

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: May 9, 2022

Auditor Information

Name: Brian D. Bivens	Email: briandbivens@gmail.com
Company Name: Brian D. Bivens & Associates	
Mailing Address: P.O. Box 51797	City, State, Zip: Knoxville, Tennessee 37950
Telephone: 865-789-1037	Date of Facility Visit: March 28-29, 2022

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 5501 Virginia Way Suite 110		City, State, Zip: Brentwood, Tennessee 37027	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency 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: 616-263-6915
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: Austin Transitional Center

Physical Address: 3154 E. Highway 71

City, State, Zip: Del Valle, Texas 78617

Mailing Address (if different from above):
Same

City, State, Zip: Same

The Facility Is:

Military

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? 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):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

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

Facility Director

Name: Brandy Baptiste

Email: brandy.baptiste@corecivic.com

Telephone: 512-386-5722 - 2003

Facility PREA Compliance Manager

Name: Brandy Baptiste

Email: brandy.baptiste@corecivic.com

Telephone: 512-386-5722-2003

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

436

Current Population of Facility:

345

Average daily population for the past 12 months:	334	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	19-80	
Average length of stay or time under supervision	3 Months	
Facility security levels/resident custody levels	Minimum	
Number of residents admitted to facility during the past 12 months	2455	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1866	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	827	
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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	35	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	24	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>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.</p>	1
<p>Number of resident housing units:</p> <p>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.</p>	10
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	10
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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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
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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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department Austin Police Department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
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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?	3
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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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A
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Summary of Audit Findings

The Austin Transitional Center has successfully met or exceeded all PREA Standards for Community Confinement Facilities.

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.231 and 115.251

Standards Met

Number of Standards Met: 39

Number of Standards Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 155.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	March 28, 2022
2. End date of the onsite portion of the audit:	March 29, 2022
Outreach	
3. Did you attempt to communicate with a 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Safe Alliance
Audited Facility Information	
4. Designated Facility Capacity:	436
5. Average daily population for the past 12 months:	334
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.	10
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited

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:	399
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:	6
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:	4
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:	1
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:	3
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:	Computer System does not track this statistic
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:	2
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:	2
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:	52
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).	The facility is divided into two sections; residential and treatment. Each area was properly represented.
<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
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:	35
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:	1
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.	Volunteers have not been able to enter the facility in the past two years due to Covid restrictions. Currently, ATC has one contract employee; the agency is attempting to fill all vacancies in Food Service.
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
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:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other (describe) Treatment Section and Residential Section <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Reviewed the information on the resident rosters to include intake date, gender, race, housing location and race.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>N/A</p>
<p>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.).</p>	<p>No residents refused an interview once selected.</p>

Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>18</p>
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<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>N/A</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> The 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>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).</p>	<p>The facility does not house youthful/juvenile residents.</p>
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<p>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:</p>	<p>3</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> The 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>N/A</p>
<p>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:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> The 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>N/A</p>
<p>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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> The 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>N/A</p>
<p>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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> The 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.</p>

	<input type="checkbox"/> 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).	Based on information obtained from the Facility Director and Operations Director; along with auditor observation, the facility did not have a deaf/hearing impaired resident at the time of the onsite visit.
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:	3
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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).	N/A
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:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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).	N/A
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:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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	N/A

facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	
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:	2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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).	N/A
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:	4
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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).	N/A
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:	<input type="checkbox"/> The 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. <input type="checkbox"/> 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).	Based on the auditor’s observation and the fact that there are no segregation cells in the facility. The Site Director also confirmed there had not been any residents placed on any restrictions due to their PREA screening.

<p>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.).</p> <p><i>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.</i></p>	<p>There were no barriers to overcome in completing the random resident interviews at ATC.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p align="center">10</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe) N/A</p> <p><input type="checkbox"/> None (explain) N/A</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Not enough staff was available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>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:</p>	<p align="center">N/A</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>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.</i></p>	<p>Staff were selected based on job title, assigned shift and rank.</p>

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):	13
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	No volunteers due to Covid
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>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.</i>	Currently, the facility has one contract employee; ATC is actively recruiting for additional food service positions.

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A

Was the site review an active, inquiring process that included the following:

<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>N/A</p>
<p>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)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>N/A</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>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).</p> <p><i>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.</i></p>	<p>The auditor walked the outside perimeter area, reviewed all 30 camera angles and physically reviewed every room in the facility that residents have access to.</p>
<p>Documentation Sampling</p>	
<p><i>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.</i></p>	
<p>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?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>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.</i></p>	<p>Sampling Consisted of the following: 11- Staff HR and training records, 1 Contract Employee HR and training record, 15 Resident PREA files, and 11 PREA Investigation files.</p>
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p><i>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.</i></p> <p><i>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.</i></p>	

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.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	10	0	0	10
<u>Staff-on-inmate sexual abuse</u>	1	0	0	1
Total	11	0	0	11

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

N/A

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.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	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.

N/A

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
<u>Inmate-on-inmate sexual abuse</u>	3	3	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0	0
Total	3	3	0	0	0

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

N/A

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
<u>Inmate-on-inmate sexual abuse</u>	3	3	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	3	3	0	0

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

N/A

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
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0	0
Total	0	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>N/A</p>
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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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>N/A</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>11</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>N/A</p>
<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>

Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>10</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
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:	There were no allegations of sexual harassment in the past twelve months.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <i>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.</i>	All eleven investigation files for the past twelve months were reviewed. All eleven were sexual abuse allegations.

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<i>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.</i>	
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

Audit Findings

Audit Narrative

The onsite PREA audit of Austin Transitional Center was conducted March 28-29, 2022, by Department of Justice Certified PREA Auditor Brian D. Bivens. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, a Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance to the PREA standards. The auditors and the facility's PREA Coordinator and PREA Manager, had ongoing communication for several months prior to the audit to prepare for the on-site visit.

The on-site audit began with an entrance meeting being conducted on Monday, March 28, 2022, at approximately 08:45 A.M. in the Administrative Conference Room. The following staff:

Brandy Baptiste, Facility Director

Susan Johnson

Larry Franklin

Mary Brandin

Jack Garner

Ashley Woodyard

Heather Baltz, CoreCivic

Malissa Hoke

Following the entrance meeting, the auditors conducted a comprehensive site review that began at approximately 09:40 and continued throughout the onsite visit. During the site review, the auditors reviewed camera placement, blind spots, staff placement, and documentation to assist in determining standard compliance. While touring the facilities the auditors observed the notices of this PREA audit on all floors of the building, as well as posters that called attention to the agency's Zero Tolerance Policy, Advocacy Services available, and how to report allegations of sexual abuse and sexual harassment. Random staff and Client interviews were conducted in a private office provided.

The following staff accompanied the auditor on the site review:

Brandy Baptiste, Facility Director

Heather Baltz

Malissa Hoke

Terri Burnett

All housing units, common areas, Client program areas, administrative area, laundry, dining area, and all other Client accessible areas were toured (See Chart 1). While touring several clients and staff were questioned about their knowledge of PREA standards, procedures for reporting, services available, and their responsibilities. All staff and clients informally interviewed during the tour acknowledged receiving training and procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting. Staff work twelve-hour shifts, 6 a.m. – 6 p.m. and 6 p.m. to 6 a.m.

CHART 1 Areas Toured

Location	Comments
Lobby	
Administrative Area	
Kitchen	
Laundry	Inside Each Dorm
Outdoor Recreation Area	
Common Areas	Including Dining Area
Programs Areas	Including Computer Room
Living Areas	All Dorms
Receiving Dock	
Case Management Area	Separate from the Administrative Area

The facility supplied a list of client names sorted by housing units, and special designations, as well as a list of facility staff names to the auditor. From these lists, the auditor selected, at random, a sampling of clients and staff to be interviewed during the on-site visit. The sampling size for clients included at least three clients from each dorm. The auditor considered gender, ethnicity, length of the staff, age, and race in the selection process. The decision was made to ensure all clients throughout the facility were receiving the same information and education related to all aspects of the PREA program instituted at this facility.

The auditors interviewed a total of ten random staff members during the course of this audit. (See Chart 2). All staff interviewed were well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. The staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies and procedures.

Chart 2 – Staff, Volunteer, and Contractor Interviews

Type	Number	Comments
Agency Head, designee	1	
Site Director	1	
SANE/SAFE Staff	1	
PREA Coordinator	1	CoreCivic Agency Wide
Advocacy Services	1	SAFE Alliance
PREA Manager	1	Site Director
Administrative Investigator	1	Site Director
Criminal Investigator	0	Austin Police Department
Random Staff	10	By Shift: 6/4
Medical Staff	0	None Onsite
Mental Health Staff	0	None Onsite
Screening Staff	2	Case Managers
Volunteer	0	None Due to Covid Restrictions
Contract Employees	1	Food Service
Human Resources	1	
Retaliation Monitor	1	Site Director
Incident Review Team	1	
Agency Contract Admin.	2	
Staff supervising Juveniles	0	Agency does not house juveniles
First Responder	1	

There is no SAFE or SANE staff at the facility; they are made available at SAFE Alliance.

There were twenty-six residents interviewed during the on-site visit. These residents consisted of: eight residents selected at random and eighteen targeted clients. The targeted resident’s breakdown can be found in Chart 3). All of the clients interviewed acknowledged receiving PREA training and written materials (posters, pamphlets, and Client handbooks) outlining the agency’s zero-tolerance towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. All clients interviewed felt that if they had to file a PREA complaint the facility would respond appropriately to their complaint and that all PREA complaints were taken very seriously by staff at this facility.

CHART 3: Client Interviews (26)

Client/Client Type	Number Interviewed
General Population	8
Reported Sexual Victimization	2
Self-Identified as LBGTI	2
Juvenile	N/A
Screened at Risk of Victimization	3
Screened at Risk of Abusiveness	2
Blind/Low Vision	1
Deaf or Hearing Impaired	0
Physical Disability	3
Cognitive Disability	2
Limited English Speaking	3

The auditor selected and carefully examined eleven human resource files, eleven staff training files, and 1 contractor file (See Chart 4). The personnel and contractor files were very well organized and contained all the necessary background check information and signed statements regarding previous sexual misconduct described in the standards. Background checks are completed by the Austin Transitional Center, the Texas Department of Public Safety, and the Texas Department of Criminal Justice (TDCJ). The Austin Transitional Center participates in the Flash Notice System; each time an employee’s fingerprints are submitted to the FBI; the administration at ATC is automatically notified via email. The training records were also very complete and included written documentation that staff and volunteers received the required training and understood what was being trained. The Austin Transitional Center utilizes both online CORECIVIC training and classroom training facilitated by the Learning and Development Manager (LDM).

The auditor also reviewed fifteen Client files (See Chart 4) and saw documentation of offender education, as well as documentation of the initial risk screenings, the 30-day re-screenings, and screenings upon additional information being completed as required by the standard. Rescreening are completed by Case Managers within the first twenty-five days of confinement.

CHART 4: Files Reviewed

File	Number Reviewed
Staff Training Records	11
Staff Human Resource Records	11
Contract Employee Training Records	1
Contract Employee Human Resource Records	1
Volunteer Training Records	N/A
Client PREA Records	15
PREA Investigative Files	11

In the twelve months preceding the audit, the Austin Transitional Center did received eleven PREA complaints regarding sexual abuse (See Chart 5). During the same twelve months, ATC has not received any complaints of sexual harassment. Policy and procedure required that criminal investigative referrals were to be documented and proper referrals were made as warranted. The Austin Police Department (APD) would be responsible for investigating any potential criminal activity.

CHART 5 (11 PREA Investigations)

Type of Incident	Resident on Resident or Staff on Resident	Disposition	Comments
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Substantiated	
Sexual Assault	ROR	Unfounded	
Sexual Assault	SOR	Substantiated	Employee Terminated
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Pending	
Sexual Assault	ROR	Pending	
Sexual Assault	ROR	Pending	

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings. The following staff attended:

Brandy Baptiste, Facility Director

Susan Johnson

Sharsome Langley

Ashley Woodyard

Terri Burnett

Malissa Hoke

Larry Franklin

Jack Garner

Mary Brandin

Byron Brown

During the exit, the auditor explained the process that would follow the on-site visit. The auditor also explained that any areas found not meeting the standards during the audit would require corrective measures and he would be working closely with the PREA team to accomplish compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post how to obtain a copy of the final report on the facility website once compliance with all standards was achieved.

Facility Characteristics

The Austin Transitional Center (ATC) is a co-ed treatment center and transitional housing facility; the ATC is located at 3154 East Highway 71, Del Valle, Texas. ATC has been owned and operated by CoreCivic since October 2015. The rated capacity of the facility is 436; housing both male and female residents. The Austin Transitional Center does not contract other agencies to house ATC inmates and it does not house juvenile residents. The facility houses both male and female residents; the facility does not house youthful/juvenile residents. The facility is divided into two separate wings; one is the treatment wing and the second is the residential wing; with a large common area in the middle of the building.

The facility is licensed by the Texas Department of State Health Services (TDSHS) to provide residential substance abuse treatment. The facility offers community-based substance abuse treatment programs and job placement assistance programs for offenders transitioning from TDCJ to the community. PREA information is posted on the agency's website; <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

Food Services are contracted through Trinity; there are three employees onsite. The facility utilized approximately 8 residents to assist in the food operations.

The facility has a Memorandum of Understanding with SAFE Alliance for providing advocates for confidential emotional support related to sexual abuse including; but not limited, to counseling, SANE/SAFE exams, and twenty-four/seven hotline services for reporting and intervention. Residents can make free and confidential calls to SAFE Alliance at 1-877-384-9891; the auditor tested the hotline and spoke to a SAFE Reliance representative. SAFE Reliance provides forensic exams (SANE/SAFE). There is a phone bank consisting of six phones in the common area for residents use. Residents in the residential wing have access to their cell phones.

The Austin Transitional Center contains one floor with two wings (CHART 5) and ten dorms (A-J). A-H is designated for male housing for a total of 324 beds. I-J are designated for female housing for a total of 96 beds. Dorms are spacious and have a laundry area in each. Each dorm is equipped with a television, a common area setting, handicap showers, and toilets. TDCJ PREA information (English and Spanish) and hotline numbers are posted near the resident telephones. The dorm had a sign displayed above the door before entering that was in blue bold letters that read, "Opposite Gender Must Announce Upon Entry".

CHART 5 Housing Areas (All dormitory style)

Housing Area	Gender	Beds
A	Male	52
B	Male	52
C	Male	52
D	Male	52
E	Male	52
F	Male	24
G	Male	24
H	Male	24
I	Female	52
J	Female	52

(CHART 6) Additional Facility Demographics

Information	Number
Rated Capacity	436
The population on 1st Day of Audit	399
Gender Makeup	Both Males and Females
Custody Level	Minimum
Age Range of Residents	19-80
PREA Manager	1 (Site Director)
Number of Cameras	30 C2M Tech Services
Resident Type	TDCJ

CoreCivic

Our Purpose, Mission, and Values

OUR PURPOSE

- Help government better the public good

OUR MISSION

Help government better the public good through:

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

OUR VALUES (P.R.I.D.E.)

Professionalism – Leading by example with passion and commitment, and conducting ourselves in a manner that is responsive to each other, our partners, and those entrusted to our care.

Respect – Treating all people with dignity, fairness, and understanding.

Integrity – Conducting ourselves ethically and honestly, and upholding the trust placed in us through support for each other and accountability to ourselves, our partners, and the public.

Duty – Answering the call to serve and responsibly fulfill our obligations to each other, our partners, the public, and those entrusted to our care.

Excellence – Achieving exceptional results through innovation and an unwavering commitment to quality and self-improvement.

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds the 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*)

Documentation and Supporting Evidence of Compliance:

Based on the documentation provided: as well as, an interview with the Agency-wide PREA Coordinator, and Facility PREA Manager, Policy 14-2 CC Sexual Abuse Prevention and Response, PREA Coordinator Job Description, CoreCivic website, Organizational Chart, PREA Signage, Letter of Appointment, it was determined the Austin Transitional Center delineates compliance with Standard 115.11.

115.211 (a): The agency's written policy and procedure CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response page, mandates zero tolerance for all forms of sexual abuse and sexual

harassment. This policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The procedures for all staff were clearly outlined in the Austin Transitional CoreCivic policy 14-2 CC Sexual Abuse Prevention and Response provided. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.211 (B): CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 2 and 4 requires that the agency employs an upper-level, agency-wide PREA Coordinator. The Job Description for Senior Director, PREA Programs and Compliance, Job Code 10675, outlines the job duties of the agency's PREA Coordinator. Eric Pierson was appointed as the agency-wide PREA Coordinator by Damon Hininger, President and Chief Executive of CoreCivic on December 12, 2016. Mr. Pierson has over 30 years of experience in the field of Corrections and is a certified PREA Auditor. He has a BA – Summa Cum Laude from Ohio University in Athens, Ohio. The agency provided the auditor with the organizational chart showing the PREA Coordinator position as an upper-level, agency-wide position, Mr. Pierson reports directly to the Vice President of Operations for CoreCivic. Mr. Pierson is very knowledgeable of the PREA standards and actively assists the facility with compliance. Mr. Pierson has the authority to develop, implement, and oversee PREA compliance. He is actively updating the facility as new Frequently Ask Questions (FAQs) ([Frequently Asked Questions | PREA \(prearesourcecenter.org\)](#)) results are published on the PREA Resource Center website.

The agency employs an upper-level, facility PREA Manager, Brandy Baptiste who has over 20 years of experience in the field of Corrections. Ms. Baptiste is also the Site Director; which enables her to have significant input on all matters pertaining to PREA. She is very knowledgeable of the PREA standards and actively assists the facility with compliance. Ms. Baptiste has the authority to develop, implement, and oversee PREA compliance. She is actively updating the facility as new FAQs are published on the PREA Resource Center website ([Frequently Asked Questions | PREA \(prearesourcecenter.org\)](#)). Director Baptiste acknowledged during her interview that she had enough time to perform her PREA duties. Therefore, the facility meets compliance with this part of the standard during this audit.

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds the 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*)

Documentation and Supporting Evidence of Compliance:

The Austin Transitional Center is a private provider and does not contract with other agencies for the confinement of its residents. This was confirmed by agency documentation and during an interview with the PREA Coordinator, Site Director, and auditor observation during the onsite portion of the audit. The Austin Transitional Center is under a contractual agreement (contract number – 696-PF-20-21-C029) with the Texas Department of Criminal Justice (TDCJ) for the purpose of providing transitional services which include employment and residence development and other self-improvement opportunities. Therefore, this standard was found to be compliant during this audit cycle. This contract was initially issued on December 12, 2018.

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?
 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? 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? 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? 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? Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds the 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*)

Documentation and Supporting Evidence of Compliance:

Based on staff interviews, review of documentation provided, and reviews of the CoreCivic Policy 14-2 Sexual Abuse and Response, Austin Transitional Staffing Plans for years 2019, 2020, and 2021; the following delineates the audit findings regarding this standard:

115.213 (a) The CoreCivic Policy 14-2 Sexual Abuse and Prevention outlines, that the facility has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing as described and required by this standard. The established staffing plan uses the criteria found in the standard 115.213 (a) to include the physical layout of the facility, composition of the residents housed, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors identified. Video monitoring has also been deployed and upgraded to assist with the protection of residents against sexual abuse. The staffing levels are monitored daily by a review of shift rosters. A review of the plan was last completed on June 9, 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (b) The Austin Transitional Center has procedures in place to ensure all deviations are covered by:

1. Utilization of on-call administrative staff
2. Paid overtime for Staff

There have been some documented deviations reported where the staffing plan has not been complied with in the past twelve months, as confirmed by an interview with the Facility Program Director. The facility has a new hire class in training during the time of the onsite visit. The agency is actively recruiting to fill all vacant positions within the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.213 (c) The staffing plan is reviewed annually by the Facility Director and Agency Chief Executive Officer and approved by the Texas Department of Criminal Justice. The Facility Director approves any recommendations made which would include changes to policy and procedures, physical plant, video monitoring, or staffing levels. The last Annual Staffing Plan assessment was completed on June 9, 2021. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, training curriculums, staff interviews, Search Procedures Facilitators Guide, pre-service and in-service training documentation, and other documentation provided; the following delineates the audit findings regarding this standard:

115.215 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14, prohibits all residents' searches and that staff shall not conduct cross-gender strip searches or gross-gender visual body cavity searches (meaning a search of the anal or genital opening). The review of training curriculums and staff interviews revealed that cross-gender strip searches are prohibited. There have been no documented cross-gender visual body cavity or strip searches reported in the past twelve months. According to the Facility Director, there has been a total of one strip search conducted in the past twelve months; it was performed by two staff members of the same sex as the resident. In the event there is a suspicion of contraband or the need for a body search, the Facility Director will be notified. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14 prohibits all staff including male employees from frisk/pat searches of female residents without exception. This was confirmed during random staff interviews. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14 requires that searches on the umbrella of exigent circumstances must be documented. All staff are trained not to conduct cross-gender pat searches, cross-gender strip searches, or cross-gender visual body cavity searches. ATC utilized the PREA Search Procedures Facilitator's Guide for pre-service and in-service search training. Residents stated they were searched by the same-sex staff every time. A metal detector is located at the entrance of the facility. This was confirmed during random staff interviews. Twenty-six out of twenty-six residents stated pat-downs were conducted in a professional manner. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (d) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14 outlines that residents shall be permitted to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia. Residents are not to change clothes in their dorm area as cameras are posted in each dorm. Signs are posted above each dorm entrance door "Opposite Gender Must Announce". There is no video surveillance in the bathroom areas. Twenty-six out of twenty-six residents confirmed during interviews that they have privacy when showering, using the toilets, and changing their clothes. The CoreCivic Policy also requires a staff of the opposite gender to announce their presence prior to entering the housing units. Resident and staff interviews revealed that opposite gender announcements were common practice at this facility. Both transgender residents interviewed stated they did not have any concerns pertaining to their personal safety. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (e) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14, training curriculum provided and staff interviews the facility prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. There were two transgender residents housed at the Austin Transitional Center at the time of the onsite review; both stated they felt safe at the facility and did not have any issues pertaining to their personal safety. Staff training records were reviewed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.215 (f) Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 15, training curriculum CoreCivic lesson plans provided, staff training file reviews, and staff interviews the facility trains staff not to conduct cross-gender pat-down searches and searches of transgender and intersex residents. In the event there is a suspicion of contraband or the need for a body search, staff will contact the Facility Director for guidance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response, PREA Resource Center Video, review of the lesson plans, PREA handouts, training logs, as well as staff and resident interviews. The following delineates the audit findings regarding this standard:

115.216 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 12 ensures appropriate steps are taken to provide residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. PREA handouts, PREA posters, PREA education videos, and the Resident Handbook are provided in both English and Spanish. Austin Transitional Center residents can access an interpreter by:

■ **When receiving a call:**

1. Use your phone's conference feature to place the Limited English Proficient (**LEP**) speaker on hold.
2. Dial **1 – 866 – 874 - 3972**
3. Provide the client ID # **5 2 5 7 5 0**
4. Select the language you need
 - a. Press 1 for Spanish
 - b. Press 2 for all other languages and state the name of the language you need
*** Press 0 for agent assistance if you do not know the language*
You will be connected to an interpreter who will provide his/her ID number.
5. Brief the interpreter.
Summarize what you wish to accomplish and provide any special instructions.
6. Add the LEP onto the call.
7. Say “End of Call” to the interpreter when your call is completed.

There were two Limited English Proficient residents and six residents with disabilities (one with low vision, three with physical disabilities, and two with cognitive) housed during the time on the onsite review; all eight residents were interviewed, and all eight displayed a working knowledge of the agency's zero-tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 12-13, Residents with disabilities and residents who are limited English proficient and staff 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, including steps to provide interpreters who can interpret effectively accurately and impartially. ATC through CoreCivic has a Memorandum of Understanding with Language Line Services; the MOU was initially signed on 04/11/2019. The agency also utilizes trained staff or volunteer interpreters as a secondary resource for communicating with residents with disabilities. There were two Limited English Proficient residents and six residents with disabilities (one with low vision, three with physical disabilities, and two with cognitive) housed during the time on the onsite review; all eight residents were interviewed, and all eight displayed a working knowledge of the agency's zero-tolerance policy on sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.216 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 13, mandates that ATC does not rely on Resident interpreters, Resident readers, or other types of Resident Facility except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Resident's safety. ATC through CoreCivic has a Memorandum of Understanding with Language Line Services; the MOU was initially signed on 04/11/2019. The agency also utilizes trained staff or volunteer interpreters as a secondary resource for communicating with residents with disabilities. There were two Limited English Proficient residents and six residents with disabilities (one

with low vision, three with physical disabilities, and two with cognitive) housed during the time on the onsite review; all eight residents were interviewed, and all eight displayed a working knowledge of the agency's zero-tolerance policy on sexual abuse and sexual harassment. Interviews with screening staff also confirmed this statement. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response Human Resource staff interviews, 14-02H CC Self-Declaration of Sexual Abuse and Sexual Harassment Form, Background Checks, 3-20-2B Questionnaire for Prior Institutional Employers, and personnel file reviews; the following delineates the audit findings regarding this standard:

115.217 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 4-5 state the facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer 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 above. During the onsite visit, background checks had been conducted by both the Austin Transitional Center and the Texas Department of Criminal Justice as required on all current staff. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (b) The Austin Transitional Center considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer, who may have contact with residents. All applicants and employees must sign the agency's 14-02H CC "Self-Declaration of Sexual Abuse/Sexual Harassment" form. The PREA Coordinator supplied the auditor with every 14-02H CC "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. The Facility Director confirmed that each employee, volunteer, and contractor sign the form annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (c)-1 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 4-5 require a criminal background record check to be completed before hiring any new employee. The Austin Transitional Center requires checks of the following registries prior to employment for all staff; the national criminal background check (FACT/FAST). The Austin Transitional Center completes background checks annually for employees, volunteers, and contract employees. This was confirmed during a human resource file review and during an interview with the Facility Director. Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.217 (c)-2 The Austin Transitional Center makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of an allegation of sexual abuse. This request is documented on CoreCivic's form 3-20-2B Questionnaire for Prior Institutional Employers. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 4-5, requires a criminal background record check to be completed before enlisting the services of any contractor or volunteer who may have contact with the residents. The Austin Transitional Center completes background checks (FACT/FAST) annually on all employees, volunteers, and contract employees. This was confirmed during file review and during an interview with the Facility Director. Therefore, the facility meets compliance with this part of the standard during this audit.

115.217 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 5 requires a criminal background record check to be completed on all current employees, volunteers, and contractors annually. The Austin Transitional Center completes background annually on all employees, volunteers, and contract employees. CoreCivic subscribes to the Texas FACT/FAST system. The facility is notified when an employee, volunteer, or contracted individual is arrested based on the subscription. This was confirmed during file review and during an interview with the Facility Director. The facility has met compliance with this part of the standard.

115.217 (f) The Austin Transitional Center instills upon all employees a continuing affirmative duty to disclose any sexual misconduct as required by this standard. A 14-02H CC "Self-Declaration of Sexual Abuse/Sexual Harassment" form is completed by all applicants, unescorted contractors or volunteers, employees upon being hired, and employees being considered for a promotion to document this requirement. The PREA Coordinator supplied the audit with every 14-02H CC "Self-Declaration of Sexual Abuse/Sexual Harassment" form that has been completed in the past twelve months. Each employee, volunteer, and contractor sign the form annually. This was confirmed during file review and during interviews with ten random staff and one contract employee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (g) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 5 mandates that material omissions regarding sexual misconduct, and the provision of materially giving false information, are grounds for termination as required by this standard. According to the Facility Director, there has not been such an occurrence in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.217 (h) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 5, requires that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During an interview with the Human Resource Staff, it was notated that there had been one such occurrence in the past twelve months; the Facility Director provided the information to the requesting agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic policy, interview with the Facility Director, staff interviews, review of camera placement, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.218 (a) The CoreCivic Policy requires when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. According to the Facility Director, there have not been any significant upgrades to the camera system since the last PREA audit. There were twelve additional cameras installed to enhance surveillance to help promote the sexual safety of all clients. According to the Facility Director, there have not been any significant upgrades to the camera system since the last PREA audit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.218 (b) The CoreCivic policy, requires when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. According to the Facility Director, there have not been any significant upgrades to the camera system since the last PREA audit. There were twelve additional cameras installed to enhance surveillance to help promote the sexual safety of all clients. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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.) 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 the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, proposed Memorandum of Understanding with Austin Police Department, proposed Memorandum of Understanding with Seton Medical Center, Memorandums with the SAFE Alliance (signed 10/19/20), investigative staff interviews, and review of documentation provided; the following delineates the audit findings regarding this standard:

115.221 (a) and (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 28 mandates the Austin Transitional Center complies with all elements of this standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings. The Austin Transitional Center has made numerous attempts to enter into a Memorandum of Understanding with the Austin Police Department and the Seton Medical Center. The Austin Police Department investigates all PREA complaints about potential criminal activity and maintains a close working relationship with the Travis County District Attorney’s Office and Facility Director on each case. The PREA Coordinator stated there were eleven incidents of alleged sexual abuse investigated in this audit cycle.

Type of Incident	Resident on Resident or Staff on Resident	Disposition	Comments
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Substantiated	No Criminal Charges Filed
Sexual Assault	ROR	Unfounded	
Sexual Assault	SOR	Substantiated	Employee Terminated
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Pending	
Sexual Assault	ROR	Pending	
Sexual Assault	ROR	Pending	

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (c) The Austin Transitional Center offers all victims of sexual abuse access to forensic medical examinations at the Seton Medical Center by SAFE Alliance Staff without financial cost, where

evidentiary or medically appropriate. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 28 states that examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) as required. The agency has a Memorandum of Understanding with the Safe Alliance (signed 10/19/20); which provides emotional support. The PREA Coordinator stated there were eleven incidents of alleged sexual abuse in this audit cycle.

Type of Incident	Resident on Resident or Staff on Resident	Disposition	SANE/SAFE
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unfounded	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Substantiated	
Sexual Assault	ROR	Unfounded	
Sexual Assault	SOR	Substantiated	
Sexual Assault	ROR	Unsubstantiated	
Sexual Assault	ROR	Pending	Yes
Sexual Assault	ROR	Pending	
Sexual Assault	ROR	Pending	

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (d) The Austin Transitional Center has entered into a Memorandum of Understanding with Safe Alliance (signed 10/19/20), which agrees to provide outside victim advocacies services to the residents. The services of these victim advocates have not been requested or used by the residents during this audit cycle according to the Site Director. The Site Director stated she personally offers this type of assistance to residents alleging sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (e) The Austin Transitional Center has entered into a Memorandum of Understanding with Safe Alliance (signed 10/19/20), which agrees to provide outside victim advocacies services to the residents upon request. According to the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 22, the facility also makes available a victim advocate, upon request by the victim, who will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals as warranted. The PREA Coordinator stated there has not been an incident of alleged sexual abuse in this audit cycle where such services have been requested. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.221 (f) The CoreCivic Staff is responsible for administrative investigations. The Austin Police Department is responsible for all criminal investigations involving sexual abuse. ATC has requested in writing that Austin Police Department comply with sections a-e of this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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).) 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 the requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based upon review of CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, proposed Memorandum of Understanding with the Austin Police Department Police, staff interviews, TDCJ Administrative Incident Review documents, and review of the CoreCivic Website provided; the following delineates the audit findings regarding this standard:

115.222 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 26, requires an administrative or criminal investigation to be completed for all allegations of sexual abuse and sexual harassment. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response requires that all potential criminal activity is referred to the Austin Police Department Police for criminal investigation. The CoreCivic Staff conducts all administrative investigations. The Austin Transitional Center employees do not investigate such allegations. During this audit cycle, there have been eleven sexual abuse allegations reported at this facility; all were referred for criminal investigation. The Austin Transitional Center is attempting to enter into a Memorandum of Understanding with the Austin Police Department Police to investigate all sexual abuse allegations from the facility.

Type of Incident	Resident on Resident or Staff on Resident	Disposition	Referred
Sexual Assault	ROR	Unfounded	Yes
Sexual Assault	ROR	Unfounded	Yes
Sexual Assault	ROR	Unsubstantiated	Yes
Sexual Assault	ROR	Unsubstantiated	Yes
Sexual Assault	ROR	Substantiated	Yes
Sexual Assault	ROR	Unfounded	Yes
Sexual Assault	SOR	Substantiated	Yes
Sexual Assault	ROR	Unsubstantiated	Yes
Sexual Assault	ROR	Pending	Yes
Sexual Assault	ROR	Pending	Yes
Sexual Assault	ROR	Pending	Yes

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 27 requires that all PREA allegations are investigated for potential criminal activity. If it is determined that the allegation involves potential criminal activity, it is referred to the Austin Police Department Police for criminal investigation and prosecution as warranted. This policy is available on the agency's website [The Prison Rape Elimination Act of 2003 \(PREA\) \(corecivic.com\)](http://www.corecivic.com). The Facility Director stated there have been eleven criminal investigations in the past twelve months; all were referred for criminal investigation. The Austin Transitional Center is attempting to enter into a Memorandum of Understanding with the Austin Police Department Police to investigate all sexual abuse allegations from the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 27-28 and the proposed Memorandum of Understanding outlines the responsibilities of Austin Police Department Police. The CoreCivic Staff (who specialized training) conducts all administrative PREA investigations. The Austin Transitional Center maintains a Memorandum of Understanding with the Austin Police

Department Police to investigate all sexual abuse allegations from the facility. The Facility Director stated that there have been eleven investigations in the past twelve months; all were referred to the Austin Police Department. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.222 (d) The Austin Transitional Center and the Austin Police Department Police are actively working on a Memorandum of Understanding in place to investigate all sexual abuse allegations for the facility. Therefore, this part of the standard is not applicable.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, PREA Overview Facilitator Guide, Training Transcript, Training Schedule, Ethics Flyer, staff interviews, random staff training file review, and review of documentation provided (lesson plans, certificates,

sign-in sheets, signed acknowledgment forms, training curriculums, and employee handouts). The following delineates the audit findings regarding this standard:

115.231 (a) The Austin Transitional Center utilizes the 28-page PREA Overview Facilitator Guide provided by CoreCivic to train all their employees who have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Ten out of ten staff were well-versed in the facility's policy and procedure. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 5-6 mandate the training is tailored for both male and female residents at the Austin Transitional Center. Cross-gender searches procedures and restrictions are a part of the training curriculum. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.231 (c) The training staff provided a report containing all staff that had been PREA trained which confirmed the requirements needed to meet the standard and proved that all current staff was trained within one year of the effective date of the PREA standards. The PREA Coordinator supplied the auditor with a complete list; that showed all employees have been trained on the facility policy and procedure as it pertains to PREA. All staff received PREA training during in-service each year which exceeds the requirements of this standard. Ten out of ten staff were well-versed in the facility's policy and procedure. The Austin Transitional Center utilizes a twenty-eight-page PREA lesson plan provided by CoreCivic. Therefore, the facility exceeded this part of the standard during this audit.

115.231 (d) The Austin Transitional Center documents, through employee signature on an acknowledgment form, that all employees understand the training they have received. File review confirmed eleven out of eleven files included the acknowledgment documentation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, volunteer interview, PREA Overview Facilitator Guide K& 4-2A Training Activity Enrollment/Attendance Roster, 14-2A Training Acknowledgment Form, PREA Volunteer Training Video K& TDCJ PREA Acknowledgment of Volunteer and Training Form, 14-2K CC PREA Overview: Training for Contractors and Volunteers, random training file review, and review of documentation provided (lesson plan, certificates, sign-in sheets, signed acknowledgment forms, and handouts): the following delineates the audit findings regarding this standard:

115.232 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 7 mandates the Austin Transitional Center requires all volunteers and contractors who have contact with residents have been trained on their responsibilities under the Austin Transitional Center sexual abuse and sexual harassment prevention, detection, and response policies and procedures. A review of one contractor training file showed compliance. Interviews with one contract employee revealed they were well-versed in the facility’s policy and procedure, including the agency’s zero tolerance for sexual abuse

and how to report all allegations of sexual abuse and sexual harassment. Austin Transitional Center has had no volunteers in the past twelve months and currently only has one contract employee in food service. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (b) The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 7, regarding sexual abuse and sexual harassment and their requirements to report such incidents. A review of one contractor training file showed compliance. Interview with the one contract employee revealed they were well-versed in the facility's policy and procedure, including the agency's zero tolerance for sexual abuse and how to report all allegations of sexual abuse and sexual harassment. Austin Transitional Center has no volunteers in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.232 (c) PREA Volunteer Training Video K& TDCJ PREA Acknowledgment of Volunteer and Training Form, 14-2K CC PREA Overview: Training for Contractors and Volunteers are all utilized in contractor and volunteer training. The Austin Transitional Center documents through volunteer and/or contractor signature on a TDCJ PREA Acknowledgment of Volunteer and Training Form that volunteers and contractors understand the training they have received. A records review of the one contract employee confirmed this practice. Austin Transitional Center has had no volunteers in the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on a review of the CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response, the Resident Handbook (pages 8-11), PREA Pamphlets, Facility Orientation, PREA Posters, and the 30-day training

video; as well as interviews with random residents and staff; the following delineates the audit findings regarding this standard:

115.233 (a) According to CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response pages 11-12, during the orientation process, residents receive information explaining:

- The Austin Transitional Center PREA zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment;
- Resident's rights to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents, as well as procedures for responding to these types of incidents.

Residents sign for the Resident Handbook (CoreCivic – Austin Transitional Center TC/HWH Handbook Acknowledgment Form) during orientation; as required on page 12 of policy 14-2 Sexual Abuse Prevention and Response. Therefore, the facility demonstrated compliance with this part of the standard during this audit. CoreCivic Policy 14-2 CC Sexual Abuse Prevention and Response page 11 states upon intake, all residents will receive orientation/training on the facility's PREA policy. The resident handbook and orientation video describe violations that would fall under PREA. All residents receive a copy of the handbook and are required to view the orientation video. In addition, all residents are required to view the "PREA: What You Need to Know" video. This video was obtained from the PREA Resource Center and gives a brief; but detailed description of what the PREA Act covers and what a resident's rights and protections are under the law. The video and handbook cover the presentation of sexual abuse: self-protection from being abused; methods of reporting abuse; and receiving treatment and education. Twenty-four out of twenty-six residents stated they had watched the video; records review revealed the other two residents did sign signifying they had watched the video. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (b) The agency only operates this facility. Therefore, this part of the standard is not applicable.

115.233 (c) The Austin Transitional Center provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The facility has an operational TTY phone. There were two LEP residents housed at the Austin Transitional Center during the onsite review; both were well-versed in the facility's zero-tolerance policy and how to report sexual abuse and sexual harassment.. The facility utilized the "PREA – What You Need to Know" video (both in English and Spanish). The facility has a Memorandum of Understanding with the Language Line. The facility has access to persons who are bi-lingual and helps with PREA orientation with the limited English proficient residents. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (d) The Austin Transitional Center provided documentation of residents' participation in PREA educational sessions as required by this part of the standard. PREA information can be found on pages 8-11 in the Resident Handbook. A review of resident training files indicated that fifteen out of fifteen residents received PREA education. Each resident reviews orientation during intake within hours of admittance. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page twelve states upon intake, all residents will receive orientation/training on the facility's PREA policies. The resident handbook and orientation video describe violations that would fall under PREA. All residents receive

a copy of the handbook and are required to view the orientation video. Staff review the agency's zero-tolerance policy against sexual abuse and sexual harassment in detail; including physically showing each new resident how to use the PREA phone located in the common area. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.233 (e) The Austin Transitional Center does provide the residents with posters, pamphlets, and a Resident Handbook in English and Spanish outlining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. PREA information can be found on pages 8-11 in the Resident Handbook. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 12 states upon intake, all residents will receive orientation/training on the facility's PREA policies. The resident handbook (pages 8-11) and orientation video describe violations that would fall under PREA. All residents receive a copy of the handbook and are required to view the orientation video. There were eleven residents with some form of a disability housed at the Austin Transitional Center during the onsite review; all eleven were interviewed and all demonstrated knowledge of PREA, the agency's zero-tolerance, and how to report ATC of sexual abuse and sexual harassment. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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).)
 Yes No NA

115.234 (b)

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

of administrative or criminal sexual abuse investigations. See 115.221(a).)

Yes No NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, as well as the Specialized Investigator Training curriculums provided, proposed Memorandum of Understanding with the Austin Police Department Police, investigators training file review and investigative staff interview; the following delineates the audit findings regarding this standard:

115.234 (a) In addition to the general training provided to all employees the Austin Transitional Center ensures that their investigator receives training in conducting investigations in confinement settings. The training is completed through the National Institute of Corrections; Specialized Training; Investigating Sexual Abuse in Confinement Setting. This was confirmed during an interview with the Facility Director. The Austin Transitional Center has three internal administrative investigators; two Senior Monitors and the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 6 mandates the specialized training including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training is completed through the National Institute of Corrections; Specialized Training; Investigating Sexual Abuse in Confinement Setting. This was confirmed during an interview with the facility's PREA Coordinator. There were eleven investigations during the past twelve months. The Austin Transitional Center has three internal administrative investigators; two Senior Monitors and the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (c) The Austin Transitional Center is working on a Memorandum of Understanding with the Austin Police Department Police. The MOU will outline the Austin Transitional Center's expectation that all Austin Police Department Police investigators investigating PREA allegations in the facility have specialized sexual abuse training for a confinement setting. There have been eleven PREA investigations completed in the past twelve months; investigation files were found to be in proper order. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.234 (d) The Austin Transitional Center is working on a Memorandum of Understanding with the Austin Police Department Police. The MOU will outline the Austin Transitional Center's expectation that all Austin Police Department Police investigators investigating PREA allegations in the facility have specialized sexual abuse training for a confinement setting. There have been eleven PREA investigations completed in the past twelve months; all were referred to the Austin Police Department for criminal sexual abuse investigation. Therefore, this part of the standard is not applicable.

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 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 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 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 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 the agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
 Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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 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 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 NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, auditor observation, and staff interview; the following delineates the audit findings regarding this standard:

115.235 (a) The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Medical and mental health services are provided by outside licensed medical and mental health community agencies or through the Texas Department of Criminal Justice referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (b) The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Medical and mental health services are provided by outside licensed medical and mental health community agencies or through the

Texas Department of Criminal Justice referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (c) The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Medical and mental health services are provided by outside licensed medical and mental health community agencies or through the Texas Department of Criminal Justice referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.235 (d) The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Medical and mental health services are provided by outside licensed medical and mental health community agencies or through the Texas Department of Criminal Justice referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 9-10, COATS, the 14-02 CC Sexual Abuse Screening Tool for Risk of Victimization and Abusiveness, Resident and staff interviews, resident file reviews; the following delineates the audit findings regarding this standard:

115.241 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 9, ensure that all residents are assessed during intake and upon transfer to another facility for risk of being sexually abused by other residents or sexually abusive toward other residents. This was confirmed during interviews with both screening staff/case Coordinators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (b) The Austin Transitional Center documentation provided mandates that screenings be conducted within 72 hours of arrival at the facility. PREA Risk Assessments are completed in private by a trained ATC staff member. Screenings are tracked on a designated for to ensure 30-day reassessment compliance. A review of fifteen records confirmed 100% compliance. Twenty-six out of twenty-six residents stated they received orientation immediately upon intake at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (c) Based on the documentation provided and resident file reviews the facility utilizes an objective screening instrument (14-02 CC Sexual Abuse Screening Tool for Risk of Victimization and Abusiveness for Risk of Victimization and Abusiveness) that covers all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (d) The intake screening instrument used considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (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;
- (9) The resident's own perception of vulnerability.

Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the Austin Transitional Center, in assessing residents for risk of being sexually abusive. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (f) Policy 14-2 page 11 states within 30 days from the resident's arrival, the Austin Transitional Center reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the Austin Transitional Center since the intake screening. Staff complete a one-on-one interview with each resident and discuss if there has been any changes to the

original PREA Risk Screening that was completed upon Intake. This conversation is documented in the comment section on 14-02B CC Sexual Abuse Screening Tool – 30-Day Reassessment. Residents who screen as possible victims are marked as such in the facility’s resident database. A list can quickly be printed showing all current residents who were screened at risk. Twenty-six out of twenty-six residents stated they received reassessment within the first 30 days in the facility. Records review revealed that all twenty-six residents were reassessed within 30 days of intake, and the review was documented. Therefore, the facility meets compliance with this part of the standard during this audit.

115.241 (g) Policy 14-2 page 11 states the Austin Transitional Center will reassess a resident’s risk level 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. The screening staff stated they had not received any additional information that would warrant a reassessment. The PREA Coordinator stated the facility has received eleven sexual abuse allegations; those that were found to be substantiated or unsubstantiated were rescreened. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (h) The Austin Transitional Center does not discipline residents for refusing to answer screening questions or not disclosing complete information. This is mandated by CoreCivic Policy Sexual Abuse Prevention and Response page 11. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.241 (i) The Austin Transitional Center implements appropriate controls on the dissemination 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. The screening information is located in a locked cabinet/office unless the records are actively being used by staff. Access to resident files are granted to those employees whose job responsibilities require use for the completion of their duties. The following positions have been granted access by the Facility Director:

- | | | |
|---------------------------|-----------------------------|-------------------------|
| Facility Director | Assistant Facility Director | Operations Supervisor |
| Quality Assurance Manager | Treatment Manager | Case Manager Supervisor |
| Case Managers | Counselors | Records Clerks |
| Accounting Clerk | Intake Coordinator | Employment Specialist |
| Programs Facilitator | | |

Based on 14-2 policy review, interview with the Facility Director, and interviews with the staff responsible for completing the screening, all information gathered on the screening instrument is restricted to staff making housing, work, and program assignments. Information regarding the results of the assessment will be controlled and limited to staff necessary to formulate treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignments. Therefore, the facility meets compliance with this part of the standard during this audit.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, 14-02B CoreCivic Initial PREA Objective Screening Tool, COATS – PREA Alert Housing Roster, Resident Handbook, resident and staff interviews, and file review; the following delineates the audit findings regarding this standard:

115.242 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 9 states ATC uses information from the risk screening to decide 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. The PREA Coordinator stated those that who are screened as potential victims are never housed in the same room as those who screen as potential predators. The facility's computer system is utilized to track victims and predators. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (b) The Austin Transitional Center makes individualized determinations about how to ensure the safety of each resident. Residents have access to the facility's PREA Assessment and subsequent housing procedures on page 9 of the Resident Handbook. The screening information is entered into the facility's computer system; lists of victims and predators can be viewed and printed from this software system. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 13 outlines the procedures to be followed in deciding whether to assign a transgender resident to a facility for female residents and the process for making housing and programming assignments, on a case-by-case basis as required by this standard. The Austin Transitional Center facility did house two transgender and no intersex residents at the time of the onsite visit. Interviews with both transgender residents revealed they had a clear understanding of the agency's PREA procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 14 states the Austin Transitional Center requires that a transgender and intersex Resident's own views regarding their own safety be given serious consideration. The Austin Transitional Center facility did house two transgender and no intersex residents at the time of the onsite visit. Interviews with both transgender residents revealed they had a clear understanding of the agency's PREA procedures. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (e) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 16 states the Austin Transitional Center requires that transgender and intersex residents be given the opportunity to shower separately from other residents. The Facility Director issues a memorandum to all staff on February 17, 2022, emphasizing that if a resident identifies as transgender or intersex, the individual may request to shower separately from other individuals. Upon request or determination by staff, the resident will be permitted to take a shower during a time when a staff member is physically present in the dorm to provide supervision. The Austin Transitional Center facility did house two transgender and no intersex residents at the time of the onsite visit. Interviews with both transgender residents revealed they had a clear understanding of the agency's PREA procedures; and stated they had privacy as it pertained to showering. Showers are separated in each housing unit. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.242 (f) The Austin Transitional Center does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status unless such 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 such residents. This was confirmed by the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the Resident Handbook, PREA pamphlets, Ethics Hotline Poster, and posters provided to residents were utilized to verify compliance with this standard. Staff and Resident interviews verified the residents have multiple internal ways to report incidents of abuse or harassment.

115.251 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 17, outlines multiple internal ways for residents to report incidents of sexual abuse, sexual harassment, and retaliation by other residents or staff for reporting sexual abuse, sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report by:

- If the resident is in imminent danger, verbally report the incident or allegation to any staff
- Write to: ATC – PREA Compliance Manager -Facility Director Brandy Baptiste
- Call the Austin Police Department at 311 or 512-974-5000
- Call the SAFE Alliance Hotline: 1-877-384-9891 or 512-267-SAFE (7233)
- Call the Texas Department of Criminal Justice at 1-800-535-0283
 - PREA Ombudsman 1-936-437-5570
 - Ombudsman Office 1-936-437-4927
- Written reports (including anonymous reports) of sexual abuse and/or sexual harassment may be made to:

Austin Police Department

812 Springdale Road

Austin, Texas 78702

OR

Texas Department of Criminal Justice

PREA Ombudsman

P.O. Box 99
Huntsville, Texas 77342-0099

Telephone lines at the Austin Transitional Center are not monitored or recorded. Approximately one-half of the residents have access to their cell phones and can call to help at any time. Therefore, the facility exceeds compliance with this part of the standard during this audit due to the many ways residents can report PREA allegations.

115.251 (b) The Austin Transitional Center provides at least four ways for residents to report abuse or harassment to a public or private entity or office that is not part of the Austin Transitional Center, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. The Austin Transitional Center has by Memorandum of Understanding provided the address and phone number for the Safe Alliance to the residents satisfying the requirements of this standard.

Each number is located in all housing units and in common areas, assessable by all residents. The auditor successfully tested each external pre-programmed reporting number.

Incidents or allegations of sexual abuse and/or sexual harassment at the Austin Transitional Center may be reported by contacting any of the following:

- If the resident is in imminent danger, verbally report the incident or allegation to any staff
- Write to ATC – PREA Compliance Manager -Facility Director Brandy Baptiste
- Call the Austin Police Department at 311 or 512-974-5000
- Call the SAFE Alliance Hotline: 1-877-384-9891 or 512-267-SAFE (7233)
- Call the Texas Department of Criminal Justice at 1-800-535-0283
 - PREA Ombudsman 1-936-437-5570
 - Ombudsman Office 1-936-437-4927
- Written reports (including anonymous reports) of sexual abuse and/or sexual harassment may be made to:

Austin Police Department
812 Springdale Road
Austin, Texas 78702

OR

Texas Department of Criminal Justice
PREA Ombudsman
P.O. Box 99
Huntsville, Texas 77342-0099

Telephone lines at the Austin Transitional Center are not monitored or recorded.

Therefore, the facility exceeds compliance with this part of the standard during this audit.

115.251 (c) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be promptly documented in an incident report and reported to the Facility Director. Ten out of ten random staff confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.251 (d) The Austin Transitional Center staff may privately report sexual abuse and sexual harassment to the Ethics Hotline at 1-800-461-9330, the Facility Director, or the PREA Coordinator. Random staff interviews confirmed employees are aware of the Ethics Hotline. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if the agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if the agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for the 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 the agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

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

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if the agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if the agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in a substantial risk of imminent sexual abuse? (N/A if the agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if the agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if the agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Texas Department of Criminal Justice Policy – Private Facility Contract Monitoring/Overnight Division RRC 2.12 D.3.26 Grievance Procedures, staff interviews, PREA Coordinator interview, resident grievance, and documentation review; the following delineates the audit findings regarding this standard:

115.252 Any grievance which appears to allege sexual abuse or harassment is closed immediately and an investigation is initiated to meet the intent of the policy. During this audit cycle, Austin Transitional Center has not received a grievance concerning sexual abuse. An interview with the PREA

Coordinator confirms this practice. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Texas Department of Criminal Justice Policy mandate that if a grievance is received concerning an allegation of sexual abuse or sexual harassment; the allegation is immediately investigated as a potential criminal matter. Therefore, the agency complies with this section of the standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, staff interviews, posters and PREA signage (English and Spanish), resident interviews, and documentation review; the following delineates the audit findings regarding this standard:

115.253 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 8-9 require external emotional support services for residents. The agency has entered into a Memorandum of Understanding with Safe Alliance which agrees to provide confidential outside victim advocacies services to the residents at the Austin Transitional Center. The mailing address and telephone number for this agency are made available to all residents at the facility. The Austin Transitional Center enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. The services of these victim advocates have not been requested or used by the residents during this audit cycle, verified by phone call. PREA Posters (English and Spanish) throughout the facility provide residents with contact information for the Safe Alliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Call the Safe Alliance hotline at 1-877-384-9891 or 1-512-267 SAFE (7233)

Write the Safe Alliance – P.O. Box 19454, Austin, Texas 78760

115.253 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 8-9 requires that the Austin Transitional Center informs 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. Posters (both in English and Spanish) located throughout the facility, inform the residents that communications with Safe Alliance are free and confidential. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.253 (c) The Austin Transitional Center maintains a Memorandum of Understanding with Safe Alliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Resident Brochure, posters, Resident Handbook; as well as a review of the website outlining third party reporting, the following delineates the audit findings regarding this standard:

115.54 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 19 requires the Austin Transitional Center to provide multiple methods for receiving third-party reports of sexual abuse and sexual harassment on the agency website. This information is provided to residents in the Resident Handbook page 8 and on posters throughout the facility. The information available on the website [The Prison Rape Elimination Act of 2003 \(PREA\) \(corecivic.com\)](http://corecivic.com) explains how to report sexual abuse and sexual harassment on behalf of a resident.

Third-Party reporting modes include:

Send a Letter to:

Facility Director
Austin Transitional Center
3154 E Hwy 71
Del Valle, TX 78617

---OR---

PREA Coordinator
CoreCivic
5501 Virginia Way
Brentwood, TN 37027

---OR---

Texas Department of Criminal Justice
PREA Ombudsman
P.O. Box 99
Huntsville, TX 77342-0099

---OR---

Call the CoreCivic 24-Hour Ethics Hotline at 1-800-461-9330

---OR---

Submit a complaint at www.CoreCivic.ethicspoint.com

The facility takes all reports seriously no matter how they are received and investigates each reported incident. According to the PREA Coordinator, there have not been any third-party PREA reports made in the last twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary,

as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.261 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 19 requires 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 Austin Transitional Center; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The Facility Director stated there were eleven reports of sexual abuse during this audit cycle. First Responders interviewed, detailed their initial response to the allegation; all agency policy and procedures appeared to be properly followed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (b) Other than reporting to immediate supervisors and the Austin Police Department, the Austin Transitional Center staff, volunteers, and contractors shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the agency's policy, to make treatment, investigations, and other security and management decisions. Staff submits a "14.2C Sexual Abuse Incident Check Sheet". The Facility Director stated there were eleven reports sexual abuse during this audit cycle. First Responders interviewed, detailed their initial response to the allegation; all agency policy and procedures appeared to be properly followed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (c) The Austin Transitional Center facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Texas is a mandatory reporting state. The Facility Director stated there were eleven reports of sexual abuse during this audit cycle. First Responders interviewed, detailed their initial response to the allegation; all agency policy and procedures appeared to be properly followed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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, the Austin Transitional Center reports the allegation to the designated State or local services agency. The Facility Director stated that the Austin Transitional Center does not house residents under the age of 18 or vulnerable adults. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.261 (e) The Austin Transitional Center reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the agency investigator as required. Staff submits a "14.2C Sexual Abuse Incident Check Sheet". The Facility Director stated there were eleven reports of sexual abuse during this audit cycle. First Responders interviewed, detailed their initial response to the allegation; all agency policy and procedures appeared to be properly followed. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, First Responder Card, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.262 CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 20 and staff training require all staff to take immediate action and staff acknowledged during their interviews the requirement of all staff to protect residents when it is learned that a resident at the Austin Transitional Center is subject to a substantial risk of imminent sexual abuse. Staff are required to carry a PREA First Responder Card on their person while on duty. The Facility Director stated there has not been a report of sexual harassment and eleven reports of sexual abuse during this audit cycle. File review indicated that staff took appropriate measures upon receiving reported PREA violations. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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 the appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, First Responder Card, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.263 (a) According to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 25, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director of the Austin Transitional Center that received the allegation notifies the head of the facility or appropriate office where the alleged abuse occurred. The Facility Director stated they had not received any allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (b) and (c) According to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 25, such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and all actions are thoroughly documented. The notification is documented. The Facility Director stated they had not received any such allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.263 (d) Upon receiving a call from an outside facility that a resident had been sexually abused while in the custody of the Austin Transitional Center. The allegation is referred immediately to the PREA investigator to be investigated. The Facility Director stated they had not received such any allegation during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, First Responder Cards, staff interviews, and documentation provided; the following delineates the audit findings regarding this standard:

115.264 (a) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 20-21 outlines the responsibilities of all security staff members upon learning of an allegation that a resident was sexually abused, the first responding security staff member shall follow these guidelines:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence,

including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Facility Program Director stated there were eleven allegations of sexual abuse during the past twelve months. Ten out of ten random staff interviewed clearly showed that ATC Staff are well trained on First Responder Duties. Staff are required to carry a First Responder Card on their person while on duty. Two First Responders were interviewed; both followed the agency's policy and procedure in their response to each situation. Therefore, the facility meets compliance with this part of the standard during this audit.

115.264 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 20-21 mandates when the first staff responder is not a security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff immediately. The auditor confirmed compliance based on interviews with and training records of non-security staff. Ten out of ten random staff interviewed clearly showed that ATC Staff are well trained on First Responder Duties. Staff are required to carry a First Responder Card on their person while on duty. The Facility Director stated there were eleven allegations of sexual abuse during the past twelve months. Two First Responders were interviewed; both followed the agency's policy and procedure in their response to each situation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, 14-2C CoreCivic Sexual Abuse Incident Check Sheet, 14-2F CoreCivic Sexual Abuse or Assault Incident Review Form, staff interviews, and documentation provided. The following delineates the audit findings regarding this standard:

115.265 The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, outlines a written plan (14-2C CC Sexual Abuse Incident Checklist) 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. The plan clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Interviews with SART members confirmed their knowledge of the response plan. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 18-19 state the only person to enter a secure crime scene are the Austin Police Department Police and Medical Staff if needed. The Austin Transitional Center has had eleven allegations of sexual abuse in the past twelve months; appropriate referrals were made by the facility's administration in each case. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with The Austin Transitional Center Facility Program Director; the following delineates the audit findings regarding this standard:

The Austin Transitional Center does not participate in collective bargaining; this was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 23-24, staff interviews, Resident interviews, and 14-2D-CC PREA Retaliation Monitoring Report provided; the following delineates the audit findings regarding this standard:

115.267 (a) The Austin Transitional Center has a policy that outlines the protective measures for 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, and designates which staff members or departments are charged with monitoring retaliation. The Facility Director is the facility's Retaliation Monitor. Monitoring is documented on 14-2D-CC PREA Retaliation Monitoring Report. The facility had received eleven allegations of sexual abuse during this audit cycle. Proper retaliation monitoring was documented in each case where the victim was still housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 23-24 requires the Austin Transitional Center to employ multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Director is the facility's Retaliation Monitor. Monitoring is documented on 14-2D-CC PREA Retaliation Monitoring Report. The facility had received eleven allegations of sexual abuse during this audit cycle. Proper retaliation monitoring was documented in each case where the victim was still housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (c) and (d) For at least 90 days following a report of sexual abuse, the Austin Transitional Center monitors the conduct and treatment of residents or staff who reported the sexual abuse and 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, and act promptly to remedy any such retaliation. There are periodic status checks performed and documented. The Austin Transitional Center monitoring includes any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Such monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Monitoring is documented on 14-2D-CC PREA Retaliation Monitoring Report. The Facility Director is the facility's Retaliation Monitor. The facility had received eleven allegations of sexual abuse during this audit cycle. Proper retaliation monitoring was documented in each case where the victim was still housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.267 (d) If any other individual who cooperates with an investigation expresses a fear of retaliation The Austin Transitional Center takes appropriate measures to protect that individual against retaliation. This was confirmed during an interview with the Retaliation Monitor. The Facility Director is the facility's Retaliation Monitor. Monitoring is documented on 14-2D-CC PREA Retaliation Monitoring Report. The facility had received eleven allegations of sexual abuse during this audit cycle. Proper retaliation monitoring was documented in each case where the victim was still housed at the facility. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, investigative staff interviews, training certificates, investigative reports, as well as interviews with the PREA Coordinator, and the Program Director; the following delineates the audit findings regarding this standard:

115.271 (a) Austin Police Department Patrol investigators conduct an investigation immediately when notified of an allegation of sexual abuse and sexual harassment. The Austin Transitional Center facility is in the process of creating a Memorandum of Understanding in place with the Austin Police Department to investigate all sexual abuse allegations. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (b) Based on training curriculums provided, Administrative Investigator training file review, and investigative staff interviews, it was evident the facility provided, in addition to the general training received by all employees, specialized training to its investigators. This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (c) Austin Police Department Police investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (d) When the quality of evidence appears to support a criminal prosecution, the Austin Transitional Staff refers the case to the Austin Police Department Police for the criminal investigation. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin

Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff. The resident who alleges sexual abuse is not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (f) ATC administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (g) Austin Police Department criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (h) The Austin Police Department refers all sexual abuse investigations to the Travis County District Attorney's Office and prosecution when warranted. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (i) The Austin Transitional Center retains all written reports for as long as the alleged abuser is incarcerated or employed by the Austin Transitional Center plus five years. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (j) The departure of the alleged abuser or victim from employment or control of the Austin Transitional Center or agency does not provide a basis for terminating an investigation. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (k) The Austin Police Department Police conduct criminal sexual abuse investigations pursuant to the requirements of this standard. The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

outline the requirements of the criminal investigation and comply with all aspects of this standard. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.271 (I) ATC refers all criminal cases to the Austin Police Department Police and cooperates with their investigators during the entire investigation. The facility remains informed of the progress of the investigation through communication between the agency investigator and the Austin Police Department agent handling the case. There were eleven allegations of sexual abuse in the past twelve months; all were referred to Austin Police Department for investigation. One arrest was made from these referrals. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, and investigative staff interviews; the following delineates the audit findings regarding this standard:

The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 27, outlines that the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed during an interview with the Austin Police Department Police and the Agency PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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.) Yes No NA

115.273 (c)

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

115.273 (d)

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

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, 14-2E CC Inmate/Resident PREA Allegation Status Notification Form, and investigative staff interviews; the following delineates the audit findings regarding this standard:

115.273 (a) Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 30, it was confirmed that following an investigation into a resident's allegation he suffered sexual abuse in the facility, the resident was to be informed whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. The documentation provided confirmed that residents will be provided this notification on the 14-2E CC Inmate/Resident PREA Allegation Status Notification Form. The residents will be required to sign the form documenting acknowledgment of this notification as required. However, there were eleven PREA incidents reported during this audit cycle. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (b) The agency will request all relevant information from the criminal investigation conducted by the Austin Police Department Police in order to inform the resident as required by this standard. The PREA Coordinator revealed there were eleven PREA investigations for the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (c) Based on the Austin Transitional Center PREA policy and documentation provided, it was confirmed that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the Austin Transitional Center, Inc.; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the Austin Transitional Center

The documentation provided confirmed the residents will be provided this notification on the 14-2E CC Inmate/Resident PREA Allegation Status Notification Form. The residents are required to sign the form documenting acknowledgment of this notification as required. The PREA Coordinator stated there were eleven PREA investigations during the past twelve months; all appropriate notifications were made for those victims still housed at the facility upon completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (d) Following a resident's allegation they had been sexually abused by another resident, the Austin Transitional Center subsequently informs the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the Austin Transitional Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The documentation provided confirmed that residents will be provided this notification on the 14-2E CC Inmate/Resident PREA Allegation Status Notification Form. The residents are required to sign the form documenting acknowledgment of this notification as required. The PREA Coordinator stated there were eleven PREA investigations during the past twelve months; all appropriate notifications were made for those victims still housed at the facility upon completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (e) All such notifications or attempted notifications are documented, based on the 14-2E CC Inmate/Resident PREA Allegation Status Notification Form. The PREA Coordinator stated there were eleven PREA investigations during the past twelve months; all appropriate notifications were made for those victims still housed at the facility upon completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.273 (f) Policy outlines the agency's obligation to report under this standard terminates if the resident is released from the Austin Transitional Center custody. The PREA Coordinator stated there were no PREA investigations during the past twelve months; all appropriate notifications were made for those victims still housed at the facility upon completion of the investigation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 31, CoreCivic Code of Ethics, the documentation provided, Executive Officer, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.276 (a) and (b) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 31 mandates that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PREA Coordinator stated there were eleven PREA investigations during the past twelve months; resulting in the termination of one employee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (c) 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 CoreCivic Code of Ethics page 48 mandates professionalism from the staff at all times. The PREA Coordinator stated there was one PREA investigation during the past twelve months; resulting in the termination of one employee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.276 (d) 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 unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator stated there was one PREA investigation during the past twelve months; resulting in the termination of one employee. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, documentation provided, Executive Officer, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.277 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 31 states any contract employee or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies. During an interview with the PREA Coordinator, it was determined the Austin Transitional Center has not had a volunteer or contract employee accused of any form of sexual misconduct. The PREA Coordinator stated there were no PREA investigations involving any volunteers or contract employees during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.277 (b) The Austin Transitional Center 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 contract employee or volunteer. During an interview with the PREA Coordinator, it was determined the Austin Transitional Center has not had a volunteer or contract employee by accused of any form of sexual misconduct. The PREA Coordinator stated there were no PREA investigations involving volunteers or contract employees during the past twelve months. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- 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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based upon a review of CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, Violation Action Report, documentation provided, agency head, and PREA Coordinator interviews; the following delineates the audit findings regarding this standard:

115.278 (a) According to CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 30-31 and the Resident Handbook page 8 residents are subject to disciplinary sanctions pursuant

to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for Resident-on-Resident sexual abuse. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (b) Sanctions are 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. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (d) There is no therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse offered at the facility. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. During an interview with the Therefore, this part of the standard was found to be non-applicable to this facility during this audit cycle.

115.278 (e) The Austin Transitional Center disciplines a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Facility Director reported that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During an interview with the PREA Coordinator, if a resident was found to be the perpetrator in a sexual harassment or sexual abuse case, a Violation Action Report would be created and forwarded to Probation and Parole. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.278 (f) The Austin Transitional Center prohibits all sexual activity between residents and may discipline residents for any such activity. This was confirmed during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25, the Facility Director interview, and the PREA Coordinator interview; the following delineates the audit findings regarding this standard:

115.282 (a) The Austin Transitional Center has an agreement with the Safe Alliance to ensure 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. The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Medical services are made available at Dell Seton Medical Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (b) The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25, outlines the procedures to be followed in the event of sexual abuse at the facility. There are no qualified medical or mental health practitioners at the facility, these services are provided by the Safe Alliance. Security staff first responders take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners and arrange transport to the Dell Seton Medical Center for treatment. The PREA Coordinator confirmed this practice. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25 ensure 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. These services would be offered at Dell Seton Medical Center at no cost to the resident according to the PREA Coordinator. The Austin Transitional Center has had eleven allegations of sexual abuse during this audit cycle according to the Facility Director. The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.282 (d) The Austin Transitional Center requires that all treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Austin Transitional Center facility does not have any full or part-time medical or mental health care practitioners contracted by or volunteering for the agency. The Austin Transitional Center has had eleven allegations of sexual abuse during this audit cycle according to the Facility Director. Medical services are provided at Dell Seton Medical Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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 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 NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on the Program Director and PREA Coordinator interviews, the documentation provided, and the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25; the following delineates the audit findings regarding this standard:

115.283 (a) The Austin Transitional Center offers medical and mental health evaluations at the Dell Seton Medical Center at the University of Texas and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any facility. The Austin Transitional Center facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (b) The Austin Transitional Center mandates that 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. The Austin Transitional Center had eleven allegations of sexual abuse during this audit cycle according to the Facility Director; those victims needing medical treatment were sent to Dell Seton Medical Center. Eloise House, an affiliate of Safe Alliance will be utilized if emergent needs are met. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (c) The Austin Transitional Center provides all victims with medical and mental health services at the Dell Seton Medical Center which is a community level of care facility. The Austin Transitional Center has had eleven allegations of sexual abuse during this audit cycle according to the Facility Program Director those victims needing medical treatment were sent to Dell Seton Medical Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (d and e) The Austin Transitional Center ensures female victims of sexual abuse are given pregnancy tests when vaginal penetration took place. If a pregnancy results from sexual abuse, The Austin Transitional Center ensures the victim receives timely and comprehensive information about timely access to emergency contraception; lawful pregnancy-related services. The Austin Transitional

Center has not had an allegation of sexual abuse of this magnitude during this audit cycle according to the Facility Director. The services would be completed as directed in the agency's MOU with the Safe Alliance. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (f) The Austin Transitional Center provides Resident victims of sexual abuse while incarcerated tests for sexually transmitted infections as medically appropriate. These services are provided at the Dell Seton Medical Center at the University of Texas; (which is documented in the Memorandum of Understanding agreement between the two entities) as determined by the treating physician. The Austin Transitional Center has had eleven an allegation of sexual abuse during this audit cycle according to the Facility Director those victims needing medical treatment were sent to Dell Seton Medical Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (g) The Austin Transitional Center provides treatment services 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. The Austin Transitional Center facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. The Austin Transitional Center has had eleven allegations of sexual abuse during this audit cycle according to the Facility Director those victims needing medical treatment were sent to Dell Seton Medical Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.283 (h) The Austin Transitional Center will attempt to have a mental health evaluation conducted on all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by the mental health practitioners. The Austin Transitional Center facility does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Facility Director, PREA Coordinator, 14-2F CC Sexual Abuse or Assault Incident Review Form, and documentation provided; as well as, the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25; the following delineates the audit findings regarding this standard:

115.286 (a) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response pages 24-25 mandates that the Austin Transitional Center will 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 29 states the committee will be made up of at least three persons. While the team is typically designated by the facility director, it is typically made up of the staff who are assigned the Administrative Duty Officer role and/or individuals who would provide appropriate feedback for the specific incident:

- Facility Director
- Assistant Facility Director
- Operations Supervisor
- Case Manager Supervisor
- Quality Assurance Manager
- Training Coordinator
- Treatment Manager

There have been eleven incidents of sexual abuse reported during the audit cycle to document a review: incident reviews were completed on each incident. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (b) The Austin Transitional Center will ensure that these reviews occur within 30 days of the conclusion of the investigation and shall document the review on the 14-2F CC Sexual Abuse or Assault Incident Review Form. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 29 states the committee will be made up of at least three persons. While the team is typically designated by the facility director, it is typically made up of the staff who are assigned the Administrative Duty Officer role and/or individuals who would provide appropriate feedback for the specific incident:

- Facility Director
- Assistant Facility Director
- Operations Supervisor
- Case Manager Supervisor
- Quality Assurance Manager
- Training Coordinator
- Treatment Manager

There were eleven incidents of sexual abuse reported during the audit cycle to document a review; an incident review was completed on each allegation. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (c) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 29 states the committee will be made up of at least three persons. While the team is typically designated by the facility director, it is typically made up of the staff who are assigned the Administrative Duty Officer role and/or individuals who would provide appropriate feedback for the specific incident:

- Facility Director
- Assistant Facility Director
- Operations Supervisor
- Case Manager Supervisor
- Quality Assurance Manager
- Training Coordinator
- Treatment Manager

The PREA Coordinator confirmed, that the Austin Transitional Center has had eleven sexual abuse incidents to review in the past twelve months; an incident review was completed on each incident within 30 days of the completion of the investigation (three investigations are still pending). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.286 (d) The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; and they examine the area in the Austin Transitional Center, where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The agency has deployed an excellent PREA after-action review form that addresses all elements of the standard. The PREA Coordinator confirmed, the Austin Transitional Center has had eleven sexual abuse allegations to review in the past twelve months; an incident review was completed on each incident within 30 days of the completion of the investigation (three investigations are still pending). Therefore, the facility exceeds the intent of this part of the standard.

115.286 (e) The Austin Transitional Center shall implement the recommendations for improvement, or shall document its reasons for not doing so. The PREA Coordinator confirmed, the Austin Transitional Center has had eleven sexual abuse allegations in the past twelve months; an incident review was completed on each incident within 30 days of the completion of the investigation (three investigations are still pending). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Facility Director, PREA Coordinator, CoreCivic Annual PREA Report, and documentation provided; as well as, the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 32; the following delineates the audit findings regarding this standard:

115.287 (a), (b), and (c) The Austin Transitional Center 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, and aggregates the incident-based sexual abuse data at least annually. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

The incident-based data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Information can be found in CoreCivic's Annual PREA Report posted on the agency's website [2020-PREA AnnualReport-FINAL1.pdf \(corecivic.com\)](#). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 32 states the Austin Transitional Center Agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, and investigation files, and sexual abuse incident reviews. This was confirmed during an interview with the Facility Director. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.287 (e) The Austin Transitional Center does not contract its residents to other facilities. This was confirmed during a conversation with the Facility Director. Therefore, this part of the standard was found not applicable during this audit cycle.

115.287 (f) Upon request, the Austin Transitional Center Agency provides all such data from the previous calendar year to the Department of Justice no later than June 30 when required. Information can be found in CoreCivic's Annual PREA Report posted on the agency's website [2020-PREA AnnualReport-FINAL1.pdf \(corecivic.com\)](#) Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, and documentation provided as well as the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, agency website, and CoreCivic Records Retention Plan; the following delineates the audit findings regarding this standard:

115.288 (a) The Austin Transitional Center Agency reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the facility. Information can be found in CoreCivic's Annual PREA Report posted on the agency's website [2020-PREA AnnualReport-FINAL1.pdf \(corecivic.com\)](#). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (b) Such reports include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the Austin Transitional Center's progress in addressing sexual abuse. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (c) The Austin Transitional Center's report is approved by the PREA Coordinator and made readily available to the public through its website [2020-PREA AnnualReport-FINAL1.pdf](#)

corecivic.com). Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.288 (d) CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 32 states the Austin Transitional Center may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

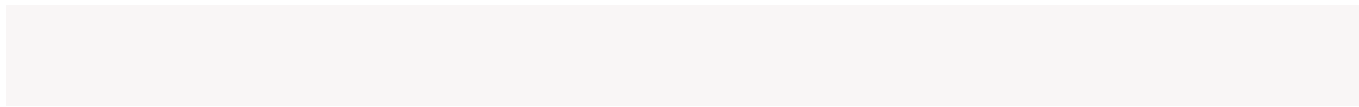
Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on interviews with the Program Director, PREA Coordinator, agency website, Annual Report, CoreCivic Records Retention Plan, and documentation provided as well as the CoreCivic Policy 14-2 Sexual Abuse Prevention and Response; the following delineates the audit findings regarding this standard:

115.289 (a) through (d) T CoreCivic Policy 14-2 Sexual Abuse Prevention and Response page 32 states the Austin Transitional Center Agency Staff makes all aggregated sexual abuse data, from facilities under direct control readily available to the public at least annually through its agency's website [2020-PREA AnnualReport-FINAL1.pdf \(corecivic.com\)](#) .

Required by CoreCivic's Records Retention Plan, all reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise. This was corroborated during an interview with the PREA Coordinator. Therefore, the facility demonstrated compliance with this part of the standard during this audit.



AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.401 (a) and (b) The Austin Transitional Center did have an audit during the first and second audit cycles. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (h) The auditor has full access to all locations/areas of the Austin Transitional Center. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (i) The auditor did obtain all necessary copies of audit items. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (m) The auditor was allowed to interview residents in a private setting. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

115.401 (n) The auditor did not receive any correspondence from any Austin Transitional Center residents. Audit notices were observed in every housing unit; as well as all common areas. Therefore, the facility demonstrated compliance with this part of the standard during this audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

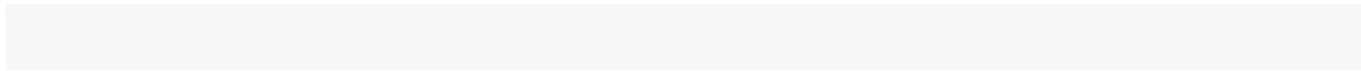
- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance 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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.403 The agency has made the final report during the first and second audit cycles through posting on the agency’s website ([The Prison Rape Elimination Act of 2003 \(PREA\) \(corecivic.com\)](#))



AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Brian D. Bivens _____

May 9, 2022 _____

Auditor Signature

Date