed this training syllabus in conjunction with other CC PREA audits.

According to the investigative staff interviewee, he completed a three hour on-line Relias training course entitled PREA: Investigation Protocols. Some scenario based training was included in the same, as well as, a testing process.

The interviewee did not recall whether the course included topics such as execution of Miranda and Garrity warnings and the evidence standard necessary to substantiate a case for administrative action or prosecution referral given the time elapsed between completion of the course and the present. He did, however, recall studying topics such as techniques for interviewing sexual abuse victims and sexual abuse evidence collection in confinement settings.

The auditor attempted contact with Corpus Christi Police Department to facilitate a criminal investigative interview with appropriate investigators on three occasions. While he spoke with one individual who referred him to another voice mail, there was no response regarding the auditor's request. Accordingly, the criminal investigative interview could not be conducted.

The auditor's review of one CC certificate for the previous administrative sexual abuse/harassment investigator reveals he completed the National Institute of Corrections (NIC) web-based PREA course entitled Investigating Sexual Abuse in a Confinement Setting course and the current investigator has completed the Relias course mentioned above. Reportedly, the previous investigator resigned within the last month.

While there is one trained investigator at CCTC and CC policy requires two, it is clear plans are in process to address the policy matter. The Director asserts she will complete the requisite training in April, 2022. The auditor finds the plan reasonable given the facility turnover and circumstances.

In view of the above, the Director/PCM will provide a copy of training documentation regarding her completion of requisite specialty training on or before May 1, 2022. The auditor's review of the Director's certificate dated April 9, 2022 reveals she completed the requisite training on that date.

The auditor finds no basis for a non-compliance finding with respect to 115.234 in view of the circumstances.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5)(a) addresses 115.234(b).

Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the required training. As previously indicated, the Director also self reports the agency maintains documentation showing one previous and one current investigator have completed the required training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5)(b) addresses 115.234(c).

Documentation substantiating completion of requisite training is addressed in the narrative for 115.234(a).

In view of the above, the auditor finds CCTC substantially compliant with 115.234.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  □ Yes □ No X□ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No X□ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No X□ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  □ Yes □ No X□ NA

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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)

□ Yes □ No X□ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) □ Yes □ No X□ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) □ Yes □ No X□ NA

- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) □ Yes □ No X□ NA

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. However, zero medical or mental health staff work at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(6)(a-e) addresses 115.235(a).

According to the PCM and pursuant to the auditor's observation and review of the CCTC Organizational Chart, medical and mental health staff are not employed at CCTC. Accordingly, such interviews could not be conducted. Of note, none of the provisions of 115.235 are applicable to CCTC however, as the auditor finds no evidence of non-compliance, CCTC is compliant with the standard.

Pursuant to the PAQ and in view of the above, the Director self reports facility medical staff do not conduct forensic examinations at CCTC. Accordingly, the auditor finds 115.235(b) not applicable to CCTC.

As mentioned throughout the narrative for 115.235, zero medical/mental health practitioners are employed at CCTC.

As there are no apparent deviations from standard, the auditor finds CCTC substantially compliant with 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? X□ Yes □ No

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? X□ Yes □ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? X□ Yes □ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? X□ Yes □ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? X□ Yes □ No

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

115.241 (f)

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

115.241 (g)

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

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

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? X□ Yes □ No

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.241(a).

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to CCTC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports new commitments are screened within 72 hours of intake. As a matter of fact, new commitments are screened within 24 hours of intake.

Five of eight random resident interviewees self report when they first arrived at CCTC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at CCTC. Similarly, five interviewees self report they were asked these questions on the date of arrival.

The auditor's on-site review of 12 random resident files reveals initial sexual victimization/sexual abusiveness screening was conducted during intake and in a comprehensive manner in all cases. This review included the three residents who stated they were not asked all relevant questions and/or the initial assessment was not conducted within 24 hours of arrival.

The auditor observed the office wherein new commitments are screened. The auditor finds no evidence of deviation from standard or policy as a result.

Pursuant to the PAQ, the Director self reports 115.241(a) screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires that screening is conducted within 24 hours of arrival at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.241(b).

The auditor notes 550 residents were received at CCTC during the last 12 months while the PAQ also reflects 545 residents were initially screened during that same period. The Director/PCM asserts the other five residents were returned to custody within 24 hours of arrival and accordingly they were not screened.

The auditor's review of four initial assessments and corresponding 30-day reassessments, conducted during 2021 reveals substantial compliance with 115.241(b) and (f). CoreCivic policy requires completion of the initial assessment within 24 hours of arrival and the same was comprehensive/timely.

Pursuant to the 115.241(a) narrative, the auditor's on-site review of 12 random resident files reveals timely and comprehensive completion of initial victimization/aggressor screenings within 24 hours of arrival at the facility. Review of 30-day reassessments related to the same residents reveals nine were timely and comprehensive and three were not yet due in view of the recency of arrival at CCTC.

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(3) addresses 115.241(c).

The auditor's review of the CC 14-2B CC, Sexual Abuse Screening Tool, reveals the same is an objective screening tool. All 115.241(d) objective topics, as well as others identified by CC as germane to indicators of sexual victimization/aggression, are considered in the instrument. Additionally, specific questions and responses are weighted differently to establish propensity towards sexual victimization/aggressiveness.

The auditor's review of the Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document addresses the following issues:

1) Whether the resident has a mental, physical, or developmental disability;
2) The age of the resident;
3) The physical build of the resident;
4) Whether the resident has previously been incarcerated;
5) Whether the resident's criminal history is exclusively nonviolent;
6) Whether the resident has prior convictions for sex offenses against an adult or child;
7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8) Whether the resident has previously experienced sexual victimization; and
9) The resident's own perception of vulnerability.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee self reports the following factors are considered in the sexual victimization/abusiveness screening:

1) Whether the resident has a mental, physical, or developmental disability;
2) Whether the resident has previously experienced sexual victimization;
3) Whether the resident's criminal history is exclusively nonviolent;
4) Whether the resident has been sexually victimized while in confinement; and
5) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

According to the interviewee who conducts such assessments, the programs director and/or Director review the pre-screening packet and alert screeners regarding any PREA concerns or issues. If there are discrepancies between the resident's statements and the information conveyed by the programs director or the Director, improprieties are documented in resident responses within the screening tool. The client is taken to the administrative area for screening, with the door closed. There is a window in the office and accordingly, one can observe the process. The interview is conducted one-on-one and she reads the questions to the resident, documenting responses electronically.

Following completion of the screening, the screener makes bed assignment(s).

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section G(5) addresses 115.241(e).

Pursuant to the PAQ, the Director self reports the policy requires the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional relevant information received by the facility since the intake screening. The Director asserts 33 residents were housed at the facility for less than 30 days.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section G(12) addresses 115.241(f).

The auditor's review of a document entitled COATS reveals an electronic method in which CCTC staff track the date of arrival, intake date, 24 hour date, and 30-day reassessment date.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, re-assessments are conducted within 30 days of arrival at CCTC by counselors. She documents due dates on her day planner and white board. They monitor COATS to determine 30-day reassessment dates following arrival at CCTC.

One of eight random resident interviewees reports he was again asked the questions reflected in the narrative for 115.241(a) above since arrival at CCTC. The questions were allegedly asked within 30 days of arrival at the facility. Of note, three reassessments are not yet due as of the dates of the on-site audit.

The auditor's review of three resident files related to those interviewees who assert they were not re-assessed at CCTC reveals all were reassessed in a timely and comprehensive manner.

Pursuant to the PAQ, the Director self reports policy requires a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section G(13 and 14) addresses 115.241(g).

According to the Director, additional sexual abuse or sexual victimization information has not been received regarding residents, during the last 18 months, which triggered a re-assessment within the parameters of 115.241(g).

The staff responsible for risk screening interviewee asserts the counselors reassess residents pursuant to 115.241(g).

Pursuant to the PAQ, the Director self reports policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.241(h).

According to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, residents are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to):

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section G(10)(a-d) addresses 115.241(i).

According to the CCTC Director/PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial PREA As-

sessment information is available to the Director, treatment director (td), operations supervisor (os), and counselor. These staff have a "need to know" with respect to this sensitive information.

The staff who performs screening for risk of sexual victimization and abusiveness asserts the Director, td, and counselor have access to this information.

In view of the above, the auditor finds CCTC substantially compliant with 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

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

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

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

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

115.242 (b)

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

115.242 (c)

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

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(1) addresses 115.242(a).

The Director/ PCM asserts the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions as the facility is open in terms of structure, etc. Potential and known victims (PVs/

KVs) are separated from potential and known predators (PPs/KPs). Residents classified as "NA" may be placed with PVs/KVs or PPs/KPs.

Each resident is keyed into a schematic entitled COATS PREA Alert Roster reflecting the aforementioned designations. This ensures placements are specific to resident sexual safety. Staff supervise residents during the conduct of programs.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/KVs are physically separated (housing only) from PPs/KPs in terms of housing. Any classification can be housed with an individual who scores as "NA". Programming activities are supervised by staff and work assignments are generally off-site.

The auditor's review of a housing schematic dated November 30, 2021 entitled COATS PREA Alert Roster reveals consistency in terms of geographic separation [by unit and/or area(s) within units] of victims/potential victims and predators/potential predators.

Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each resident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(3) addresses 115.242(b).

Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(7)(b) addresses 115.242(c).

The Director/PCM asserts all incoming residents are placed in a sexually safe situation based on screening results. PVs/KVs and PPs/KPs are housed with NAs or the same classification can be housed together. However, KVs/PVs are not housed in close proximity to KPs/PPs.

There are no designated location(s) for transgender/intersex resident housing. Bed assignments are based on careful matching to ensure assignments are properly made pursuant to the aforementioned formula. Attempts are made to house transgender residents with NAs. Programming is supervised by staff.

The agency does consider whether the placement will ensure the resident's health and safety. Similarly, the agency does consider whether the placement would present management or security concerns.

The Director/PCM asserts zero transgender/intersex residents were housed at CCTC during the on-site audit. The same was validated by the auditor pursuant to questioning of staff.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section I(7)(c) addresses 115.242(d).

The Director/PCM asserts the transgender/intersex resident's own views with respect to her own safety are given serious consideration in placement and programming assignments.

The staff who conducts screening for risk of victimization and abusiveness interviewee confirms the PCM's statement in this regard.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section J(10)(h)(i-iii) addresses 115.242(e).

According to the Director/PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. Showers can be provided in an open and unused dormitory with staff monitor-

ing the entrance. The other alternative is establishment of a specific shower time wherein staff would monitor bathroom access.

The staff responsible for risk screening interviewee corroborates the statement of the Director/PCM as reflected above.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section I(7)(d) addresses 115.242(f).

The Director/PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The Director/PCM further asserts the Monitor 3 closely monitors the aforementioned grid on a daily basis to preclude placement of LGBTI residents in specific locations, etc. Transgender/intersex residents are dispersed throughout the facility.

The auditor's cursory review of room/bed assignments reveals no deviation(s) from standard.

In view of the above, the auditor finds CCTC substantially compliant with 115.242.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;

Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 17, section K(1)(a and b)(i-iii) addresses 115.251(a).

The auditor's review of the CoreCivic Resident Handbook and CoreCivic PREA- Prevent. Detect. Respond. pamphlet reveals multiple methods for private resident reporting of sexual abuse and sexual harassment incidents. The CoreCivic PREA- Prevent. Detect. Respond. tri-fold pamphlet is also available in Spanish.

All 12 random staff interviewees are able to cite at least two methods available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Methods of reporting include telephonic contact with CCPD or the TDCJ Ombudsman, verbal report to staff, submit anonymous note, submit an Emergency Grievance, and facilitation of a third-person report.

All eight random resident interviewees are able to cite at least one method available to them to for reporting. Options include a verbal report to staff, contact the TDCJ Ombudsman or CCPD, submit a kite to staff, and third-person report.

As previously addressed in the narrative for 115.233, posters (regarding procedures for reporting sexual abuse/harassment of residents) are available throughout the facility.

Pursuant to the PAQ, the Director self reports the agency provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section K(1)(c) addresses 115.251(b).

Pursuant to the auditor's review of the resources mentioned in the narrative for 115.251(a), the Ombudsman and CCPD are the most prevalent validation of compliance with 115.251(b).

According to the Director/PCM, the TDCJ Ombudsman and CCPD are two methods available to residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. Contact with CCPD is available on a 24 hour, seven day per week basis. The Director/PCM asserts CCPD would contact the Director within a reasonable period of time.

For informational purposes, the Director/PCM asserts TDCJ requires that the numbers for the PREA Ombudsman be posted. The pamphlet provided to residents and posted states that the PREA Ombudsman is appointed by the Texas Board of Criminal Justice (TBCJ), reporting directly to the chairman of the TBCJ and his/her office is external to the reporting process of the Texas Department of Criminal Justice (TDCJ) Executive Director.

All eight random resident interviewees assert they are allowed to make a report without having to give their name.

Pursuant to the PAQ, the Director self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Director also self reports staff are required to document verbal reports. The Director further self reports staff are required to document verbal reports "immediately" following receipt of the same.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(b) addresses 115.251(c).

All 12 random staff interviewees assert when a resident alleges sexual abuse, he can do so verbally, in writing, anonymously, and from third parties. All 12 interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

All eight random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, five of the eight interviewees assert a friend or relative can make the report for the resident without giving his name.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Of note, the telephone number for the CC Ethics Line is captured in one poster. The auditor's review of the CC website reveals staff reporting information. The same can be generally accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to Pre-Service and In-Service training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f) addresses 115.251(d).

One staff-related poster was observed during the facility tour regarding The Ethics Line. The Ethics Line is specifically referenced in the above policy as a resource for private staff reporting in accordance with 115.251(d).

All 12 random staff interviewees are able to cite at least two methods of privately reporting sexual abuse/harassment of residents. Methods cited are placement of a telephone call or e-mail to a supervisor/Director/os, closed door meeting, report to Director via her cell phone during non-regular business hours (telephone list is available on Sharepoint), Ethics Hotline, contact CCPD or Ombudsman, submit a written report, third-party report, or email.

In view of the above, the auditor finds CCTC substantially compliant with 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) □ Yes □ No □ NAX

- 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 X□ NA

115.252 (d)

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

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) □ Yes □ No X□ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). □ Yes □ No X□ 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 X□ 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 X□ NA

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section K(1)(d)addresses 115.52. This policy stipulates as follows:

Unless otherwise mandated by contract, alleged PREA incidents will not be processed through the facility's resident grievance process. Should a report be submitted and received as a resident grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or facility Director for investigation.

The Director relates there has been no residents, within the last 12 months, who filed or attempted to file a sexual abuse allegation pursuant to the facility grievance policy.

As the auditor finds no deviation from either standard or CC policy, he finds CCTC substantially compliant with 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X□ Yes □ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X□ Yes □ No

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and
Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3 and 4) addresses 115.253(a).

The auditor's review of the aforementioned brochure identified in the narrative for 115.251 and The Purple Door pamphlet establishes compliance with 115.253.

The Director asserts an informative pamphlet from The Purple Door is available to residents pursuant to provision of the same at intake and posting on a bulletin board. During the on-site audit, the auditor validated the same, noting that loose pamphlets were also available in the dining room/multi-purpose area. Accordingly, residents have substantial access to information provided in the same.

Seven of eight random resident interviewees state there are services available outside the facility for dealing with sexual abuse, if the resident needed them. One interviewee specifically cited services are available through a psychiatrist. The remaining seven interviewees stated they were not aware of the names of specific services or the services provided. Although not familiar with the specific services, four interviewees report such information is available in the CCTC Resident Handbook or review of posters throughout the facility. Five interviewees assert the telephone calls are free of charge and six interviewees assert the calls can be accessed at any time.

Of note, one interviewee asserts that contact with representatives from this/these service(s) is contingent upon funds available on one's telephone card. Pursuant to the Director's follow-up with the telephone service provider, it was learned that one of four telephone numbers was not programmed as toll-free. CCPD, the Ombudsman, and TDCJ were apparently programmed as toll free, according to the email thread. The Purple Door (victim advocacy group mentioned throughout the narrative for 115.253) has been added. Accordingly, while CCTC was not substantially compliant with 115.253(a) throughout the entirety of the audit cycle, they are now substantially compliant as the result of implementation of this corrective action. The auditor also notes that pursuant to conversation with the Director, a pin number or ID is not needed or required to use CCTC pay telephones.

The Director/PCM asserts zero residents who reported sexual abuse at CCTC were confined at the facility during the on-site audit.

Pursuant to the PAQ, the Director self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Director further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.253(b).

The auditor's review of the CoreCivic PREA- Prevent. Detect. Respond tri-fold reveals compliance with 115.253(b).

All eight random resident interviewees assert that what is said to people from the outside services remains private. One interviewee asserts such conversations could be told to or listened to by someone else if child endangerment is discussed.

At the conclusion of each interview wherein the interviewee was unaware of the appropriate responses to these questions, the auditor provided correct response(s) and directed the interviewee(s) to resources for further review.

In view of the above, the auditor is confident CCTC residents have been properly educated regarding the subject-matter of 115.253(b).

Pursuant to the PAQ, the Director self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Director further self reports the facility maintains copies of the agreement.

The auditor's review of the MOU with The Purple Door reveals the same is commensurate with 115.253(c). The same is also addressed in the narrative for 115.221 above.

In view of the above, the auditor now finds CCTC substantially compliant with 115.253.

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? X□ Yes □ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CC website provides information regarding third-party reporting options. The auditor did observe a PREA poster reflecting sexual abuse/harassment reporting telephone numbers as he registered at the outside registration building. Additionally, requisite telephone numbers for reporting are noted on the visitation log.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(g) addresses 115.254.

In view of the above, the auditor finds CCTC substantially compliant with 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? X□ Yes □ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? X□ 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? X□ 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? X□ 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?
  X□ Yes □ No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X□ 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? X□ 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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against residents or staff who reported such an incident; or
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, Policy Change Notice (PCN) 14-2(01), section (K)(2)(a) addresses 115.261(a).

All 12 random staff assert the agency requires all staff to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility; any retaliation against residents or staff who reported such an incident; and any neglect or violation of responsibilities that may have contributed to an incident or retaliation. All interviewees assert policy requires immediate reporting to the Director, PCM, os, senior monitor (sm), mt, or pd.

Pursuant to the PAQ, the Director self reports apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(d) addresses 115.261(b).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(e) addresses 115.261(c).

As noted in the narrative for 115.235, medical and mental health providers are not employed at CCTC. Accordingly, such interviews were not facilitated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(h) addresses 115.261(d).

According to the Director/PCM, no residents under the age of 18 are housed at CCTC. With respect to a vulnerable adult being subjected to sexual abuse or sexual harassment, if such a situation did present, Adult Protective Services would be contacted. However, as the result of copious screening and the need for resident capacity to complete the program, few, if any, vulnerable adults would be housed at CCTC.

The auditor has not been provided any information relative to allegation(s) received from vulnerable adults nor has he discovered any such allegations pursuant to random and specialized staff interviews. The Director further self reports zero vulnerable adults have been subjected to sexual abuse at CCTC during the last 18 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(i) addresses 115.261(e).

The Director asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator(s). The Director asserts she receives all reports of sexual abuse/harassment and she delegates investigations accordingly. She is also a trained sexual abuse investigator.

In view of the above, the auditor finds CCTC substantially compliant with 115.261.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, there was zero instances wherein facility staff determined that a resident was subject to substantial risk of imminent sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(1) addresses 115.262(a).

The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety.

The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may also be placed under direct staff supervision status. The contractual requirements of the governmental partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.

The Director asserts when staff learn a resident is at risk of imminent sexual abuse, he is removed from the danger zone and placed in a safe place under staff supervision while the fact pattern is developed. If there is substantial evidence of the threat of imminent sexual abuse, contact with partners would be facilitated in an effort to remove the alleged perpetrator from the CCTC resident population and/or removal of the potential victim to another CC location, if appropriate.

All 12 random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone.

In view of the above, the auditor finds CCTC substantially compliant with 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received zero allegations that a resident was sexually abused while confined at another facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(i) addresses 115.263(a).

As the result of documentation review and staff and resident interviews, the auditor has not discovered any violations of 115.263.

Pursuant to the PAQ, the Director self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(i) addresses 115.263(b).

Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(iii) addresses 115.263(c).

Pursuant to the PAQ, the Director self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, zero allegations of sexual abuse originating at CCTC, were received from other facilities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(b)(i-iii) addresses 115.263(d).

The Agency Head interviewee advises if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Director is generally the administrator who receives the call. Subsequent to receipt of such a call, the Director would advise the facility investigator to open an investigation. Dependent upon the circumstances, the investigator would initiate an administrative investigation or contact CCPD to initiate a criminal investigation.

According to the Director/PCM, when an allegation is received from another facility regarding an incident that allegedly occurred at CCTC, a full investigation would be initiated pursuant to standard procedure. The Director/PCM asserts no such referrals were received within the last 12 months.

In view of the above, the auditor finds CCTC substantially compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X□ Yes □ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X□ 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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse. Specifically, upon learning of an allegation a resident was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
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
If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.
The Director self reports zero alleged incidents of sexual abuse occurred at CCTC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(2)(a-d) and page 21, sections M(5 and 6), address 115.264(a).

Both the security and non-security staff first responder interviewees articulated the first responder steps reflected above.

Pursuant to the PAQ, the Director self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:

Request the alleged victim not take any actions that could destroy physical evidence; and

Notify security staff. The Director further self reports zero incidents of sexual abuse occurred within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(3) addresses 115.264(b).

Random staff interviews regarding First Responder duties are addressed in the narrative for 115.221(a).

In view of the above, the auditor finds CCTC substantially compliant with 115.264.

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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 19 through 22, sections L through M(13) addresses 115.265(a).

The auditor's review of this plan, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan to enable proper staff response to an incident of sexual abuse.

In addition to the above, the auditor finds that the Sexual Abuse Incident Check Sheet captures threshold issues related to the sexual abuse incident. Signature and date lines for the completing staff provide both authority and accountability.

According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The aforementioned policy is the guideline for 115.265(a) actions and coordination. Forms capture important dates, times, and information. The plan is reviewed, in general, during PREA ART.

In view of the above, the auditor finds CCTC substantially compliant with 115.265.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. During the on-site audit, the auditor confirmed this assertion.

The Director self reports there is no collective bargaining agreement at CCTC.

The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.

Since the auditor finds no CCTC deviation from standard, compliance with 115.266 is established.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? X□ Yes □ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? X□ Yes □ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with

victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? X□ Yes □ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X□ Yes □ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X□ 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? X□ Yes □ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? X□ Yes □ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? X□ Yes □ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? X□ 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? X□ 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? X□ Yes □ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X□ Yes □ No

115.267 (d)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PAQ, the Director self reports she is designated as the retaliation monitor for staff while the Quality Assurance Manager facilitates resident retaliation monitoring at CCTC. The same is articulated in a memorandum included in the PAQ materials.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section M(14)(b) addresses 115.267(a).

The Director asserts that zero allegations of sexual abuse/harassment were received at CCTC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section M(14)(a) addresses 115.267(b).

According to the Agency Head interviewee, staff and residents who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (residents/staff), in addition to a 30/60/90 day formal review schedule. Staff charged with retaliation monitoring responsibilities follow disciplinary action(s), housing unit changes, removal of perpetrator(s) from area of victim housing, transfer of alleged abuser(s), and change in programming. In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration to the resident safety equation.

According to the Director/staff member charged with monitoring retaliation, she follows up and checks in with both resident and staff victims immediately following notification of the allegation. Housing changes, administrative removal of the perpetrator, recommended Employee Assistance Program (EAP) for staff and increased emotional support services for residents, and formal 30/60/90 day retaliation meetings with victim(s) with random check-ins are some of the strategies that may be employed pursuant to retaliation monitoring.

Relocation of the perpetrator is the primary response and secondarily, the victim, dependent upon the circumstances. Staff perpetrators are removed from contact with resident victims pursuant to placement on administrative leave or they may be moved to another facility, dependent upon the circumstances. Minimally, the victim's housing within the facility is considered and, if appropriate, the same would be changed. With respect to staff victims, the perpetrator may be moved to a different shift/post/facility, if prudent.

The auditor's review of the PREA Retaliation Monitoring Report (30/60/90) reveals several actions that can be taken and accounted for throughout the retaliation monitoring process.

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse/harassment and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director further self reports retaliation monitoring is continued for at least 90 days or more, if necessary.

The facility does act promptly to remedy such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23 and 24, section M(14)(c), (d)(iv), (e)(i and ii), (f) addresses 115.267(c).

The Director/Staff member charged with retaliation monitoring interviewee asserts she monitors change(s) in resident behavior(s) [change(s) in associations, eating habits, hygiene, isolation, and failure to program)]. Staff victims may display many of the above behaviors in addition to excessive or increased call-offs and an increase in shift change requests.

Monitoring is continued for a minimum of 90 days however, the same may be extended dependent upon the circumstances. There is no maximum time frame for retaliation monitoring as the same is based on progress and circumstances. Theoretically, monitoring could be continued until release.

The auditor notes CC policy requires the conduct of 30/60/90 retaliation monitoring in sexual abuse situations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(14)(d)(iv)/(g) addresses 115.267(d).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section M(14)(i) addresses 115.267(e).

Pursuant to contact with the PCM, she is not aware of any other incidents that occurred during the last 24 months wherein other individual(s) who cooperated with an investigation, expressed a fear of retaliation.

When a resident who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he/she receives the same benefits and treatment as articulated in the narrative for 115.267(b) above.

In view of the above, the auditor finds CCTC substantially compliant with 115.267.

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).) X□ 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).)
  X□ 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? X□ 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? X□ Yes □ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
  X□ Yes □ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X□ 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? X□ Yes □ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
  X□ Yes □ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X□ Yes □ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X□ 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? X□ 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? X□ Yes □ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
  X□ 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? X□ 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? X□ 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).) X□ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(4) addresses 115.271(a).

The PCM asserts there were no sexual abuse/harassment allegations and subsequent investigations during 2020 and 2021.

According to the administrative investigative staff interviewee, an investigation is initiated rapidly following receipt of an allegation of sexual abuse/harassment if he is on-site. If the sexual abuse allegation is reported during off-duty hours, he would immediately report to the facility to commence a sexual abuse investigation. Dependent upon the circumstances, he may report to the facility for a sexual harassment allegation however, minimally, he would direct on-duty supervisor(s) regarding separation of the involved and housing, any evidence issues, etc., commencing the investigation the next day.

The auditor attempted contact with Corpus Christi Police Department to facilitate a criminal investigative interview with appropriate investigators on three occasions. While he spoke with one individual who referred him to another voice mail, there was no response regarding the auditor's request. Accordingly, the criminal investigative interview could not be conducted.

In regard to anonymous or third-party reports of sexual abuse/harassment, they are handled the same as any sexual abuse/harassment investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(5) addresses 115.271(b).

Trained sexual abuse/harassment investigators and certifications are addressed in the narrative for 115.234.

According to the administrative investigative staff interviewee, he completed a three hour on-line Relias training course entitled PREA: Investigation Protocols. Some scenario based training was included in the same, as well as, a testing process.

The interviewee did not recall whether the course included topics such as interviewing techniques relative to victims in a confinement setting, execution of Miranda and Garrity warnings, evidence collection in sexual abuse cases, and the evidence standard necessary to substantiate a case for administrative action or prosecution referral given the time elapsed between completion of the course and the present.

Of note, the auditor has reviewed the Relias lesson plan and finds the same is compliant with 115.271(b).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(a) addresses 115.271(c).

The administrative investigative staff interviewee asserts the initial steps in initiating an investigation and time frames for implementation of each step are as follows:

Secure information from on duty supervisor regarding available evidence (five minutes);
Ensure first responder duties have been completed. Photograph evidence and ensure crime scene is secure (ten minutes);
Review notes, written reports (15-30 minutes);
Threshold questioning of victim (up to one hour);
Interview witnesses (15 minutes per witness);
Analyze video (up to two days, dependent upon circumstances);
Conduct re-interviews of victim, witness(es) (10 minutes per interviewee);
If release by CCPD for administrative investigation, interview perpetrator (zero minuted to one hour); and
Write report (one to two hours).

The criminal investigation process mirrors the above with the exception of physical evidence collection.

Direct and circumstantial evidence the administrative investigative interviewee is responsible for collecting entails written statements, video, and files. All physical evidence is collected by CCPD investigator(s).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(b) addresses 115.271(d).

The administrative investigative staff interviewee asserts compelled interviews are not conducted by CCTC staff. The same would be facilitated by CCPD investigator(s) and accordingly, they would maintain contact with prosecutors.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(c) addresses 115.271(e).

In regard to credibility assessments relative to staff and resident witnesses, the administrative investigative staff interviewee asserts credibility is established based on whether their statement matches the totality of evidence. The interviewee further relates he would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(6)(a-f) addresses 115.271(f).

With respect to determining whether staff actions or failure to act contributed to the incident of sexual abuse, the investigative staff interviewee asserts he assesses known facts against policy and ethical considerations.

The administrative investigative staff interviewee asserts administrative investigations are documented in written reports. The reports generally address the following format:

General synopsis of the allegation(s) (Executive Digest);
Chronological timeline of interviews/evidence until conclusion of the incident;
Staff and resident interview findings;
Direct and circumstantial evidence;
Evidence credibility assessment; and
Summary.

The administrative investigative staff interviewee asserts criminal investigations are documented. In actuality, the reports are similar to the administrative reports completed by the interviewee and as described above in the narrative for 115.271(f). Physical evidence credibility is also addressed in the criminal investigative report. Criminal investigations are not generally distributed to facility staff.

The Director asserts zero CCPD criminal investigation reports have been provided to her during this audit period.

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Director further self reports there was zero administrative or criminal findings that were referred for prosecution since the last PREA audit.

The administrative investigative staff interviewee asserts cases are referred for criminal investigation whenever the evidence points to the existence of a criminal code violation. Referrals for prosecution are generally facilitated by CCPD when it appears the evidentiary standard has been met.

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section O(6)(g) and page 4 of Attachment 1-15B-CC address 115.271(i).

The auditor's review of the CC Record Retention Schedule reveals compliance with 115.271(i). The auditor did not identify any deviations with respect to 115.271(i).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(d) addresses 115.271(j).

Pursuant to the CCPC, standard practice requires continuation of an investigation into a PREA allegation even if a resident is terminated from the program or the victim or alleged abuser departs either employment or control of the facility.

The administrative investigative staff interviewee asserts he continues the investigation regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(5) addresses 115.271(l).

The Director/PCM asserts she would maintain telephonic and electronic contact with the CCPD investigator(s), checking on the status of criminal investigations. Contact would be attempted on a bi-weekly basis. Follow-up contact is documented.

According to the administrative investigative staff interviewee, he acts as a liaison or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever CCPD investigators investigate sexual abuse incident(s). He is a liaison throughout the process.

In view of the above, the auditor finds CCTC compliant with 115.271.

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? X□ Yes □ No

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(8) addresses 115.272(a).

As indicated in the narrative for 115.271(a), zero sexual abuse/harassment allegations were made during 2020 and 2021.

The investigative staff interviewee asserts he relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. He asserts this equates to "more evidence is available leading to the conclusion that it is more likely the incident happened than not.

In view of the above, the auditor finds CCTC substantially compliant with 115.273.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? X□ Yes □ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? X□ Yes □ No

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

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director further self reports zero criminal/administrative sexual abuse/harassment investigations were completed during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(1) addresses 115.273(a).

According to the Director, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She asserts notifications are accomplished pursuant to a Resident Notification Form and she effects such notifications.

The investigative staff interviewee recently assumed sexual abuse/harassment investigative duties again due to the resignation of the previous investigator. He asserts he is not aware of the nuances of this protocol.

Pursuant to the PAQ, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports, in the last 12 months, zero sexual abuse/harassment investigations were completed by an outside agency.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(1) addresses 115.273(b).

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;
The staff member is no longer employed at the facility;
The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.
The Director asserts that zero substantiated or unsubstantiated staff-on-resident sexual abuse or sexual misconduct allegation(s) have been received during during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(2)(a-d) addresses 115.273(c).

Pursuant to the PAQ, following a resident's allegation he has been sexually abused by another resident at CCTC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(3)(a and b) addresses 115.273(d).

The auditor finds that zero investigations regarding resident-on-resident sexual abuse were conducted during the last 12 months wherein 115.273(d) notification was appropriate.

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented. As previously addressed in the narrative for 115.273, zero such allegations and subsequent investigations were facilitated at CCTC during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(4) addresses 115.273(e).

In view of the above, the auditor finds CCTC substantially compliant with 115.273.

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? X□ Yes □ No

115.276 (b)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(a) addresses 115.276(a).

Pursuant to the PAQ, the Director self reports in the last 12 months, zero facility staff members were alleged to have violated agency sexual abuse/ harassment policies. The Director further self reports zero employees were either terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(b) addresses 115.276(b).

The auditor's review of a completed 2021 document entitled CoreCivic Code of Ethics Acknowledgment Form clearly substantiates staff receipt of information regarding 115.276(b) subject-matter.

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The Director further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(c) addresses 115.276(c).

Pursuant to the PAQ, the Director self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, zero facility staff members have been reported to law enforcement or licensing boards following termination for a Code of Conduct violation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(d) addresses 115.276(d).

In view of the above, the auditor finds CCTC substantially compliant with 115.276.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. According to the Director, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(e) addresses 115.277(a). In addition to the above, the CoreCivic PREA Zero Tolerance Policy Acknowledgment, signed and dated by each contractor/volunteer, reflects the requirements of 115.277(a).

Pursuant to staff/resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277 were invoked or would require the same.

Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(f) addresses 115.277(b).

The Director asserts she automatically suspends contractor/volunteer privileges and eliminates contact with residents pending the results of an investigation, should a contractor/volunteer be involved in a sexual abuse/harassment incident with a resident. She terminates the contract/volunteer contact with residents if the investigation is substantiated.

In view of the above, the auditor finds CCTC substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? X□ Yes □ No

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending resident to participate in such interventions as a condition of access to programming and other benefits? X□ Yes □ No

115.278 (e)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, zero administrative and/or criminal findings of resident-on-resident sexual abuse were rendered at the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(a) addresses 115.278(a).

The auditor's review of the Corpus Christi TC Handbook, pages 26-33 reveals substantial compliance with 115.278 in terms of administrative charges and sanctions.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(c) addresses 115.278(b).

According to the Director, the Disciplinary Treatment Team facilitates a hearing wherein minor sanctions can be imposed. The worst sanction imposed by this committee is unsuccessful discharge from the program. The parole officer subsequently addresses any sanctions he/she can affirm or impose.

With respect to equality of sentences imposed for comparable offenses, the Director asserts the same is accomplished. The parole officer is a member of the aforementioned team and he/she assesses compliance with Mental Health Intellectual Disability (MHID) in terms of the disciplinary process. If deemed appropriate, the parole officer makes the referral.

Of note, parole officer approval is required with respect to sanctions, inclusive of unsuccessful discharge from the program.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(d) addresses 115.278(c).

Pursuant to the PAQ, the Director self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Specifically, in the case of substantiated sexual abuse, the perpetrator would be placed into custody and terminated from the program. Additionally, the alleged perpetrator is separated from the victim. In view of the above, facility staff do not consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(i) addresses 115.278(d).

As previously mentioned in the narrative for 115.235, according to the Director and the auditor's observations, medical and mental health staff are not employed at CCTC.

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(e) addresses 115.278(e).

The auditor finds no allegations or investigations relative to resident sexual contact with staff were conducted during the last 12 months, addressing the subject-matter of 115.278(e).

According to the Director, during the last 12 months, there were no allegations or investigations relative to resident sexual contact with staff meeting the parameters of 115.278(e).

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(g) addresses 115.278(f).

The auditor has found no evidence of deviation from the requirements of 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(f) addresses 115.278(g).

The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.

In view of the above, the auditor finds CCTC substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment? X□ 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? X□ Yes □ No

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

115.282 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Such services are provided by community providers at a designated location. The Director self reports that as medical and mental health care are not provided at CCTC, such secondary materials are maintained at the respective hospital.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 24, section M(15)(a) addresses 115.282(a). Information regarding various hospitals and The Purple Door are included in the PAQ materials.

As previously indicated, the auditor observed there are no medical/mental health providers on board at CCTC. Accordingly, interview(s) could not be facilitated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 24, section M(15)(b) addresses 115.282(b).

The interview narratives for security and non-security first responders, as reflected in 115.221, 115.262, and 115.264, address preliminary steps taken by first responders to protect the victim. Specific responsibilities in terms of medical evaluation and the conduct of a forensic examination are articulated in the narrative and relevant policy cited in 115.265.

As previously mentioned, zero incidents occurred during this audit period wherein medical care and follow-up were warranted.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are 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. The Director self reports that as medical and mental health care are not provided at CCTC, such secondary materials are maintained at the hospital.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 24, section M(15)(c) addresses 115.282(c).

Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(d) addresses 115.282(d).

In view of the above, the auditor finds CCTC substantially compliant with 115.282.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (c)

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

115.283 (d)

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

115.283 (f)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 21, section M(15)(e) addresses 115.283(a).

The Director/PCM asserts zero residents have reported, at intake during their initial sexual abuse victimization/aggressor screening, that they were sexually abused at a prior confinement facility. Pursuant to interviews and review of random resident files, the auditor has found no contradictory evidence regarding such resident reporting as reflected above.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(f) addresses 115.283(b) and (c).

The auditor has not been provided nor has he discovered any evidence substantiating 115.283(a) and (b) issues. This information is validated pursuant to interviews and review of random resident files.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(g) addresses 115.283(c).

Provision of medical and mental health care at community hospitals equates to the community standard of care.

Pursuant to the PAQ, the Director self reports only male residents are housed at CCTC and the same is validated by auditor observations during the facility tour. Accordingly, the auditor finds 115.283(d and e) are not applicable to CCTC.

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(i) addresses 115.283(f).

Pursuant to the PAQ, the Director self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(j) addresses 115.283(g).

Pursuant to the PAQ, the Director self reports the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. However, pursuant to a separate on-site conversation, the Director asserts they would refer such resident-on-resident sexual abusers for a mental health evaluation within 60 days of learning of such abuse history. Additionally, treatment, as deemed appropriate by mental health practitioners, would be offered.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 11, section G(15) addresses 115.283(h).

In a separate conversation, the Director advised no resident-on-resident sexual abusers have been housed at CCTC during the last 18 months.

Pursuant to the interviews and the auditor's random review of resident files, he has not discovered any incidents wherein 115.283(h) requirements were invoked.

In view of the above, the auditor finds CCTC substantially compliant with 115.283.

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? X□ Yes □ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X□ 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? X□ 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? X□ 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? X□ 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? X□ Yes □ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X□ Yes □ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X□ 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? X□ Yes □ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The Director further self reports in the last 12 months, zero criminal or administrative sexual abuse investigations have been facilitated at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(1) addresses 115.286(a).

Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a SAIR within 30 days of completion of the conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports during the last 12 months, zero criminal or administrative sexual abuse investigations were facilitated at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(3) addresses 115.286(b).

Pursuant to the PAQ, the Director self reports the SAIR review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor notes zero medical or mental health staff are employed at CCTC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(2) addresses 115.286(c).

The auditor finds the composition of the SAIR review team, in question, to be commensurate with standard expectations.

The Director asserts the facility does have a sexual abuse incident review team. The team is comprised of the Director and staff from various disciplines, allowing for input from line supervisors, and investigators.

Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PCM.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(3)(a-e), and (4) addresses 115.286(d).

The auditor's review of the CC Sexual Abuse/Harassment Incident Review Form reveals substantial compliance with 115.286(d).

According to the Director/PCM, the team works to determine whether the alleged incident was the result of a policy, technology, inadequate staffing, or performance failure and if corrective strategies are required. If required, the same are implemented unless determined to be impractical. In that case, the reason for non-implementation is documented.

During the review, the team assesses those facets which were correctly accomplished and those that were incorrectly accomplished. The process is designed to enhance the PREA program and resident sexual safety at CCTC.

The team considers:

Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
Was the incident motivated by race, ethnicity, gender identity, LGBTI identification status or perceived status, or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility;
Physical examination of the area, in the facility, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assessment of the adequacy of staffing levels in the area during different shifts; and
Assessment of whether monitoring technology should be deployed or augmented to supplement staff supervision.
Of note, the programs director was interviewed pursuant to the incident review team questionnaire and her response paralleled the Director/PCM's response.

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(5) addresses 115.286(e).

The auditor finds CCTC substantially compliant with 115.286.

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? X□ Yes □ No

115.287 (b)

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

115.287 (e)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(1) and (3) addresses 115.287(a/c).

The auditor's review of the CC Incident Reporting Definitions (IRD) and CC 5-1E forms reveals substantial compliance with 115.287(a/c).

Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(3) addresses 115.287(b).

The auditor's review of the CC website reveals substantial compliance with 115.287(b) as aggregated data is available for audit years.

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(2) addresses 115.287(d).

Based on the PAQ review and on-site review of documents, the auditor finds CCTC substantially compliant with 115.287(d).

CCTC does not contract with any other facility(ies) for confinement of residents committed to the custody and care of the facility. Accordingly, the auditor finds 115.287(e) not applicable to CCTC.

According to the Director, CoreCivic has provided sexual abuse/sexual harassment data to the U.S. Department of Justice for the 2020 SSV. Accordingly, the same is applicable to 115.287(f).

The auditor's review of the 2020 SSV is commensurate with the information known to the auditor at the time of the audit.

In view of the above, the auditor finds CCTC substantially compliant with 115.287.

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? X□ 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? X□ 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? X□ 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 X□ 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? X□ 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? X□ Yes □ No

Auditor Overall Compliance Determination

X□ **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*)

Pursuant to the PAQ, the Director self reports the agency reviews 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 and training including:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(4 and 5) addresses 115.288(a).

The auditor's review of the 2020 CC Annual Report reveals substantial compliance with 115.288(a), (b), and (c). The CC report is published on the CC website.

The Agency Head interviewee advises CC accesses information from several sources, using incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, he advises that a 5-1 Incident Reporting System is implemented wherein incidents and reports are, minimally, reviewed by Corporate and designated facility staff within a 24-hour period. Monthly, a report of PREA related incidents details frequency and location(s) of incidents within the facility, amongst other criteria. Pursuant to this procedure, corporate and facility staff collaborate to diagnose any PREA-related issues, concerns, etc. These proactive steps, in addition to SAIR review findings and continual monitoring of data, are utilized to attain optimal efficiency in terms of sexual safety of residents at CC facilities.

In view of the above, the auditor finds CCTC exceeds compliance expectations with respect to 115.288. This procedure is representative of CC's commitment and zeal in terms of enhancement of resident sexual safety within facilities.

While the CCPC interviewee was not interviewed with respect to 115.288(a), his statement with respect to previous CC audits is noteworthy. He asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited.

Auditor's Note: PREA investigation reports and ancillary documentation are electronically generated. The auditor observed this process throughout the on-site audit.

The CCPC further advises the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The Director/PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files are maintained by the Director/PCM in a locked file cabinet in her office. Of note, the auditor validated the Director/PCM's statement.

The Director/PCM also asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The CCPC actually compiles the report.

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Director further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32 section T(5) addresses 115.288(b).

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(8) addresses 115.288(c).

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the Director self reports the nature of the material redacted, is documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(6) addresses 115.288(d).

The auditor notes that redactions are not present in the CC 2020 Annual PREA Report. According to the Director/PCM, personal names/identifiers and security information is typically redacted from the annual report and the agency indicates the nature of the redacted material. The report is generated by the CCPC.

In view of the above, the auditor finds CCTC substantially compliant with 115.288(d).

In view of the above, the auditor finds CCTC exceeds standard expectations with respect to 115.288.

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? X□ 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? X□ Yes □ No

115.289 (c)

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

Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(11) addresses 115.289(a).

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files are maintained by the Director in a locked file cabinet in her office.

The auditor's on-site review validates the Director/PCM's assertion regarding information security.

Pursuant to the PAQ, the Director self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually through its website.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(8) addresses 115.289(b).

The auditor's review of the CC website reveals aggregated sexual abuse data regarding CC facilities is available on an annual basis. CC does not contract with other agencies for housing of residents designated to CC custody and control.

Pursuant to the PAQ, the Director self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(7) addresses 115.289(c).

The auditor's review of aggregated sexual abuse data on the website reveals all personal identifiers have been removed.

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(10) addresses 115.289(d).

The auditor's review of the CC Records Retention Schedule reveals substantial compliance with 115.289(d).

In view of the above, the auditor finds CCTC substantially compliant with 115.289.

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.*) X□ 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 X□ 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.) X□ 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 X□ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X□ Yes □ No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Staff were very facilitative throughout the entire audit process. Pre-audit information was delivered in a timely and comprehensive manner. Interview scheduling and the conduct of the same flowed in an efficient manner. The auditor was provided all appropriate access to the facility, residents, and staff.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X□ Yes □ No □ NA

Auditor Overall Compliance Determination

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

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

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

None.

AUDITOR CERTIFICATION

I certify that:

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

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

X□ I have not included in the final report any personally identifiable information (PII) about any resident 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.

K. E. Arnold_____ April 26, 2022_____

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.