

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

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** November 16, 2020

## Auditor Information

**Name:** Barbara Jo Denison

**Email:** denisobj@sbcglobal.net

**Company Name:** Shamrock Consulting, LLC

**Mailing Address:** 2617 Xavier Ave.

**City, State, Zip:** McAllen, TX 78504

**Telephone:** 956-566-2578

**Date of Facility Visit:** November 5-6, 2020

## 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, TN 37027

**Mailing Address:** SAA

**City, State, Zip:** SAA

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

## Agency Chief Executive Officer

**Name:** Damon Hininger, President and Chief Executive Officer

**Email:** Damon.Hininger@corecivic.com

**Telephone:** 615-263-3000

## Agency-Wide PREA Coordinator

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

**Email:** eric.pierson@corecivic.com

**Telephone:** 615-263-6915

**PREA Coordinator Reports to:** Steven Conry  
President, Operations Administration

**Number of Compliance Managers who report to the PREA Coordinator:**  
65 (indirect)

## Facility Information

**Name of Facility:** Fort Worth Transitional Center

**Physical Address:** 600 N. Henderson St.

**City, State, Zip:** Fort Worth, TX 76104

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**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:

N/A

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

### Facility Director

**Name:** Loy Serrano

**Email:** Loy.Serrano@corecivic.com

**Telephone:** 817-296-9473

### Facility PREA Compliance Manager

**Name:** Carla Jackson

**Email:** carla.jackson@corecivic.com

**Telephone:** 817-480-2195

**Facility Health Service Administrator**  N/A

**Name:**

**Email:**

**Telephone:**

### Facility Characteristics

**Designated Facility Capacity:**

200

**Current Population of Facility:**

211

Average daily population for the past 12 months:	195
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:	21-71
Average length of stay or time under supervision	2 years
Facility security levels/resident custody levels	Low
Number of residents admitted to facility during the past 12 months	1246
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	706
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	500
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<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 (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	16
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

## Physical Plant

<p><b>Number of buildings:</b></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>	6
<p><b>Number of resident housing units:</b></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>	0
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	0
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	44
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><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: _____)</p>
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>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:</b></p>	<p>0</p>
<p><b>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.</b></p>	<p><input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input checked="" 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"/> N/A</p>
<p><b>Administrative Investigations</b></p>	
<p><b>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?</b></p>	<p>3</p>
<p><b>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</b></p>	<p><input checked="" type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><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</p>

## Audit Findings

The Fort Worth Transitional Center (FWTC) located 600 N. Henderson Street in Fort Worth, Texas is a private prison owned and operated by CoreCivic. CoreCivic contracts with the Texas Department of Criminal Justice (TDCJ) to house their adult male and female offenders. The facility was initially audited in 2016 and a PREA recertification audit was conducted in 2017.

### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of CoreCivic policy 14-2 CC *Sexual Abuse Prevention and Response* and policy 5-1, *Incident Reporting*, facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Carla Jackson, Assistant Facility Director, designated as the facility's PREA Compliance Manager, was contacted early in this phase as an introduction and to discuss the audit process. The PREA Compliance Manager and Christy Newman, Quality Assurance Manager answered questions and provided additional information and documentation as requested throughout the Pre-Onsite Audit Phase. In review of the Pre-Audit Questionnaire (PAQ), there were questions about information provided and in some cases, information was omitted. The Quality Assurance Manager corrected the PAQ and provided a revised copy.

The agency's PREA Coordinator provided the PREA Compliance Manager with facility notices in English and Spanish eight weeks prior to the onsite audit visit informing residents of the scheduled audit date. Notices included my name and mailing address and residents were informed correspondence would remain confidential. The facility provided photos of the posted notices in English and Spanish posted by the employee time clock, in the dining hall and a resident day room with the date posted noted as 9/11/20.

The facility has a Memorandum of Understanding (MOU) with the Women's Center of Tarrant County to provide crisis intervention services. The facility MOU was signed in 2016 and CoreCivic and the Fort Worth Transitional Center are in the process of revising and resigning the MOU. The Director of the Rape Crisis and Victim Services of the Women's Center of Tarrant County was contacted to confirm and review the MOU. She reported that draft of the MOU required minor revisions and she expects to receive the final MOU soon for her final review and signature.

The Women's Center of Tarrant County provides residents of the Fort Worth Transitional Center with a 24-hour crisis hotline answered by one of their 30 volunteer advocates or 27 staff advocates. All advocates receive 40+ of training provided by the TDCJ Office of the Inspector General (OIG). In the event of an allegation of sexual abuse by a resident of the Fort Worth Transitional Center, the hospital would call the agency to request an advocate be present during the forensic exam. Because of the COVID-19 pandemic, hospital accompaniment for

SANE exams are being done virtually. The SANE nurse contacts the advocate on an iPad to support the victim through the process. Following the forensic exam, if the victim would like counseling services, they must request these services through the facility's PREA Compliance Manager. The Women's Center of Tarrant County has two master level therapists who received training sanctioned by the Federal Bureau of Prisons and geared for the incarcerated population. Therapists can provide more intense crisis intervention if needed, which includes up to six individual counseling sessions.

The Coordinator of Forensic Nursing Services of the John Peter Smith Hospital was contacted to discuss the SANE services process. The Fort Worth Transitional Center has attempted to enter into an MOU with the hospital, but to date these efforts have not been successful. The Coordinator of Forensic Nursing Services stated the hospital and the SANE program are for all community partners. The hospital has eight SANE nurses who are on-call to provide SANE services. If a SANE nurse is not already onsite at the hospital, one is dispatched to report to the hospital. Advocates from the Women's Center of Tarrant County are dispatched to provide accompaniment to the victim. Due to the COVID-19 pandemic, accompaniment is virtual. When nurses complete the Evidence Collection Kit it is put in a safe and the Fort Worth Police Department retrieve the kits twice a week. Victims receive STD prophylaxis and baseline HIV tests. Female victims are given a pregnancy test and a contraception prophylaxis, if the abuse included vaginal penetration. Victims are not billed for SANE services. Any other medical services necessary that are incurred because of the sexual abuse are reimbursed by the Crime Victims Compensation. Advocates from the Women's Center of Tarrant County will assist the victim with filing for reimbursement if necessary.

The Fort Worth Police Department Sex Crimes Unit are responsible for criminal investigations of sexual abuse and sexual harassment at the Fort Worth Transitional Center. The Supervisor of the Sex Crimes Unit was contacted to discuss the process of criminal investigations. He stated if a call was received from the Fort Worth Transitional Center reporting sexual abuse an officer would be dispatched to the facility. The officer would meet with the alleged victim to obtain details of the incident and complete necessary paperwork. The victim would be transported to the John Peter Smith Hospital for a forensic exam. A detective from the Sex Crimes Unit would be assigned to the case. If there is enough evidence for prosecution, evidence would be turned over to the Tarrant County District Attorney. The police department does not provide criminal investigative reports to the facility upon completion of the investigation. The facility must file an Open Records Request with the police department's legal department to obtain a copy of the investigative report.

A few days prior to the onsite audit visit, the Quality Assurance Manager provided a list of security and non-security staff by title who are scheduled to work on the audit dates, names of residents with special designations, names of LGBTI residents, a PREA Housing Tracker report, names of limited English proficient residents and a housing roster. From this information staff were selected to be interviewed and resident records to be reviewed were selected.

## Onsite Audit Phase

The PREA audit of the Fort Worth Transitional Center was conducted on November 5-6, 2020. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

Loy Serrano, Facility Director  
Carla Jackson, Assistant Facility Director/PREA Compliance Manager  
Christy Newman, Quality Assurance Manager  
Frances Clark, Operations Supervisor  
Ayodele Adelokun, Case Manager Supervisor  
Brian Washington, TDCJ Contract Monitor  
Patricia Rohde, TDCJ Regional Supervisor for Private Facilities  
Heather Baltz, Director, PREA Compliance and Investigations

A site review of the facility was conducted with those in attendance of the entrance meeting accompanying me on the site review. During the site review the locations of cameras and mirrors, room layouts, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 9/11/20. Third Party Reporting Posters and resident PREA reporting information was posted in numerous locations throughout the facility in both English and Spanish. Signs above the entry doors of resident rooms to remind opposite-gender staff to announce themselves before entering the room. This practice was observed during the site review and confirmed during interviews with residents.

There were some areas of concern noted in some of the male rooms where lockers obstructed vision to the entry into the restroom. The PREA Compliance Manager stated the residents rearrange the beds and lockers on their own. It was recommended that during rounds, staff should be aware of areas that appear to be potential blind spots and insist residents rearrange lockers and beds. Rooms 111, 163 and 164 were not visited due to residents assigned to these rooms under quarantine due to positive COVID-19 tests. Room 109 is also designated as a COVID room, but was empty during the audit visit.

The reporting number for the PREA Ombudsman and CoreCivic's Ethics and Compliance Hotline were dialed on a resident pay phone. The numbers were not able to be reached. The Facility Director and the PREA Compliance Manager researched that number and other numbers found posted to ensure they were correct. Changes were made to posted information and on the last day of the audit, the number for the PREA Ombudsman and CoreCivic's Ethics and Compliance Hotline was dialed and found to be accessible. It was recommended the facility revise reporting information in the resident handbook. The majority of residents have cell phones and can dial numbers that are not toll-free from their cell phones. The following is the correct reporting information:

TDCJ PREA Ombudsman:

1-800-535-0283 or 936-437-5570



Employee and Third Party Reporting: 1-800-461-9330 (CoreCivic Ethics and Compliance Hotline)  
 The Women’s Center of Tarrant County: 817-392-4040  
 Fort Worth Police Department: 817-392-4200

On information provided on the Pre-Audit Questionnaire, the average daily population of the Fort Worth Transitional Center for the past 12 months was 1246 residents. On the first day of the audit there were 211 residents assigned to the facility. Random residents were selected to be interviewed for a total of 22 residents selected from 22 of the resident rooms. The total number of residents interviewed included targeted residents with the following special designations:

<b>Special Designations</b>	<b>Number Assigned to the Facility on First Day of Audit</b>	<b>Number of Residents Interviewed</b>
Residents with Physical Disabilities	4	1
Residents Who Were Blind	0	0
Residents Who Had Low Vision	0	0
Residents Who Were Deaf	1	1
Residents Who Were Hard of Hearing	0	0
Residents Who Were LEP	2	2
Residents With Cognitive Disabilities	3	2
Residents Who Identified as Lesbian	0	0
Residents Who Identified as Gay	1	1
Residents Who Identified as Bisexual	1	0
Residents Who Identified as Transgender	0	0
Residents Who Identified as Intersex	0	0
Residents Who Reported Sexual Abuse	0	0
Residents Who Reported Sexual		

Victimization During Risk Screening	13	2
Residents Screened as Potential Victims	2	0
Residents Screened as Victims and Potential Predators	6	1
Residents Screened as Potential Predators	24	1
Residents Screened as Potential Victims and Potential Predators	2	0
	<b>Total Targeted Residents Interviewed</b>	11

The limited English proficient residents were found to be bilingual and did not require translation. They both answered questions appropriately.

Residents interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. During the site review, random residents were informally interviewed about their knowledge of PREA. When residents informally and formally interviewed were asked if they feel safe from sexual abuse at this facility, all responded they did.

The agency's PREA Coordinator and the Vice President, Operations Administration were interviewed by telephone at the beginning of this three-year accreditation period. Sixteen specialized staff and seven random staff were interviewed during the onsite audit visit. Random staff included all security staff from each of the two security shifts. The breakdown of staff interviews is as follows:

<b>Staff Interview Category</b>	<b>Interviews Conducted</b>
Agency Head or Designee	1
PREA Coordinator	1
Facility Director	1
PREA Compliance Manager	1
Quality Assurance Manager	1
Agency Contract Administrator	2
Staff Responsible for Unannounced Rounds	7
Human Resources Staff	1
Training Coordinator	1
Facility Investigators	3
Staff Responsible for Risk Screenings	7
Incident Review Team Members	4
Staff Who Monitor for Retaliation	1

First Responders (Security)	1
First Responders (Non-Security)	0
Volunteers	1
<b>Total Staff Interview Categories</b>	<b>33</b>

The volunteer was interviewed by telephone. Staff who had multiple roles were asked interview questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their pre-service training and annually during in-service training. Staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and all staff are trained on first responder duties.

The human resource files are maintained by the Administrative Coordinator. Eleven employee and five volunteer records were reviewed to determine compliance with criminal background check procedures. Due to a Flash Reporting system in the state of Texas, criminal background checks are not required every five years. Automatic notifications are made to the facility of any arrests of employees or volunteers on a continuous basis. The TDCJ Volunteer Service Program conducts volunteer criminal background checks. Files reviewed showed employees complete a *Self-Declaration of Sexual Abuse/Sexual Harassment (14-2 CC H)* form as an applicant, as a new hire, during annual performance evaluations and during the promotional process. Files reviewed were in excellent order and complete with required documentation.

The same employee and volunteer records were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation showing PREA training in pre-service and annually for employees and every two years for volunteers. Records reviewed of employees who have been employed since the last PREA audit confirmed completion of PREA training annually during in-service.

Eighteen random resident records were reviewed to determine compliance with PREA education requirements and screening procedures for residents. The review of records showed initial risk assessments are completed within 24 hours of arrival to the facility and 30-day reassessments within 30 days of arrival. Resident files showed both screenings are being completed timely and accurately. In two cases, the residents were rescreened due to conflicting information provided during the initial and 30-day risk assessments.

One record reviewed showed the resident scored as a potential predator on his initial *Sexual Abuse Screening Tool*, but was not found on the *PREA Housing Status*. Another record reviewed showed the resident scored as a victim, but was not on the *PREA Housing Status*. One resident was listed on the *PREA Housing Status* as a victim, but in review of his *Sexual Abuse Screening Tool*, he did not score to be a victim. The *PREA Housing Status* was corrected and an updated copy was provided by the Operations Supervisor. It was suggested that it be one person's responsibility to maintain the *PREA Housing Status* to ensure it remains current at all times. It was decided the Intake Coordinator will be responsible for this task.

Resident records reviewed showed residents receive a *Resident Handbook* on the day of arrival to the facility and sign an *Initial Orientation Form* acknowledging receipt of the handbook. They sign another acknowledgement form acknowledging receiving a *CoreCivic Rape Elimination Act Brochure* and a *Rape Crisis and Victim Services PREA 115.233* acknowledging receiving information about the Women's Center of Tarrant County and the services they provide. Comprehensive PREA education is provided within the first few days of arrival and residents view the *PREA: What You Need to Know* video and sign a *PREA Acknowledgement Zero Tolerance Acknowledgement for Offender (115.233)* form acknowledging viewing the PREA video and understanding the information presented to them.

Documentation of unannounced PREA rounds were requested for the month of October. These rounds are conducted several times daily on each shift and documented on the *Daily Shift Report* and in the Log Book in Main Control.

In interview with the PREA Compliance Manager, since the last PREA audit there were a total of 15 PREA allegations reported and investigated. Of the 15 allegations, four of those allegations were determined to be substantiated. In the past 12 months there were four allegations of Inmate-on-Inmate Sexual Abuse. In review of the investigative files of those four allegations, one was determined to be substantiated and the remaining three unsubstantiated. In all cases the alleged victims were offered medical services. Three alleged victims declined medical services and one alleged victim was taken to the John Peter Smith Hospital for a forensic exam. *PREA Retaliation Monitoring Report (14-2 CC-D)* and *Sexual Abuse or Assault Incident Review Forms (14-2F-CC)* were found filed in the corresponding investigative files.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Loy Serrano, Facility Director
- Carla Jackson, Assistant Facility Director/PREA Compliance Manager
- Christy Newman, Quality Assurance Manager
- Frances Clark, Operations Supervisor
- Ayodele Adelokun, Case Manager Supervisor
- Brian Washington, TDCJ Contract Monitor
- Patricia Rohde, TDCJ Regional Supervisor for Private Facilities
- Heather Baltz, Director, PREA Compliance and Investigations

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and complimented on their success in achieving compliance to all of the PREA standards. They were reminded to revise the reporting information in the English and Spanish *Resident Handbook* and forward the revised pages to me. They were also reminded to ensure security staff be made aware of resident room configurations to ensure blind spots are eliminated. The team was informed of the process that would follow the onsite audit visit, including CoreCivic's responsibility to publish the final report on their website.

## **Post-Onsite Audit Phase**

On 11/9/20, the Quality Assurance Manager forwarded revised pages of the English *Resident Handbook* that contains reporting information. On 11/10/20, she forwarded the Spanish version of those pages.

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and resident interviews during the Onsite Audit Phase, were reviewed during this Post-Onsite Audit Phase. The facility was found to have met compliance to all of the PREA standards.

## **Facility Characteristics**

The Fort Worth Transitional Center is located at 600 N. Henderson St., Fort Worth, Texas. The facility at one time was a motel until being purchased by Esmore Corrections and renovated into a community confinement facility. Ownership and operation of the Fort Worth Transitional Center changed hands a couple of times and in October 2016 CoreCivic purchased the Fort Worth Transitional Center from Avalon. CoreCivic contracts with the Texas Department of Criminal Justice (TDCJ) for the confinement of felony offenders. Most of the residents are transitioning from jail or prison into the community and are able to leave the facility to seek employment. The Fort Worth Transitional Center provides residents with resources and tools needed to successfully transition back into the community. Employment readiness and placement, case management and reintegration programs prepare residents for release into the community.

The Fort Worth Transitional Center consists of three buildings covering 28, 215 square feet with 44 multiple occupancy rooms. The facility has an upper and lower level. In the upper level, there is a Main Control building. Visitors and residents sign in and out of the facility in Main Control. Residents are pat searched in Main Control in view of a camera.

On the upper level, there are five female rooms (Rooms 106-109) and six male rooms (Rooms 110-115). The remaining rooms are on the lower level and house male residents (Rooms 127-164, with the exception of Room 116 which is used as a parole office, room 117 is Reentry and Texas Correctional Office of Offenders with Medical and Mental Impairments (TCOOMMI) offices and 118 is a property room. During the on-site visit Room 156 was closed for renovations. Room 109 is designated as a female COVID-19 room and rooms 111, 163 and 164 are designated as male COVID-19 rooms. Each resident room has four or five bunks, lockers, a television and a restroom with a solid door. Signs above the door to each resident room reminds staff to make opposite gender announcements. On the upper level there is a female day room with a television, vending machines, a microwave, coffee pot and a table. Male resident rooms are around the perimeter of the lower level with a recreation area in the center, one area is designated for males, one for females and one for staff.

On the upper level, there are administrative offices, a conference room, case management offices and an office for the Employment Specialist. There is a female pay telephone at the bottom of the stairs in a small alcove where PREA reporting and TDCJ information is posted.

A ramp leads to the lower level where there are two pay telephones for male residents' use. There is a laundry room on the left-hand side at the end of the ramp with five washers and five dryers and a staff control room to the right. There is a male day room with a television, vending machines, a microwave, coffee pot and tables. There is a serving area and two dining rooms. Food services are contracted by Five Star Food Services. The dining rooms are used as multipurpose rooms where Sexual Abuse Treatment, Cognitive and Pre-Employment classes and orientation is held.

The Fort Worth Transitional Center has 29 employees and five volunteers. Currently there are vacancies for a Case Managers, six Monitor I's, one Monitor II and an Administrative Clerk. Security monitors conduct security checks twice per hour and there are seven counts in a 24-hour period (0630, 1030, 1430, 1830, 2230, 0200 and 0400). The facility has 16 exterior cameras that are monitored from Main Control. The DVR is in the Camera Monitoring Station with data retained for up to 28 days.

CoreCivic's Mission is the following:

We help government better the public good through:

**CoreCivic Safety:** We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

**CoreCivic Community:** We deliver proven and innovative practices in setting that help people obtain employment, successfully integrate into society and keep communities safe.

**CoreCivic Properties:** We offer innovative and flexible real estate solutions that provide value to government and the people we serve.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 7

**List of Standards Exceeded:** 115.211; 115.213; 115.217; 115.231; 115.233; 115.241; and, 115.288

### Standards Met

**Number of Standards Met:** 34

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** N/A

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

**115.211 (a)** CoreCivic's policy 14-2 CC, *Sexual Abuse Prevention and Response*, is the agency's written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. Pages 3 & 4 of the policy includes definitions of prohibited behaviors.

Sexual activity between residents or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 CC is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of residents. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.



**115.211 (b):** The agency employs a PREA Coordinator, who when interviewed at an earlier date, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all CoreCivic's facilities. Page 2 of policy 14.2 CC outlines the responsibilities of the PREA Coordinator. When interviewed the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program. He is assisted by a Director, PREA Compliance and Investigation.

**115.211 (c):** CoreCivic operates 65 facilities and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers is found on Page 2 of policy 14.2 CC. The Assistant Facility Director is designated as the PREA Compliance Manager. The facility's organizational chart depicts the PREA Compliance Manager's position. The PREA Compliance Manager answers to the Facility Director and indirectly to the agency's PREA Coordinator. When interviewed, the PREA Compliance Manager stated that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.

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

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

#### **115.212 (a)**

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

#### **115.212 (b)**

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

#### **115.212 (c)**

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

### Auditor Overall Compliance Determination

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of its residents; therefore, this standard is not applicable to this facility.

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

**115.213 (a)** Based on policy 14-2 CC, pages 9 & 10, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any findings of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. In interview with the Facility Director and the PREA Compliance Manager, they confirmed what they consider when they assess staffing levels.

**115.213 (b):** The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. The current staffing plan was predicted on an

average population of 200 residents. The average daily population of the facility since the last PREA audit was 195. The Operational Staffing Plan allocates 38 positions. The PREA Staffing plan includes one Monitor II or Monitor III and two Monitor I's on each shift. The Shift Supervisor is responsible for reviewing the staffing plan in conjunction with the daily shift roster. If there is deviation to the staffing plan, the PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in IRD. In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviations to the staffing plan. The Facility Director stated he ensures the ratio of 1:60 from 0630-2230 and 1:100 from 2230-0630 is adhered to by checking the daily staffing schedule. TDCJ reviews compliance to the staffing plan during compliance reviews.

**115.213 (c):** The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-2I CC) and forwards it to the Facility Director for review, who then forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I CC to the Vice President, Community Corrections for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The *Annual PREA Staffing Plan Assessments* completed since the last PREA audit were provided for review. There were no recommendations for any changes to the established staffing plan.

**115.213 (d):** Per page 10, section E-1 of policy 14-2 CC, employees are required to conduct unannounced PREA rounds each shift in all areas where residents are permitted to identify and deter employee sexual abuse and sexual harassment. In interview with the Operations Supervisor and the Shift Supervisors who conduct PREA unannounced rounds, rounds are documented on the *Daily Shift Report* and in the Log Book in Main Control. Employees are informed in their PREA training that they are prohibited from alerting other employees that supervisory rounds are occurring.

In review of the policy, documentation provided for review prior to the onsite audit and review of *Daily Shift Report* Log Book during the onsite visit and in interview with those responsible for unannounced PREA rounds, the practice of unannounced rounds confirmed rounds being conducted on both security shifts. Residents interviewed confirmed supervisors make rounds often. Due to the frequency of unannounced rounds, the facility was found to exceed in this standard.

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

#### 115.215 (e)

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

### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

**115.215 (a):** Based on review of policy 14-2 CC, pages 14 & 15, section K, cross-gender resident strip searches shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

**115.215 (b):** Cross gender pat searches of female residents by male employees is prohibited except in exigent circumstances. According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, there were no pat searches of females conducted by male staff. There is always male and female staff on duty at all times. Female residents interviewed confirmed there is always female staff to pat search them.

**115.15 (c):** If a cross-gender pat search of a female resident or cross-gender strip search of any resident occurs, the search is to be documented on the 5-1B, *Notice to Administration*.

**115.215 (d):** The facility has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Opposite gender staff are required to announce their presence when entering resident-housing units. Signs above resident rooms remind staff to make opposite gender announcements before entering. Residents are advised to change clothing in the restrooms to avoid being viewed by opposite gender staff. Restrooms have solid doors. The practice of opposite gender staff announcing their presence when they entered the housing units was observed during the site review of the facility. Residents interviewed confirmed

announcements are made and shared they have privacy when they shower, toilet and change clothing when opposite gender staff are in their room.

**115.215 (e):** According to policy 14-2 CC, page 14, section K-2, searches or physical examinations of transgender and intersex residents for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy. At the time of the onsite audit visit, there were no transgender residents assigned to the Fort Worth Transitional Center.

**115.215 (f):** In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The *Search Procedures Facilitators Guide* was provided for review. Staff are trained on how to conduct pat-searches, including searches of transgender and intersex residents, in a professional and respectful manner. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually.

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

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

### **115.216 (a)**

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

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

#### 115.216 (b)

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

#### 115.216 (c)

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



## Auditor Overall Compliance Determination

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

**115.216 (a):** Based on review of policy 14-2 CC, pages 14 & 15, section I-5, residents are provided PREA education in formats accessible to all residents, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. In interview with the Vice President, Operations Administration (agency head designee), he stated the CoreCivic corporate office provides assistance to facilities to enable them to locate potential vendors or agencies to provide support services for residents with disabilities. Residents who are deaf or are hard of hearing have access to a TTY to relay PREA information to them. One resident was deaf, but read lips well and understood the questions and responded appropriately. Two residents with cognitive deficits interviewed reported they had difficulty reading. They stated they understood the PREA information presented to them and answered questions appropriately.

**115.216 (b):** The agency takes steps to ensure residents who are limited English proficient have access to all PREA information in a format they can understand. Residents view an orientation video, *PREA: What You Need to Know*, available in both English and Spanish, and receive a *Resident Handbook* and a CoreCivic brochure, both available in English and Spanish. The Facility Director and the Intake Coordinator are bilingual (Spanish) and can be called upon to interpret for Spanish-speaking residents. A contract with Language Line Services is used for the translation of any other languages. The facility identified two residents who were limited English proficient, but both residents spoke English well and did not need staff interpretation.

When interviewed the Vice President, Operations Administration (agency head designee), stated the agency maintains a comprehensive contract with Language Line Services and some facilities even have an MOU with organizations in the communities to provide translation services when needed.

**115.216 (c):** The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. Staff translators or Language Line Services are utilized to convey information to limited English proficient residents. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where residents were used for this purpose. Random staff interviewed knew that the agency prohibits using residents for this purpose.

## Standard 115.217: Hiring and promotion decisions

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

### 115.217 (a)

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

### 115.217 (b)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

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

**115.217 (a):** Per policy 14-2, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with residents, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities.

**115.217 (b):** CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The facility does not utilize the services of contractors.

**115.217 (c):** The agency requires that before hiring new employees a criminal background check be conducted. NCIC/TCIC criminal background checks are conducted by TDCJ for applicants. An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were criminal background checks performed on 11 new hires. Volunteer criminal background checks are conducted by the TDCJ Volunteer Services Program.

**115.217 (d):** Per page 5, section B-3-b, of CoreCivic's policy 14-2, TDOC performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with residents. The facility does not utilize the services of contractors.

**115.217 (e):** Due to a Flash Reporting system in the state of Texas, criminal background checks are not required every five years. The fingerprints of employees and contractors are submitted and kept on file with the Department of Public Safety (DPS). DPS notifies TDCJ any time there is an arrest of an employee or volunteer eliminating the need for additional criminal background checks after the initial NCIC/TCIC check.

**115.217 (f):** All applicants, employees are asked about previous misconduct. The 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H CC) is completed as part of the hiring process, when an employee is being considered for a promotion and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct.

**115.217 (g):** Material omissions regarding sexual misconduct or giving false information are grounds for termination.

**115.217 (h):** Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. According to documentation provided by the Administrative Coordinator, in the past 12 months there were no

requests involving a former employee by an institutional employer. If these requests are received, response would be made by the corporate Human Resource department.

In review of the Human Resource files of 11 employees and five volunteers, initial criminal background checks are being completed per agency policy and standard requirements. The records were in excellent order and complete with all required documentation. The facility was found to exceed in the requirements of this standard due to the use of the Flash Reporting system, which allows for continuous updates on arrests of employees and volunteers.

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

**115.218 (a):** Based on policy 14-2 CC, page 33, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect residents from sexual abuse. In interview with the Vice President, Operations Administration (agency head designee), he stated during

acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of the physical plant issues. At existing facilities, a form 7-1B, *PREA Physical Plant Considerations* is used to ensure PREA is considered when initiating a renovation/new construction. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit there were no expansions or modifications of the existing facility and the facility has not acquired any new facilities.

**115.218 (b):** When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect residents from sexual abuse. In interview with the Facility Director and on information provided on the Pre-Audit Questionnaire, since the last PREA audit the facility has not installed or updated the video monitoring system or the electronic surveillance system.

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

**115.221 (a):** Based on policy 14-2 CC, pages 25 & 26, section O - 4, CoreCivic and the Fort Worth Transitional Center are responsible for conducting administrative sexual abuse investigations on both inmate-on-resident and staff sexual misconduct. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The Fort Worth Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. If an employee is a perpetrator in a sexual abuse allegation, referral is made to the TDCJ Office of Inspector General (OIG). OIG and the Fort Worth Police Department follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

**115.221 (b):** The protocol is developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the Department of Justice's Office on Violence Against Women publication. "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

**115.221 (c):** Victims of sexual abuse have access to forensic medical examinations. Residents in need of forensic exams are referred to the John Peter Smith Hospital. The facility is attempting to enter into an MOU with the John Peter Smith Hospital. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there was one residents referred for a SANE exam.

**115.221 (d):** The facility has an MOU with the Women Center of Tarrant County entered into on 3/10/16. The Women's Center of Tarrant County provide resident victims of sexual abuse with a 24-hour support hot line, emotional support and crisis intervention services, victim and court advocacy services and referrals and resources for follow-up services.



**115.221 (e):** As requested by the victim, an advocate from the Women’s Center of Tarrant County would be called upon to accompany the victim through the forensic exam process. Due to the COVID-19 pandemic, accompaniment would be virtual.

## **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 requirement of standards*)

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

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

**115.222 (a):** Policy 14-2 CC, pages 24 & 25, Section O, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. The Fort Worth Police Department is responsible for conducting criminal investigations of allegations of sexual abuse that appear to be criminal. If an employee is a perpetrator in a sexual abuse allegation, referral is made to the TDCJ Office of Inspector General (OIG). According to information reported on the Pre-Audit Questionnaire, in the past 12 months there were four allegations of Inmate-on-Inmate sexual abuse reported. The Fort Worth Police Department were notified in each instance and criminally investigated one of the allegations.

In interview with the Vice President, Operations Administration (agency head designee), he stated it is CoreCivic's policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies and that all administrative investigations are investigated by CoreCivic investigators who have received specialized PREA training.

**115.222 (b):** According to page 24, section M-3-a of policy 14-2 CC, if an allegation of sexual abuse or sexual harassment appears to be criminal, the PREA Compliance Manager or the Facility Director will immediately report the allegation to the TDCJ Emergency Action Center and the TDCJ Contract Monitor. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/security-operations/prea>).

**115.222 (c):** Information about investigations published on the agency website describes the responsibilities of the agency and the investigating entity.

In review of investigative files and interview the facility investigators, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards and investigators know to refer any allegations that appear to be criminal for criminal investigation to TDCJ OIG if the allegation involves an employee as a perpetrator and all other allegations to the Fort Worth Police Department.

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

**115.231 (a):** Policy 14-2 CC, pages 6 & 7, section C-1-a addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2 CC) for sexual abuse and sexual harassment at pre-service and annually at in-service.

The *PREA Overview Facilitator Guide* and *Participant Guide* were provided for review. The training, completed by employees at orientation and annually in in-service training, was found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the residents' right to be free from sexual abuse and sexual harassment, the rights of residents and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTI residents and how to comply with relevant mandatory reporting laws.

The Pre-Service Orientation and In-service training for custody staff and non-custody staff includes two hours of PREA training and custody staff have six hours of training on Search and Procedures as well. In interview with random and specialized staff, they confirmed receiving the training and confirmed the topics the training addressed. In interview with the Training Coordinator, she reviewed the process of staff PREA training and confirmed the topics covered in the training.

**115.231 (b):** The training is tailored to meet the needs of both male and female staff. Employees who are reassigned from facilities housing only male or female residents are given additional training to meet the needs of the opposite gender population. Between trainings, employees are provided with ongoing PREA information in staff meetings.

**115.231 (c):** In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the Fort Worth Transitional Center completed PREA training.

**115.231 (d):** Upon completing the training staff sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A-CC) acknowledging that they have reviewed agency policy 14-2 CC and have completed and understood the PREA training provided and sign a *Training/Activity Attendance Roster* (4-2A-CC). In review of random employee training records, this documentation is maintained by the facility.

In review of the training records of 11 employees, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training. Records of employees assigned to the facility since the last PREA audit had documentation of PREA training each year since the last audit.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. It was evident by the knowledge of staff interviewed of the policy and procedures to follow as outlined in policy 14-2 CC that the facility exceeds in the requirements of this standard.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

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

### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

**115.232 (a):** CoreCivic policy 14-2 CC, page 8, section C-2, and outlines the training requirements for volunteers and contractors. The objectives of the trainings ensure volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. The facility has five religious volunteers and no contractors. Due to the coronavirus pandemic, volunteers have not been able to provide religious services to residents since mid-March.

**115.232 (b):** The level and type of training provided to contractors and volunteers is based on the services they provide. Volunteers complete online volunteer training and sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A-CC) upon completion of training.

**115.232 (c):** In review of five volunteer-training records, the facility maintains documentation of training for volunteers.

In information provided on the Pre-Audit Questionnaire, all volunteers have completed PREA training. In a telephone interview with a volunteer, he stated he completes TDCJ training online every two years. He was knowledgeable of his PREA-related responsibilities and stated he would report allegations of sexual abuse and sexual harassment to the Facility Director or the PREA Compliance Manager.

## Standard 115.233: Resident education

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

### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

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

#### 115.233 (b)

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

#### 115.233 (c)

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

#### 115.233 (d)

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

#### 115.233 (e)

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

### Auditor Overall Compliance Determination

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

**115.233 (a):** Based on CoreCivic's policy 14-2 CC, pages 13 & 14, section I, all residents receive information at the time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 1246 residents admitted to the Fort Worth Transitional Center received PREA information at intake. Residents receive a *Resident Handbook* and a CoreCivic brochure upon admission, both available in English and Spanish, upon intake to the facility. The Intake Coordinator confirmed this information. Random residents interviewed confirmed receiving the *Resident Handbook* and the brochure on day of arrival.

**115.233 (b):** Newly assigned residents view the *PREA: What You Need to Know* video, shown in English and Spanish during orientation and facilitated by Program Facilitators, which includes information specific to the facility. Random residents interviewed confirmed viewing the PREA video.

**115.233 (c):** Residents who transfer from another community confinement facility receive the same PREA education as all residents assigned to the facility.

**115.233 (d):** Residents are provided PREA information in formats accessible to all residents. Written PREA information and posted information is provided in both English and Spanish. The *PREA: What You Need to Know* video is shown in both English and Spanish. Designated bilingual staff provide residents translation as needed and Language Line Services is used for the translation of any other languages.

**115.233 (e):** In review of 18 resident-training records, documentation of PREA education is maintained by the facility. Residents sign a *PREA Acknowledgement Zero Tolerance Acknowledgement for Offenders* acknowledging receipt and understanding of the *PREA: What You Need to Know* video and the PREA information provided to them. They also sign an *Initial Orientation Form* acknowledging receipt of the *Resident Handbook* and another acknowledgement form acknowledging receipt of the *CoreCivic Rape Elimination Act Brochure*. Residents also sign a *Rape Crisis and Victim Services PREA 115.233* acknowledging receiving information on emotional support services provided by the Women's Center of Tarrant County.

**115.233 (f):** In addition to providing PREA education to all residents upon intake, PREA information is posted in various locations throughout the facility in English and Spanish providing ongoing PREA information is continuously available to residents.



Random residents interviewed, both formally and informally, were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard as evident by the random resident record review and in the response of residents to interview questions and by the facility's efforts to provide training opportunities to residents continuously through posted PREA information.

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

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

**115.234 (b):** The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as verified in review of the *Specialist Training: Investigating Sexual Abuse in Confinement Setting* curriculum provided for review.

**115.234 (c):** The facility has three trained facility investigators. Electronic documentation of investigators' completed specialized training and a certificate of completion is being maintained by the facility and were provided for review. The facility also maintains documentation of the general PREA training provided to all employees the facility investigators completed. Documentation of general PREA training was provided for review.

When interviewed, the facility Investigator knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegations that appear to be criminal to the Fort Worth Police Department.

### 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 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 requirement of standards*)

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

**115.235 (a):** According to CoreCivic policy 14-2 CC, pages 7 & 8, section C-b-1, in addition to general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professionals, who work regularly in the facility shall receive specialized medical training.

The Fort Worth Transitional Center does not employ medical or mental health staff, therefore, this standard is not applicable to this facility. All medical and mental health services are provided off-site.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

**115.241 (a):** Residents are screened for their risk of being sexually abused or sexually abusive towards others according to policy 14-2 CC, pages 12 & 13, section H. Upon admission to the Fort Worth Transitional Center, all residents are screened for their risk of being sexually abused or sexually abusive towards others. The Intake Coordinator is the primary person who conducts initial risk assessments. After business hours and on weekends and holidays,

Monitors II and III's conduct the risk assessments. The Intake Coordinator and shift supervisors interviewed explained the screening process.

**115.241 (b):** Intake screening shall ordinarily take place within 72 hours of arrival at the facility. At the Fort Worth Transitional Center, intake screening is completed upon arrival to the facility, exceeding in the requirements of this provision of this standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 1246 residents admitted to the facility were screened upon arrival for their risk of sexual victimization and sexual abusiveness. Residents interviewed confirmed being screened on the first day of arrival to the facility.

**115.241 (c):** Residents are screened, using CoreCivic's *Sexual Abuse Screening Tool* (14-2B-CC), an objective screening tool. The Intake Coordinator enters the 14-2B-CC information in COATS an electronic system.

**115.241 (d):** In review of the screening tool, it was found to consider all of the criteria required in this provision of this standard. The Intake Coordinator interviewed confirmed what information the *Sexual Abuse Screening Tool* (14-2 CC-B) screening tool contains.

**115.241 (e):** The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing residents for risk of being sexually abusive, as confirmed by interview of the Intake Coordinator.

**115.241 (f):** According to policy 14-2 CC, page 12, section H-2-a, within 30 days of arrival to the facility, residents are rescreened using the *Sexual Abuse Screening Tool* (14-2B-CC) to reassess the resident's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 445 residents assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness.

**115.241 (g):** A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the residents risk of sexual victimization or abusiveness.

**115.241 (h):** Residents are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

**115.241 (i):** The 14-2B-CC forms are filed in the residents' file and stored in the Records Room. To maintain confidentiality of screening information, the Facility Director provided names of 21 employees he has designated who are allowed access to screening information. All employees have access to COATS, but Monitor I's have restricted access and are not able to access screening information.

In review of 18 random resident records, initial screenings are being conducted on day of arrival to the facility and 30-day reassessment screenings are being conducted within 21-30 days after arrival to the facility.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those 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 requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**115.242 (a):** According to policy 14-2 CC, page 12, section H-1, 1<sup>st</sup> paragraph, the agency uses the information from the risk screening form to make housing, bed, work and program

assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually aggressive.

**115.242 (b):** Individualized determinations are made about how to ensure the safety of each resident. In interview with the Intake Coordinator and the PREA Compliance Manager, they explained how the facility utilizes information from the screening to keep residents safe from sexual abuse. Residents who score at risk for victimization or abusiveness are not housed together and are tracked on the *PREA Housing Status* log.

**115.242 (c):** Guidelines on housing and program assignments for the management of transgender and intersex residents are outlined in policy 14-2 CC, page 14, section J-1. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, CoreCivic considers on a case-by-case basis whether the placement would ensure the resident's health and safety and whether the placement would present management or security problems. Interview of the PREA Compliance Manager confirmed this practice.

**115.242 (d):** Transgender and intersex residents are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the resident. In the past 12 months, there were no residents who self-disclosed being transgender or intersex.

**115.242 (e):** Transgender and intersex residents' own view of his or her safety is given serious consideration.

**115.242 (f):** According to agency policy, transgender and intersex residents are given the opportunity to shower separately from other residents. In interview with the PREA Compliance Manager, upon request transgender and intersex residents would be permitted to use the shower in an empty dorm. If there is not an empty dorm, the resident may shower when there is a staff member in the area to provide supervision.

**115.242 (g):** The agency does not place lesbian, gay bisexual, transgender or intersex residents in dedicated facilities, units or wings solely based on such identification. At the time of the onsite audit visit, there were no residents.....who self-disclosed being gay, bisexual, transgender or intersex.

## REPORTING

### Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

**115.251 (a):** Policy 14-2 CC, pages 15 - 17, section L, outlines the procedures for resident reporting of allegations of sexual abuse and sexual harassment, retaliation by other residents or staff or staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed of the zero-tolerance policy and methods of reporting in the *Resident Handbook*, pages 4 & 5 and continuously through posters displayed throughout the facility. Residents are informed they can write to or verbally report to the PREA Compliance Manager or any staff member as a means of internally reporting. They are also informed they can file a grievance and that family and friends can report an allegation on their behalf. Residents and staff interviewed were aware of resident reporting options.

**115.251 (b):** Residents are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. In the *Resident Handbook* residents are provided with the telephone number and address to CoreCivic's Facility Support Center and are given the addresses and the telephone number to PREA Ombudsman's Office, the Office of Inspector General (OIG), the TDCJ Ombudsman Coordinator and the Fort Worth Police Department.

**115.251 (c):** Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 16, section L-2 of policy 14-2 CC. Staff interviewed knew the reporting options for residents and knew verbal reports must be documented.

**115.251 (d):** Employees may privately report sexual abuse and sexual harassment of residents in writing or may contact the CoreCivic's Ethics and Compliance Hotline at 1-800-461-9330 or on their website at [www.corecivic.com/ethicsline](http://www.corecivic.com/ethicsline). Reporting methods can be found on the CoreCivic website and in the CoreCivic *Code of Ethics*, pages 16 & 17. Staff are informed of the Ethics Line on *Speak Up* posters. Employees can also report in writing to the Facility Director in a sealed envelope marked "Confidential".

Residents interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of residents by calling the agency's Ethics and Compliance hotline or reporting on the ethics line website and in writing confidentially to the Facility Director.

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

#### 115.252 (c)

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

#### 115.252 (d)

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

#### 115.252 (e)

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

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

#### 115.252 (f)

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

#### 115.252 (g)

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

#### Auditor Overall Compliance Determination

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

The Fort Worth Transitional Center does not have an administrative procedure for addressing residents' grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to a Facility Director. Upon receipt of the allegation the Facility Director will assign a PREA Investigator to conduct an administrative investigation of the allegation. On information provided on the Pre-Audit Questionnaire, in the past 12 months the facility has not received any grievances alleging sexual abuse.

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

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

### 115.253 (a)

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

### 115.253 (b)

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

### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

**115.253 (a):** Policy 14-2 CC, page 10, section F, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given the telephone number to the Women's Center of Tarrant County to request victim advocacy and emotional support services. Residents are also given the telephone number to RAINN, the National Sexual Assault Hotline. Residents are informed they may remain anonymous upon request. In interview with random residents, they knew where to find information to contact the Women's Center of Tarrant County.

**115.253 (b):** Residents are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents are informed that calls to the Women's Center of Tarrant County will not be reported to the Fort Worth Transitional Center or to TDCJ.

**115.253 (c):** The facility has an MOU with the Women's Center of Tarrant County. The MOU entered into in 2016 is in the process of being renewed. A draft of that MOU was provided for review.

### Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

### Auditor Overall Compliance Determination

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



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

**115.254 (a):** The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or the Facility Director. Per CoreCivic policy 14-2 CC, page 18, section N-4, information on third party reporting is made available on CoreCivic's website (<http://corecivic.com/ethicsline>) with instructions for outside parties to contact the Facility Director of the PREA Coordinator and are provided the addresses. They are also given the CoreCivic 24-hour Ethics Line telephone number and website.

Residents are made aware of this method of reporting in the in the *Resident Handbook* and on posted third party reporting information. Residents interviewed were knowledgeable of this method of reporting.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

### 115.261 (c)

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

### 115.261 (d)

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

**115.261 (a):** Based on agency policy 14-2 CC, pages 16 & 17, section L-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third party reports. All staff are required to report immediately to the PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities. The *PREA Overview* training curriculum addresses this information during pre-service and in-service training.

**115.261 (b):** Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation and other security and management decisions. Staff interviewed confirmed this practice.

**115.261 (c):** The Fort Worth Transitional Center does not have medical or mental health staff; therefore, this provision of the standard is not applicable to this facility.

**115.261 (d):** The Fort Worth Transitional Center houses adult male and female residents, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statue, as verified by interview with the Facility Director. In interview with the PREA Coordinator, he explained the agency does not house residents under the age of 18. If there is an allegation of a vulnerable adult, facilities are instructed to contact local law enforcement agencies responsible for conducting criminal investigations to be advised of any reporting requirements.

**115.261 (d):** The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the PREA Compliance Manager. The *Sexual Abuse Incident Check Sheet (14-2C-CC)* is used to ensure all required steps and notifications are made. Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

**115.262 (a):** When the agency/facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. Policy 14-2 CC, page 1, paragraph 2 and page 17, section 2-c and staff PREA training requires that when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.

In interview with the Vice President, Operations Administration (agency head designee), he stated that staff immediately take action protect the resident by removing the resident from the

area and/or individuals where risk may be stemming from and immediately initiate an investigation.

In interview with the Facility Director and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regards to a resident being at substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse. All staff carry with them a First Responder Card reminding them of the actions to take in the event they are a first responder to an allegation of sexual abuse. The *Sexual Abuse Incident Check Sheet* (14-2C-CC) is used to ensure all required steps and notifications are made.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

**115.263 (a):** CoreCivic policy 14- CC, pages 20 & 21, section M-5 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred.

**115.263 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In information provided on the Pre-Audit Questionnaire, there were no notifications received that a resident was abused while confined to another facility.

**115.263 (c):** The Facility Director is required to document on the 5-1B, *Notice to Administration* form that notification was provided.

**115.263 (d):** The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Operations Administration (agency head designee), he stated the facility receiving the information would notify the Facility Director at the other facility within 72 hours. If the information received occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. In the past 12 months, the facility has not received any notifications from other facilities reporting sexual abuse by a former resident of this facility. In interview with the Facility Director, he stated if he receives a notification the allegation he would make notification as required.

## Standard 115.264: Staff first responder duties

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

#### 115.264 (a)

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

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.264 (b)

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

#### Auditor Overall Compliance Determination

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

**115.264 (a):** CoreCivic policy 14-2 CC, sections M-1 – M-2-a outlines the procedure for first responders to allegations of sexual abuse whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, staff shall request the alleged victim and abuser do not wash, shower, remove clothing, use the restroom, eat, drink, smoke or brush his/her teeth.

**115.264 (b):** Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. A victim of sexual abuse is immediately escorted to the medical department for evaluation and stabilization.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. The *Sexual Abuse Incident Check Sheet* (14-2C-CC) is used to ensure all required steps and notifications are made. Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence.

#### Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

**115.265 (a):** Policy 14-2 CC, pages 18 - 26, section M, N & O, outlines the facility's coordinated response to an incident of sexual abuse. Pages 10 & 11 of policy 14-2 CC, section G-1-4, states a Sexual Abuse Response Team (SART) is established at the facility and outlines the responsibilities of the SART. It is the responsibility of the SART to ensure coordination of the plan. The SART includes the Facility Director, Assistant Facility Director/PREA Compliance Manager, Operations Supervisor and the Medication Monitor.

A *Sexual Abuse Incident Check Sheet* (14-2C-CC) is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made. All staff carry with them a First Responder Card to remind them of the steps to take in response to an allegation of sexual abuse. Interviews with Facility Director and other members of the SART revealed that they know their responsibilities in carrying out the coordinated response plan.

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

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

##### 115.266 (a)

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

##### 115.266 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

**115.266 (a):** CoreCivic policy 14-2 CC, page 29, section R-2-d, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with residents pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, the has not entered into or renewed any collective bargaining agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with residents pending the outcome of an investigation.

In interview with the Vice President, Operations Administration (agency head designee) at an earlier date, he stated all collective bargaining agreements permit CoreCivic to remove alleged staff sexual abusers from contact with a resident pending an investigation or disciplinary action.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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



### 115.267 (c)

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

### 115.267 (d)

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

### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.267 (a):** CoreCivic has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on page 12, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims.

The PREA Compliance Manager is responsible for monitoring residents and employees for retaliation. Monitoring is documented on the 14-2-C-CC, *PREA Retaliation Monitoring Report*.

**115.267 (b):** Multiple protection measures, such as housing changes, or transfers of resident victims or abusers, removal of alleged staff or resident abusers from contact with victims are taken. In interview with the Vice President, Operations Administration (agency head designee), and the PREA Compliance Manager, they explained what protection measures are taken to protect residents and staff from retaliation. When interviewed the Facility Director stated he would ensure the alleged victim is monitored for retaliation and if he suspected retaliation, he would investigate.

**115.267 (c):** Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the PREA Compliance Manager, she explained the process and time frames of retaliation monitoring and the things she would look for to determine if retaliation may be occurring.

**115.267 (d):** In addition to monthly monitoring, residents will also have periodic status checks and any relevant documentation will be reviewed.

**115.267 (e):** If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.

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

According to documentation provided on the Pre-Audit Questionnaire, in interview with the PREA Compliance Manager and in review of investigative files, no incidents of retaliation occurred in the past 12 months. In review of investigative files, a 14-2C-CC forms was found filed in the corresponding investigative file. In the other three cases reported in the past 12 months, one investigation was closed before 30 days and determined to be unsubstantiated and the other two, also determined to be unsubstantiated, the alleged victims left the facility before 30 days.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

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

#### 115.271 (b)

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

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

#### Auditor Overall Compliance Determination

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

**115.271 (a):** The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the Fort Worth Transitional Center. Administrative allegations are required to be conducted promptly, thoroughly and objectively. The agency's policy on administrative and criminal investigations is outlined in CoreCivic's policy 14-2 CC, pages 24-26, section O. In interview with facility Investigators they knew their responsibilities in the conduct of administrative investigations.

**115.271 (b):** The facility has three trained Investigators who have received specialized training in sexual abuse and sexual harassment investigating. Documentation provided showed that the investigators has completed *Specialized Training: Investigating Sexual Abuse in Confinement Settings* and the facility provided documentation to show completion of this training for facility investigators.

**115.271 (c):** The investigator gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

**115.271 (d):** Allegations involving staff or residents that appear to be criminal are referred to the TDCJ OIG and to the Fort Worth Police Department for residents. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

**115.271 (e):** The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as a resident or a staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with the facility Investigator.

**115.271 (f):** The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented in the *Incident Investigative Report (5-1G)* via the IRD. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including explanation as to what determined the conclusion.

**115.271 (g):** The TDCJ OIG and the Fort Worth Police Department conduct criminal investigations. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

**115.271 (h):** Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no allegations referred for prosecution.

**115.271 (i):** CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule (1-15 B)*.

**115.271 (j):** If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If a resident abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

**115.271 (k):** The TDCJ OIG and the Fort Worth Police Department conduct investigations as required in provisions (a) – (j) of this standard.

**115.271 (l):** The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator, the Facility Director, the PREA Compliance Manager and facility Investigators, they all stated they stay in contact with outside investigators through phone or e-mail.

## Standard 115.272: Evidentiary standard for administrative investigations

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

### 115.272 (a)

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

### Auditor Overall Compliance Determination

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

Based on CoreCivic's policy 14-2 CC, pages 26, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigators was asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

## Standard 115.273: Reporting to residents

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

### 115.273 (a)

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

### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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 requirement of standards*)



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

**115.273 (a):** Policy 14-2, page 27, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the PREA Compliance Manager to present the notice to the victim. In interview with the Facility Director and the PREA Compliance Manager they confirmed this requirement.

**115.273 (b):** If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. In the last 12 months, there were four inmate-on-resident sexual abuse allegations received reported and investigated. Two alleged victims received notifications and the remaining two alleged victims left the facility before the conclusion of the investigations.

**115.273 (c):** The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The resident will be informed if the staff member is no longer posted within the resident's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.

**115.273 (d):** Following a resident's allegation that another resident sexually abused him, the agency shall inform the resident of the outcome of the investigation. The resident is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse. In one report of inmate-on-inmate sexual abuse the perpetrator was arrested and notification was made to the victim.

**115.273 (e):** All notifications or attempted notifications shall be documented on the 14-2E-CC, *Resident Allegation Status Notification* form. The resident signs the 14-2E-CC and the form is filed in the corresponding investigative file. In information provided on the Pre-Audit Questionnaire, there were two 14-2E-CC forms presented to alleged victims. In review of the investigative files of allegations reported in the past 12 months, 14-2E-CC forms were found filed in the corresponding investigative files.

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

<b>DISCIPLINE</b>
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## Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

### Auditor Overall Compliance Determination

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

**115.276 (a):** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2 CC, pages 28 & 29, section R-2-a-c.

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

**115.276 (c):** Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

**115.276 (d):** All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

From information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months, there were no staff found in violation of the agency's sexual abuse and sexual harassment policy.

## Standard 115.277: Corrective action for contractors and volunteers

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

**115.277 (a):** Based on review of policy 14-2 CC, page 29, section R-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal. The facility does not utilize the services of contractors and has five religious volunteers.

**115.277 (b):** Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Facility Director and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the Fort Worth Transitional Center has not received any reports of sexual abuse of residents by volunteers. The Facility Director stated that if a volunteer violated the agency's zero-tolerance policy the Fort Worth Police Department and TDCJ would be notified. If the act was consensual and not abuse, he would notify the parole officer.

## 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 inmate-on-resident sexual abuse, or following a criminal finding of guilt for inmate-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 requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**115.278 (a):** Per policy 14-2 CC, pages 28 & 29, section R-1, residents will be subject to disciplinary sanctions following an administrative finding that the resident was found guilty of sexual abuse. Residents are made aware in the *Resident Handbook* and on the *PREA Acknowledgement Zero Tolerance Acknowledgment for Offender*, signed on day of arrival, that there is no consent to sexual activity at this facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there was one criminal finding of inmate-on-resident sexual abuse that occurred at the facility. The allegation was determined to be substantiated through criminal investigation by the Fort Worth Police Department that resulted in the arrest of the perpetrator.

**115.278 (b):** Sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. In interview, the Facility Director confirmed this requirement.

**115.278 (c):** The disciplinary process considers whether an resident’s mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Facility Director he stated a resident’s mental disability or mental illness would be considered before sanctions were imposed.

**115.278 (d):** In the case of sexual abuse, the alleged perpetrator is offered mental health services. Mental health services are provided by an offsite provider.

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

**115.278 (f):** Residents who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

**115.278 (g):** Sexual activity between residents is prohibited in all CoreCivic facilities and residents may be disciplined for such activity. Residents are informed that sexual misconduct is a violation against the facility’s rules and regulations and what constitutes sexual misconduct. All sexual activity between residents is prohibited and residents are informed they will be disciplined for violations.

## MEDICAL AND MENTAL CARE

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

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

#### 115.282 (a)

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

#### 115.282 (b)

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

### 115.282 (c)

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

### 115.282 (d)

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

### Auditor Overall Compliance Determination

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

**115.282 (a):** All resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners according to their professional judgement. According to CoreCivic policy 14-2 CC, page 19, section M-3-e, the PREA Compliance Manager will ensure that medical and mental health referrals are made.

**115.282 (b):** The Fort Worth Transitional Center does not have medical or mental health staff. Resident victims are referred to the John Peter Smith Hospital for medical and mental health services. Security and non-security staff confirmed their knowledge of this requirement.

**115.282 (c):** Medical staff does not perform forensic exams. Resident victims of sexual abuse are transferred to the John Peter Smith Hospital where SANE exams are performed. Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and females are offered contraception prophylaxis.

**115.282 (d):** Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### 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 inmate-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.283 (a):** Based on CoreCivic's policy 14-2 CC, page 19, section M-3-e, the facility ensures medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care.

**115.283 (b):** Referrals are made to outside providers for medical and mental health services.

**115.283 (c):** Resident victims of sexual abuse are referred to the John Peter Smith Hospital for medical services and counseling is provided by the Women's Center of Tarrant County.

**115.283 (d):** According to conversation with the Coordinator of Forensic Nursing Services at the John Peter Smith Hospital, all female victims are given a baseline pregnancy test.

**115.283 (e):** If pregnancy results from the sexual abuse, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

**115.283 (f):** Resident victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The Coordinator of Forensic Nursing Services at the John Peter Smith Hospital stated victims are given STD prophylaxis and a baseline HIV test.

**115.283 (g):** Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.

**115.283 (h):** Inmate-on-resident abusers would be referred to community providers for a mental health evaluation.

## DATA COLLECTION AND REVIEW

## Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

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

#### 115.286 (e)

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

#### **Auditor Overall Compliance Determination**

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

**115.286 (a):** Based on policy 14-2 CC, pages 23 & 24, section N, the Facility Director will ensure a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. It is the responsibility of the SART to conduct these reviews.

**115.286 (b):** The review shall occur within 30 days of the conclusion of the investigation.

**115.286 (c):** In a memo from the Facility Director, members of the SART include the Facility Director, PREA Compliance Manager, Quality Assurance Manager, Operations Supervisor and the Medication Monitor. In interview with the Facility Director and the PREA Compliance Manager, they confirmed the members of the facility's SART.

**115.286 (d):** When reviewing an incident, the SART considers the requirements of 115.286 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented on the 14-2F-CC, *Sexual Abuse or Assault Incident Review Form*, and completed forms are forwarded to the PREA Coordinator.

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

On information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months, there were four incident reviews conducted at the conclusion of the investigations. The *Sexual Abuse or Assault Incident Review Forms* (14-2F-CC) were filed in the corresponding investigative files. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

### Auditor Overall Compliance Determination

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

**115.287 (a) & (c):** Information on data collection is found on pages 30 & 31, section T-1 and section T-2-a of CoreCivic's policy 14-2 CC. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ).

**115.287 (b):** Annually, the PREA Coordinator aggregates the incident-based sexual abuse data

**115.287 (d):** The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Prison Rape Elimination Act (PREA) Reporting* (5-1E) form. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

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

**115.287 (f):** Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. DOJ requested this information in the previous calendar year according to information reported on the Pre-Audit Questionnaire.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

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

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

#### Auditor Overall Compliance Determination

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

**115.288 (a):** Based on policy 14-2 CC, page 30, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Operations Administration (agency head designee) stated incident data is provided daily to select FSC staff in a *Daily PREA Report*. Review of PREA data is made on a daily, monthly and annual basis. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

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

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

**115.288 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted. In interview with the PREA Coordinator, he stated there are no names of staff, residents, auditors or identifying information included in the annual report

The annual reports prepared by the PREA Coordinator since the last PREA audit (2017, 2018 2019) were well written with easy to read tables according to the type of allegations and the investigative findings, as well as a narrative overview of this information. The report provides a review of incident-based data with a comparison of aggregated data for the previous years in the audit cycle.

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

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

#### 115.289 (a)

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

#### 115.289 (b)

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

#### 115.289 (c)

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

#### 115.289 (d)

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

### Auditor Overall Compliance Determination

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

**115.289 (a):** According to policy 14-2 CC, page 30, section T-1-iv, the agency ensures that the data collected is securely retained. PREA files are secured in the ..... In interview with the PREA Coordinator, he reported that aggregated data is entered into the agency's F-1 system that is used throughout the agency. Specific facility information can only be accessed by the facility.

**115.289 (b):** CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.289 (c):** Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**115.289 (d):** According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.

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

**115.401 (a):** Based on policy 14-2 CC, page 32, section U-2-a, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.

**115.401 (b):** According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The initial PREA audit of this facility was in 2016 and a recertification audit was conducted in 2017.

**115.401 (f):** I received and reviewed all relevant agency-wide policies for the Fort Worth Transitional Center.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the facility.

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

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a representative sample of residents and staff, supervisors and administrators.

**115.401 (l):** I reviewed camera monitors and electronically stored data.

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

**115.401 (n):** Residents were notified 60 days before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive correspondence from any residents of the Fort Worth Transitional Center.

**115.401 (o):** During the On-Site Audit Phase, I contacted the Director of Rape Crisis Services of the Women's Center of Tarrant County. I also contacted the Coordinator of Forensic Nursing Services of the John Peter Smith Hospital and the Supervisor of the Sex Crimes Unit of the Fort Worth Police Department.

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

**115.403 (a):** Based on policy 14.2 CC, page 31, section U-b, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention, Response policy (14-2 CC)*, the policy was found to be well written and comprehensive complying with the PREA National Standards.

**115.403 (c):** For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. There were no standards determined to be non-compliant. See page 15 for a summary of my findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable resident or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

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

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.

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

Barbara Jo Denison

November 16, 2020

**Auditor Signature**

**Date**