

PREA Facility Audit Report: Final

Name of Facility: Austin Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: 04/24/2025

Date Final Report Submitted: 06/17/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E Arnold	Date of Signature: 06/17/2025

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	02/11/2025
End Date of On-Site Audit:	02/12/2025

FACILITY INFORMATION	
Facility name:	Austin Transitional Center
Facility physical address:	3154 East State Highway 71, Del Valle, Texas - 78617
Facility mailing address:	

Primary Contact

Name:	Jose Rodriguez Jr.
Email Address:	jose.rodriguezjr@corecivic.com
Telephone Number:	(830) 965-6167

Facility Director	
Name:	Rich
Email Address:	rich.guerrerojr@corecivic.com
Telephone Number:	629-654-0875

Facility PREA Compliance Manager	
Name:	Jose Rodriguez
Email Address:	jose.rodriguezjr@corecivic.com
Telephone Number:	(830) 965-6167
Name:	Andrew Fernandez
Email Address:	andrew.fernandez@corecivic.com
Telephone Number:	(830) 326-1994
Name:	Faynett Anderson
Email Address:	faynett.anderson@corecivic.com
Telephone Number:	(615) 339-1840
Name:	Tara Wilson
Email Address:	tara.wilson@corecivic.com
Telephone Number:	(520) 240-6031

Facility Characteristics	
Designed facility capacity:	460

Current population of facility:	386
Average daily population for the past 12 months:	179
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	21-75
Facility security levels/resident custody levels:	community/low
Number of staff currently employed at the facility who may have contact with residents:	55
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027

Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.231 - Employee training • 115.288 - Data review for corrective action
Number of standards met:	
39	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-02-11
2. End date of the onsite portion of the audit:	2025-02-12

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Director of Victim Advocacy at The Safe Alliance- Very infrequent contact with ATC residents.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	460
15. Average daily population for the past 12 months:	179
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	381
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>None</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>57</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>4</p>

<p>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>4</p>
<p>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>None</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents were interviewed from each of the 10 housing units.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor notes that there is no Segregated Housing at ATC.</p>

50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor notes that two LEP residents and one resident who reported a sexual abuse incident at ATC refused to be interviewed.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

51. Enter the total number of RANDOM STAFF who were interviewed:	12
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52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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If "Other," describe:	Languages spoken and ethnicity.
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53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
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Specialized Staff, Volunteers, and Contractor Interviews

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

<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>56. Explain why it was not possible to interview the Agency Head:</p>	<p>Given the number of facilities that fall under the CC umbrella, pre-prepared questions and answers were provided.</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>58. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>Given the number of facilities that fall under the CC umbrella, pre-prepared questions and answers were provided.</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	None

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>None</p>
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Documentation Sampling

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

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Staff HR Files- 14 Staff Training Files- 11 Resident Files- 15 Investigation Files- 6</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	10	1	10	1
Staff-on-inmate sexual abuse	4	1	4	1
Total	14	2	14	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	4	3
Staff-on-inmate sexual abuse	0	2	2	0
Total	0	5	6	3

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	1
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	4	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	6
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<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

96. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER:** the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

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

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.211(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Director further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>CoreCivic (CC) 14-2 CC entitled Sexual Abuse Prevention and Response, pages 1-35 addresses 115.211(a). This policy citation parallels the language of the provision, inclusive of various operational specifics as addressed throughout this report.</p>

The auditor's review of two PREA Zero Tolerance Policy Acknowledgments reveals a preliminary PREA education document complete with the majority of information required pursuant to 115.211(a).

In view of the above, the auditor finds ATC substantially compliant with 115.211(a).

115.211(b)

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

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

Pursuant to interview with the CCPC, the auditor learned she does feel he has sufficient time to manage all of her PREA related responsibilities. At CoreCivic Community Corrections, each facility director selects a PCM. The PREA Office at the Facility Support Center (FSC) in Nashville, TN consists of two individuals.

The Senior Director schedules and follows through regarding audits and compliance issues, inclusive of policy. She develops training, conducts mock audits of facilities, responds to questions from the field regarding PREA compliance, provides guidance regarding sexual abuse/harassment investigations, compiles macro and micro statistics and metrics related to the CC program, briefs executive leadership about the efforts and challenges of the PREA program, and coordinates with partner agencies about PREA-specific information, when appropriate. The Director coordinates and exercises quality control with respect to PREA investigations.

The CCPC further states that her primary mission and goal is to ensure corporate-wide compliance with PREA standards and PRC guidance. When appropriate, it may be necessary to coordinate with partner agencies about PREA-specific information. She does travel to facilities to ensure required assistance is rendered onsite.

CC has a comprehensive PREA program that includes PREA Policy 14-2 CC for Community Corrections. This policy is reviewed and revised on a regular basis to ensure that facility procedures and practice meet PREA standards and best practices. The CCPC and Director work closely with PREA auditors and assist the facility in developing corrective action plans as required. If the issue is a policy issue, a policy revision can be developed and implemented, if necessary.

The Acting PCM asserts that she does have sufficient time to manage all of her

	<p>PREA-related responsibilities. As Acting Director/PCM, she devotes a significant amount of time to daily Management by Wandering Around (MBWA). These intentional MBWA rounds provide an opportunity to assess staffing, blind spot assessments, infrastructure issues that may impact resident sexual safety, and she is accessible to both staff and residents. The training coordinator (TC) is responsible for managing and overseeing staff PREA training. The PCM maintains close contact with the TC regarding the status of staff training programs.</p> <p>With respect to any PREA issues identified, as Acting Director, the PCM is in a unique position to "fix" most issues. If additional cameras or infrastructure modifications are required, the Director/PCM initiates the same pursuant to submission of a "CAP" proposal to corporate staff. Proposed changes to PREA policy and training programs are likewise submitted pursuant to a corporate approval protocol. Of note, policy changes are likewise reviewed by Texas Department of Criminal Justice (TDCJ customer) officials.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.211(b).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.211.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212(a)</p> <p>Pursuant to the PAQ, the Director self reports that CC and ATC do not contract with other facilities or companies to house residents designated for confinement at ATC. The auditor's research and informal interview with the CCPC and Director validates the same.</p> <p>Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds ATC substantially compliant with 115.212(a).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.212.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.213(a)

Pursuant to the PAQ, the Director self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The Director self reports the average daily number of residents since the last PREA audit is 378 and the average daily number of residents on which the staffing plan is predicated is 460.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(1)(a-d) addresses 115.213(a). This policy citation parallels the language of the provision.

According to the Director/PCM, a minimum number of one staff member per 60 residents is required pursuant to the TDCJ contract between the hours of 6:00AM and 10:00PM. Between the hours of 10:00PM and 6:00AM, a minimum of one staff member is required per 100 residents. Six or 7 staff are generally assigned during the 6:00AM-10:00PM time frame and 5 or 6 staff are assigned during the 10:00PM-6:00AM time frame. Staffing includes a shift supervisor and/or a senior monitor. One monitor is assigned to the front entrance while another staff member is assigned to the control center. The remaining staff, generally excluding the supervisor.

The Director/PCM asserts that video monitoring (30-40 cameras are monitored) and mirror needs/placements are continually assessed and reassessed. Ten to 12 cameras have been added since the last PREA audit to address blind spots. Areas are monitored with the intent of determining any areas requiring higher visibility. Generally, hallways receive much attention as they receive a higher concentration of resident activity and movement. As the result of the facility tour and conversations with the Director/PCM, the auditor concurs.

The Director/PCM asserts that the staffing plan is documented and the Director, assistant director (AD), human resources manager (HRM), case manager supervisor (CMS), and operations supervisor (OS) have privileges to access the shared drive wherein a copy of the staffing plan is maintained.

The Director/PCM asserts that when assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

- a. Staffing must meet the specifications listed above in terms of staff per shift. Blind spots, line of sight, and the minimum staffing levels prescribed in the contract with TDCJ, are the primary drivers in staffing plan development. Daily "fixes" in terms of resident sexual safety include "all staff" MBWA rounds and use of the basic camera technology/mirrors currently employed. Knowledge of residents, their associations with staff and other residents, and their behavioral patterns also factor into the sexual safety equation.
- b. There are no racial issues at ATC as racial groups appear to be balanced, primarily caucasian, hispanic, and black dispersed throughout the facility. Minimal

concerns with gang members. The LGBTI population (minimal) triggers no management concerns. The mental health population can be a source of concern as sexual abuse/harassment allegations may be more prevalent with the same.

c. Substantiated and unsubstantiated cases are closely monitored for trends. If trends are identified, they are first assessed to determine if there are any local measures that can be implemented to offset the same. For example, increased staff security rounds or increased electronic monitoring may be viable options.

d. There are no other relevant factors under consideration at ATC at this time.

In regard to checks for compliance with the staffing plan, the Director personally maintains a pulse on the daily roster and periodically compares the same against actual staffing strength. Additionally, she maintains contact with the OS, shift supervisors, and DD to determine compliance. The OS alerts the Director regarding call-offs, etc. and he is clearly proactive when filling vacancies.

ADOs, the Director, and other staff may fill vacancies as needed. ATC is always compliant with the contract and staffing plan.

In view of the above, the auditor finds ATC substantially compliant with 115.213(a).

115.213(b)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section D(5 and 6) addresses 115.213(b). This policy citation provides specific procedures to be employed with respect to daily roster checks and compliance with the staffing plan.

The Director asserts all instances of non-compliance with the PREA staffing plan would be documented. Specifically, the deviation would be reported to the regional director (RD) with follow-up with a memorandum or email. The Director self reports there were no instances of deviation from the staffing plan during the last 12 months. The rationale for non-compliance with the PREA staffing plan and corrective action taken would be documented and forwarded to the CCPC, as well as, the RD.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Requisite staffing patterns as previously described in the narrative for 115.213(a) were clearly visible throughout the facility. Camera placements appear to capture a substantial amount of resident and staff movement throughout the facility from entry to exit.

	<p>In view of the above, the auditor finds ATC substantially compliant with 115.213(b).</p> <p>115.213(c)</p> <p>Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:</p> <p>The staffing plan;</p> <p>Prevailing staffing patterns;</p> <p>The deployment of video monitoring systems and other monitoring technologies; or</p> <p>The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section D(2)(a-c) addresses 115.213(c). This policy citation parallels the language of the provision.</p> <p>According to the Acting Director/PCM, the facility staffing plan is reviewed at least once each year. The CCPC generates the staffing plan and the Director/PCM reviews and approves the same. She did not review the staffing plan during this audit period as she is serving in an Acting capacity.</p> <p>***The auditor's review of the May 25, 2022, April 7, 2023, and April 15, 2024 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.213(c). The plans address the four requisite consideration factors and bear all requisite signatures.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.213(c).</p> <p>Accordingly, in view of the above, the auditor finds ATC substantially compliant with 115.213.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215(a)</p> <p>Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted</p>

at ATC. However, as reflected in the policy narrative cited below, the same can be conducted pursuant to exigent circumstances and only if authorized by partner agencies. The Director further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at ATC during the last 12 months.

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

The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee states such searches are not facilitated at ATC. Strip or visual searches would be conducted by same gender staff and a cross-gender strip or visual search would require the approval of the partner agency. The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff, at ATC during the last 12 months.

Citing a caveat, the interviewee states that such searches of a transgender female resident may warrant a cross-gender search. Additionally, the presence of strong evidence the resident has secreted a weapon in his rectum may serve as an exigent circumstance.

In view of the above, the auditor finds ATC substantially compliant with 115.215(a).

115.215(b)

Pursuant to the PAQ, the Director self reports cross-gender pat-down searches of female residents, absent exigent circumstances, are not authorized at ATC. The Director further self reports that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Zero pat-down searches of female residents were conducted by male staff during the last 12 months.

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

All 12 random staff state that access to programs or outside facility activities would not be cancelled in the event that insufficient female staff were available to facilitate pat searches of female residents. Either female staff from another discipline or administrative duty officer (ADO) staff may be recalled to facilitate pat searches or modified pat searches could be implemented.

Three of three random female resident interviewees state they have never been unable to participate in outside activities or programs because female staff were unavailable to facilitate pat-down searches of residents.

In view of the above, the auditor finds ATC substantially compliant with 115.215(b).

115.215(c)

Pursuant to the PAQ, the Director self reports facility policy requires all cross-gender strip searches and cross-gender visual body cavity searches are documented. Likewise, facility policy requires that all cross-gender pat-down searches of female residents are documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(5) addresses 115.215(c). This policy citation provides guidance regarding documentation of cross-gender strip or visual body cavity searches of residents, as well as, cross-gender pat searches of female residents. The auditor has found no evidence of the conduct of either cross-gender pat searches of female residents or cross-gender strip searches or visual body cavity searches of ATC residents during the last 12 months.

In view of the above, the auditor finds ATC substantially compliant with 115.215(c).

115.215(d)

Pursuant to the PAQ, the Director self reports the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Director further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 14 and 15, section J(6)(7)(a-e), (8) and (9) addresses 115.215(d). These policy citations expound on specific procedures regarding staff gender announcements and precautions against staff viewing.

During the facility tour, the auditor observed a notice at the entrance to each unit that reads "Opposite Gender Staff Must Announce Upon Entry". A memorandum poster hung near the resident bathrooms states that all residents to dress in the bathroom to avoid observation by staff and other residents. Cameras are not positioned in the resident bathrooms however, entrance and egress into and out of the bathrooms is captured via camera surveillance.

The auditor notes that residents are sufficiently shielded from observation when using the toilet and shower areas. Specifically, PREA shower curtains are hung in the resident shower areas with sufficient curtains to conceal each resident who is showering. Additionally, metal partitions separate each toilet stall with a door included with each partition.

The auditor also noted the food service area is not monitored by electronic

surveillance however, the area is always monitored by staff and mirrors. A mirror captures entrance and egress from the staff rest room. The Director asserts that three cameras have been requested for the Food Service area pursuant to CAP request. Laundry rooms located in each unit are monitored by mirrors.

Aside from the above, camera surveillance appears to be adequate and well thought out. Cameras are monitored by supervisors and above and the same are plentiful in common areas, units, and blind spots are generally addressed by cameras or mirrors.

The auditor noted that opposite gender staff announced whenever they entered areas wherein opposite gender residents were housed. These efforts were also commended during the random resident interviews.

All 17 random resident interviewees report opposite gender staff announce their presence, by gender, when entering their housing area. All 17 random residents interviewees also self report they are never naked or in full view of female staff or male staff when toileting, showering, or changing clothing.

Of note, medical/mental health staff are not employed at ATC. All 12 random staff interviewees self report opposite gender staff announce their presence, by gender, when entering housing and shower/toilet areas at ATC. Similarly, all interviewees self report residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds ATC substantially compliant with 115.215(d).

115.215(e)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 15, section J(10)(a) addresses 115.215(e). This policy citation parallels the language of the provision.

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

The transgender/intersex resident interviewee states she showers at the same time as other residents by choice.

In view of the above, the auditor finds ATC substantially compliant with 115.215(e).

115.215(f)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(4) address 115.215(f). This policy citation provides guidance as to the conduct of cross-gender pat-down searches of female residents and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs.

The auditor's review of the PREA Search Procedures participant and facilitator's guides reveals substantial compliance with 115.215(f). Several scenarios are scripted wherein students identify proper procedures as articulated in 115.215(f).

Eleven of 12 random staff interviewees state they received requisite training in video, discussion, power point format, and/or demonstration formats. Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated during the PREA Overview session during PREA Pre-Service and PREA ART training. The same may also be facilitated as a component of the security training presentation during Pre-Service and ART.

The auditor's review of a roster entitled Search Procedures reveals that 19 staff completed the Pre-Service Search Procedures course between January and November, 2024. Additionally, a roster entitled Resident Searches reveals that another 25 staff completed the online In-Service [Annual Refresher Training (ART)] Resident Searches course during the same time period. The same reveals substantial compliance with 115.215(f).

The auditor's on-site review of 11 random staff training files reveals evidence of requisite 115.215(f) training completion regarding the conduct of cross-gender pat down searches of female residents and searches of transgender/intersex residents in a professional and respectful manner during the last 12 months. Accordingly, compliance with 115.215(f) is established.

Training is provided in video, discussion, power point format, and demonstration formats. Cross-gender pat-down searches and searches of transgender/intersex residents in a professional and respectful manner training is facilitated during the PREA Overview session during PREA Pre-Service and PREA ART training. The same may also be facilitated as a component of the security training presentation during Pre-Service and ART.

In view of the above, the auditor finds ATC substantially compliant with 115.215(f).

The auditor finds ATC substantially compliant with 115.215.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(6)(a) and (b) addresses 115.216(a). This policy citation provides specific direction regarding strategies to educate disabled residents in or allow them to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment.</p> <p>According to the PCM, a TTY machine is available at ATC however, Braille is not available. Assistance is also available through the Texas Correctional Office on Offenders with Medical or Mental Health Impairments. For blind residents, material is read aloud to them. For low functioning or mentally impaired residents, material is read aloud to them in a manner that assists with comprehension. Severely mentally ill residents are generally not housed at ATC.</p> <p>According to the Agency Head interviewee, effective in 2024, CC utilizes VOYCE for interpretation and translation services. Access to these translation services can be accomplished via website, video chat, and a telephone call.</p> <p>TTY phones are provided for hearing impaired residents and arrangements are also made to assist those residents who are blind. Staff can read documents to those residents who are blind or present with low vision.</p> <p>All eight residents presenting with low vision, low hearing, mental health/cognitive impairment, and physical disability state the facility provides information about sexual abuse and sexual harassment that they are able to understand.</p> <p>The auditor notes posters are positioned at reasonable heights for a physically disabled resident's view. Additionally, printed materials appear to be written at a reading level appropriate to the resident population.</p> <p>The intake staff interviewee states he reads PREA information to residents with limited vision, instructs residents with limited hearing to read materials, and would access VOYCE for Limited English Proficient (LEP) residents.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.216(a).</p>

115.216(b)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 12 and 13, section H(7) addresses 115.216(b). This policy citation provides specific direction regarding strategies to provide translation services to LEP and disabled residents.

The auditor's review of the VOYCE contract and instructions reveals substantial compliance with 115.216(b). The auditor determined that supervisors, case managers, and ADOs, minimally, have access to the instructions regarding the specifics of VOYCE operations. Finally, the auditor's review of the PREA: Prevent, Detect, Respond tri-fold brochure reveals the same is presented in both English and Spanish, as is the Texas Board of Criminal Justice (TBCJ) PREA Ombudsman Office brochure. Both documents address zero tolerance, reporting options, tips to avoid sexual abuse and other nuances of the PREA program. The ATC Resident Handbook is also printed in both English and Spanish and a written transcript relative to the "What You Need to Know" video is available for deaf or hard of hearing residents to read.

On February 12, 2025, the auditor tested the VOYCE translation service line. The Director/PCM facilitated the test, utilizing the instructions he maintains in his office. The test was facilitated from his office telephone at 4:05PM on the aforementioned date. He contacted the VOYCE access telephone number and following the prompt, he keyed the appropriate code. At that point, the auditor heard a VOYCE staff member inquire about the language to be used for translation and he determined the call was successful.

In view of the above, the auditor finds ATC substantially compliant with 115.216(b).

115.216(c)

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

	<p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section H(8) addresses 115.216(c). This policy citation reiterates the language of the standard.</p> <p>Eleven of 12 random staff interviewees were aware of at least one condition under which a resident translator, interpreter, reader, or other resident assistant can be used to assist with translation in the event a disabled or Limited English Proficient (LEP) resident attempts to report sexual abuse. Interviewees cited resultant further physical injury to the victim or loss of evidence/investigation as the basis for invocation of 115.216(c) strategies. The auditor notes interviewees quickly identified the condition(s) following dissection of a scenario.</p> <p>All 12 interviewees self report no such instances of using translators pursuant to the circumstances articulated in 115.216(c) have presented during the last 12 months.</p> <p>Throughout the on-site audit, the auditor found no evidence of staff use of other resident translators as prescribed in 115.216(c).</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.216(c).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.216.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.217(a)</p> <p>Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ul style="list-style-type: none"> Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph. <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(1)(a-c) addresses 115.217(a). This policy citation reiterates the language of the standard.</p>

The auditor's PAQ review of two 2024 applicant Self-Declaration of Sexual Abuse/ Harassment (14-2H-CC) reveals the requisite 115.217(a) and (b) questions were both asked and answered by the applicant or employee. The auditor's PAQ review of two promotion and one contractor 14-2H-CCs serve as evidence of 115.217(a) compliance.

It is noted that the auditor's on-site review of two random Human Resource (HR) files regarding staff promoted during the last 12 months reveals they completed the 14-2H CC, minimally, during the calendar year, commensurate with CC policy and practice. Additionally, the non-existence of annual criminal background record check charges reveals further compliance with 115.217(a) and (b) issues with respect to the promotions.

The auditor's on-site review of five random HR files for staff hired at ATC during the last 12 months reveals the requisite 14-2H CC form or completed on-line application form [captures the three questions plus the 115.217(b) question] were completed by the applicants either prior to the date of hire or on the date of hire. Seven additional random staff file reviews pertained to employees who were hired prior to the last 12 months and accordingly, they were not considered for 115.217(a) analysis purposes. Finally, the auditor's review of the six of seven staff HR files relative to staff hired prior to the last 12 months reveals that an annual 14-2H CC was completed during 2025.

The auditor's random review of two contractor files reveals that the 14-2H CC has been completed on an annual basis, minimally. Accordingly, the auditor finds ATC substantially compliant with 115.217(a) and (b) with respect to the contractor requirement.

The auditor has learned that subsequent (annual) criminal background record investigations are required by TDCJ and she initiates the same. However, as articulated in the narrative for 115.217(e), TDCJ is alerted to criminal violations by DPS and they (TDCJ) immediately report the same to contract agency officials (this is called flash reporting). Accordingly, the reporting of criminal offenses is perpetual.

During the on-site audit, the auditor found no evidence of accrual of additional criminal charges related to any of the random files reviewed. Additionally, the HR interviewee states that none of the random files reviewed onsite revealed prior institutional employment. With respect to one PAQ file, a PREA Questionnaire for Prior Institutional Employers was completed and there is no evidence of violation of 115.217(a) and (b) requirements. Essentially, contact with prior institutional employers pursuant to 115.217(c) is a validating resource in addition to the 14-2H CC.

In view of the above, the auditor finds ATC substantially compliant with 115.217(a) and (b).

115.217(b)

Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(2) addresses 115.217(b). This policy citation reiterates the language of the standard.

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

As flash reporting does not address sexual harassment, the Form 3-20-2B entitled PREA Questionnaire for Prior Institutional Employers is the only viable document to validate the 14-2H CC.

The HR interviewee asserts the facility does consider prior incidents of sexual harassment when determining whether to hire or to promote anyone, or to enlist the services of any contractor, who may have contact with residents. New hires/promotional applicants complete the 14-2H CC. Prior Institutional Employer Checks validate any incidence of sexual harassment when the receiving party completes the mailed form or addresses the 115.217(a) and (b) during a telephonic interview.

In view of the above, the auditor finds ATC substantially compliant with 115.217(b).

115.217(c)

Pursuant to the PAQ, the Director self reports agency policy requires before it hires any new employees who may have contact with residents, it

Conducts criminal background record checks; and

Consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Director further self reports 50 applicants were hired during the last 12 months who may have contact with residents and all have had criminal background record checks.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, sections B(7) and (8) address 115.217(c). This policy citation reiterates the language of the

standard. Additionally, guidance regarding previous institutional employer contact is provided.

Documentary evidence of 115.217(c) compliance is addressed in the narrative for 115.217(a). Specifically, the auditor's on-site review of five random staff HR files covering staff hired at ATC during the last 12 months reveals criminal background record checks were conducted prior to the date of hire in all five cases.

The HR interviewee states TDCJ performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents. The practice, as described by the HR interviewee, includes the conduct of both a criminal background record check by TDCJ (NCIC check, minimally) and a contractor (First Advantage). Both criminal background record checks are initiated by the ATC HR interviewee with fingerprints and a privacy disclosure completed by the applicant and forwarded to TDCJ.

With respect to promotions, if the applicant is keyed into the FACT system (applicable to all current employees), flash reporting is the method used to assess 115.217(a) violations. Absent any flash reporting notices, there is no evidence of criminal wrongdoing associated with 115.217(a) and (b) requirements.

TDCJ staff physically completes the NCIC/TCIC check and they authorize or deny employment. Notifications subsequently follow to the ATC Director and HR. This narrative also addresses procedural processing of criminal background record checks regarding promotions.

Pursuant to PAQ review, the auditor did evaluate one completed 2024 03-09-2B form. The same was completed on August 1, 2024 and the auditor finds that the 03-09-2B form does meet 115.217(c) requirements. As previously indicated, the HR interviewee states that none of the employees associated with the previously referenced random HR files presented with prior institutional employers.

In view of the above, the auditor finds ATC substantially compliant with 115.217(c).

115.217(d)

Pursuant to the PAQ, the Director self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports there were 50 contracts for services where a criminal background record check was conducted during the last 12 months. However, pursuant to further review of a contractor roster, the auditor finds that one contractor was hired during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.217(d). This policy citation reiterates the language of the standard.

The auditor's onsite review of two random HR files reveals that criminal background record checks were facilitated for two contractors prior to hiring at ATC. The same criminal background record check procedure for staff is likewise utilized for contractors.

In view of the above, the auditor finds ATC substantially compliant with 115.217(d).

115.217(e)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.217(e). This policy citation reiterates the language of the standard.

The HR interviewee validated the auditor's findings as reflected in the preceding paragraph regarding flash reporting, A 5-year criminal background record check reinvestigation is not completed as flash reporting ensures perpetual reporting of offenses. As the staff member is under the continuous employment of ATC, the auditor finds flash reporting to be adequate for purposes of this standard.

Within the PAQ materials uploaded into OAS, the auditor reviewed TDCJ documents wherein flash reporting (applies as a substitute for annual criminal background record checks for contractors) was addressed. Pursuant to the auditor's review of an email dated January 7, 2019 associated with another CC facility wherein TDCJ residents were housed, perpetual notifications of changes in an employee's criminal background record are addressed pursuant to the FACT Clearing House process. Additionally, once a CC employee's or contractor's name is inputted into the system, such notifications are accomplished pursuant to the same. According to the TDCJ author of the email, this process is implemented to replace stand alone criminal background record checks at the five-year interval. The auditor finds the same to meet the intent of 115.217(e) as there is a method of capturing subsequent charges and convictions.

In addition to the above, a letter dated February 1, 2011 addresses the procedure for the conduct of annual criminal background record checks for contractors. The auditor's review of one Texas Department of Criminal Justice (TDCJ) Fingerprint Analysis Name Query Search reveals that both NCIC and TCIC results are considered. Flash reporting results are addressed throughout the narrative for 115.217.

The auditor's review of nine random staff HR files pertaining to staff hired prior to the last 12 months reveals non-existence of any additional arrests or charges as the result of flash reporting. Additionally, facility staff have not been advised of any

flash reporting charges with respect to the aforementioned contractors.

In view of the above, the auditor finds ATC substantially compliant with 115.217(e).

115.217(f)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(3-5) addresses 115.217(f). This policy citation reiterates the language of the standard.

The auditor is aware, as reflected in previous paragraphs, that the equivalent of the Form 14-2H CC is completed annually by all staff as required by the above policy. Additionally, the document is completed as a staff applicant and prior to hire. Finally, the same is completed by staff who are promoted. The auditor also notes the three 115.217(a) and one 115.217(b) questions are reflected in both the new employee and promotion applications.

The auditor's PAQ review of two 2024 applicant Self-Declaration of Sexual Abuse/Harassment (14-2H-CC) reveals the requisite 115.217(a) and (b) questions were both asked and answered by the applicant or employee. The auditor's PAQ review of two promotion and one contractor 14-2H-CCs serve as evidence of 115.217(a) compliance.

It is noted that the auditor's on-site review of two random Human Resource (HR) files regarding staff promoted during the last 12 months reveals they completed the 14-2H CC, minimally, during the calendar year, commensurate with CC policy and practice. Additionally, the non-existence of annual criminal background record check charges reveals further compliance with 115.217(a) and (b) issues with respect to the promotions.

The auditor's on-site review of five random HR files for staff hired at ATC during the last 12 months reveals the requisite 14-2H CC form or completed on-line application form [captures the three questions plus the 115.217(b) question] were completed by the applicants either prior to the date of hire or on the date of hire. Seven additional random staff file reviews pertained to employees who were hired prior to the last 12 months and accordingly, they were not considered for 115.217(a) analysis purposes. Finally, the auditor's review of the six of seven staff HR files relative to staff hired prior to the last 12 months reveals that an annual 14-2H CC was completed during 2025.

The auditor's random review of two contractor files reveals that the 14-2H CC has been completed on an annual basis, minimally. Accordingly, the auditor finds ATC substantially compliant with 115.217(a) and (b) with respect to the contractor requirement.

According to the HR interviewee, the facility asks all applicants and employees who may have contact with residents about previous misconduct described in 115.217(a) as an applicant (asked both separate from the application and as part of the initial

hire and promotion application), at the interview, and following hire. Additionally, staff are asked the same questions on an annual basis and during the promotion phase.

The 14-2H CC is completed annually to encompass the performance evaluation process and affirmative duty to report. Of note, the affirmative duty to report caveat is also reflected on the 14-2H CC.

In view of the above, the auditor finds ATC substantially compliant with 115.217(f).

115.217(g)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.217(g). This policy citation reiterates the language of the standard.

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

In view of the above, the auditor finds ATC substantially compliant with 115.217(g).

115.217(h)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.217(h). This policy citation reiterates the language of the standard.

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

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

In view of the above, the auditor finds ATC substantially compliant with 115.217(h).

Accordingly, in view of the lack of findings throughout the 115.217 narratives, the

	auditor finds ATC substantially compliant with 115.217.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218(a)</p> <p>Pursuant to the PAQ, the Agency Head asserts the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.218.</p> <p>The Agency Head interviewee asserts that the CC Real Estate Department is responsible for all new projects related to physical plant upgrades and modifications. The one exception to that is technology managing efforts to increase or ameliorate camera systems in facilities. Part of this process is completion of a 7-20-2A form, which documents PREA specific considerations of any project of this sort. This requires the consideration of the facility PCM and the FSC level PC, at times. That documentation will be submitted as evidence of compliance for audit purposes.</p> <p>The Director asserts that zero building structural changes were effected at ATC since the last PREA audit.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.218(a).</p>
	<p>115.218(b)</p> <p>Pursuant to the PAQ, the Director self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 8, section E(3) addresses 115.218(b). This policy citation reiterates the language of the standard and provides guidance regarding form(s) to be filed in 115.218(a) and (b) scenarios.</p> <p>According to the Agency Head interviewee, well functioning camera systems with adequate coverage in all inmate areas are a pivotal asset when investigating and preventing cases of sexual abuse/harassment. We have seen that monitoring these</p>

	<p>camera systems regularly has prevented and detected PREA incidents and the footage has been used as definitive proof of an incident taking place or not taking place. If the need for a new, additional, or rearranged camera placement is discovered, the technology and maintenance departments will work together to address the need. If it appears to be a need greater than the current budget can accommodate, the facility can include the need in their budget the following year for approval.</p> <p>Since the last PREA audit, 12 new cameras have been added.</p> <p>A PREA Physical Plant Considerations document was completed with respect to the addition of these cameras. The same was completed after the fact in view of the executive staff changes realized at this facility. The justification for the addition of cameras is sufficient to meet the standard provision. The cameras point toward the restroom areas however, images are not captured inside the same.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.218(b).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.218.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.221(a)</p> <p>Pursuant to the PAQ, the Director self reports that facility investigator(s) is/are responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Austin Police Department (APD) facilitates criminal investigations relative to ATC residents. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol.</p> <p>The Director asserts that regional staff have been working with APD to develop an MOU regarding the conduct of criminal sexual abuse investigations. The auditor has reviewed the draft MOU between ATC and APD and finds the same to be compliant with 115.221 and 115.271. The auditor does note that attempts to formalize this MOU have been unsuccessful as evidenced pursuant to an email submitted for the audit file.</p> <p>By virtue of an email uploaded into OAS, it is clear that CC officials have attempted to resolve this matter. At this point, there is no signature by both parties however, there is some evidence of attempts.</p>

All 12 random staff interviewees state they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Nine of 12 interviewees state they preserve physical evidence.

APD investigators conduct criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator. Ten of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited in the narrative for 115.264(a). Eight of 12 random staff interviewees state the operations supervisor (OS) facilitates administrative sexual abuse/harassment investigations while 10 interviewees state APD investigators facilitate criminal investigations.

In view of the above, the auditor finds ATC substantially compliant with 115.221(a).

115.221(b)

Pursuant to the PAQ, the Director self reports no youth are housed at ATC and accordingly, that component of 115.221(b) is not applicable to the facility. During the facility tour and pursuant to random conversations with staff and resident interviewees, the auditor validated the Director's assertion. The Director further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, " or similarly comprehensive and authoritative protocol developed after 2011.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(4)(b) addresses 115.221(b). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds ATC substantially compliant with 115.221(b).

115.221(c)

Pursuant to the PAQ, the Director self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim and where possible, examinations are conducted by SAFE/SANE Nurse Examiners. When SAFE/SANEs are unavailable, a qualified medical practitioner performs forensic medical examinations. According to the Director, zero forensic medical examinations were conducted during the last 12 months.

Sexual abuse forensic examinations are facilitated pursuant to an MOU between ATC and The Safe Alliance. If a need for a forensic examination arises, ATC officials contact officials at The Safe Alliance for the name and address of a hospital at which the forensic examination will be conducted. Alternatively, the forensic examination

will be conducted at a hospital directed by APD.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section M(11) addresses 115.221(c). This policy citation consists of a paraphrase of provision language.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested. The SANE Nurse interviewee asserts she is one of a team of 14 full-time (9) and PRN (5) SANE nurses who provide services at minimally, 10 hospitals.

The interviewee advises a that a 40 hour adult didactic training [on-line International Association of Forensic Nurses (IAFN) or on-line training through Texas A&M University] is provided to SANEs, followed by trainee observation, the conduct of supervised (by experienced SANEs) in-person patient examinations, and finally the conduct of solo forensic examinations. Certification is granted by the Texas Office of the Attorney General with respect to this program and the veracity of evidence collection protocols. Of note, IAFN certification candidates must complete 300 hours of clinical experience prior to testing.

SANEs are available on a 24/7 basis given the number of full-time and on-call staff however, in the unlikely event of unavailability, the forensic examination is generally delayed (minimal) until a SANE is available.

SANE examinations include an examination and offer of prophylaxis medication(s) for certain STDs and a referral to another source for testing. Tests are included in the hospital forensic protocol. Additionally, urinary pregnancy tests are offered to each female victim of sexual abuse. A general medical screening precedes the conduct of a forensic examination.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview.

In view of the above, the auditor finds ATC substantially compliant with 115.221(c).

115.221(d)

Pursuant to the PAQ, the Director self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The Director further self reports the facility provides victim advocacy services pursuant to an MOU between ATC and The Safe Alliance. According to the MOU, staff from The Safe Alliance will provide advocacy assistance to ATC victims of sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 22 and 23, section M(12) addresses 115.221(d). This policy citation consists of a paraphrase of

provision language however, the policy reflects The Safe Alliance victim advocates provide services during the forensic examination and investigatory interviews.

Pursuant to the Director of Victim Advocacy at The Safe Alliance, VAs are generally dispatched for forensic examinations, as well as, investigatory interviews if requested by the victim. The ATC Director/PCM asserts that VA services are offered to ATC victims of sexual abuse pursuant to an MOU with The Safe Alliance. Additionally, as part of these services, VAs are available during forensic examinations and investigatory interviews.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview.

In view of the above, the auditor finds ATC substantially compliant with 115.221(d).

115.221(e)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section M(12) addresses 115.221(e). This policy citation consists of a paraphrase of provision language. Information regarding The Safe Alliance and a hospital is included in this policy citation.

The ATC Director/PCM asserts, if requested by the victim, a VA is accessed through The Safe Alliance to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. Pursuant to the Director of Victim Advocacy at The Safe Alliance, VAs are generally dispatched for forensic examinations, as well as, investigatory interviews if requested by the victim.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs and VAs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested.

In view of the above, the auditor finds ATC substantially compliant with 115.221(e).

115.221(f)

As reflected throughout this narrative, APD investigator(s) facilitate(s) criminal sexual abuse/harassment investigations. A facility investigator conducts administrative investigations. A discussion regarding pursuits to enter into an MOU with APD is reflected in the narrative for 115.221(a).

	<p>It is expected that APD investigator(s) follow departmental sexual abuse investigative protocols, minimally. The auditor has not received nor has he found any evidence indicative of violation of protocols.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.221(f).</p> <p>115.221(h)</p> <p>Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested. The auditor has attempted to telephonically contact official(s) from The Safe Alliance on two occasions, leaving voicemails regarding interviews of both SANE representatives and officials who can address training for VAs and the frequency of requests from ATC officials. The auditor has not received any return calls to address these issues directly related to 115.221(c-e). Accordingly, he is unable to facilitate the requisite interviews. Additionally, as the result of this situation, the auditor is unable to address the issue of VA presence during investigatory interviews.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.221(h).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.221.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.222(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse and staff sexual misconduct). In the last 12 months, the Director self reports that 10 allegations of sexual abuse/harassment were received and administratively investigated at ATC.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(1) addresses 115.222(a). This policy citation consists of a paraphrase of provision language.</p> <p>The Agency Head interviewee asserts that there is never a circumstance where an administrative investigation is not conducted on a sexual abuse/harassment allegation. CC does not conduct criminal investigations but, we cooperated with the</p>

law enforcement partner to ensure prioritization of the criminal case over the administrative case.

Administrative investigations are completed by CC staff who have completed specialized sexual abuse investigative training. Administrative investigations are facilitated with care so as not to disrupt or have a negative impact on a criminal investigation. All investigations are completed in a prompt, thorough, and objective manner, using a preponderance of the evidence standard as the threshold of proof for substantiation. All investigative efforts must be documented on forms identified in policy.

The auditor's review of five administrative sexual abuse/harassment investigations reveals substantial compliance with 115.222(a).

In view of the above, the auditor finds ATC substantially compliant with 115.222(a).

115.222(b)

The Director self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 21, section M(9) and page 27, section O(1) address 115.222(b). These policy citations consist of a paraphrase of provision language.

The administrative sexual abuse/harassment investigative staff interviewee asserts agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. APD sexual abuse investigators conduct criminal investigations for ATC. During the course of the notification process, Texas Department of Criminal Justice (TDCJ) officials are contacted and they make the determination regarding Office of the Inspector General involvement. TDCJ officials also determine whether the matter will be referred to APD for criminal investigation.

The criminal sexual abuse/harassment investigative interviewee states that ATC falls within the jurisdiction of APD and that detectives from their division would facilitate any criminal sexual abuse investigations.

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

In view of the above, the auditor finds ATC substantially compliant with 115.222(b).

	<p>115.222(c)</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(2) and (3) addresses 115.222(c). These policy citations consist of a paraphrase of provision language.</p> <p>The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.</p> <p>The auditor's review of email evidence regarding attempts to enter into an MOU with APD reveals substantial compliance with 115.222(c). Accordingly, in addition to policy citations, the MOU serves to reinforce the separate investigative obligations of both ATC and APD.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.222(c).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.222.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>115.231(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Resident's rights to be free from sexual abuse and sexual harassment; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents;

How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(2)(a-j) addresses 115.231(a). This policy citation consists of a paraphrase of provision language.

The auditor's review of the PREA Overview Curriculum and accompanying training slides reveals substantial compliance with 115.231(a). Additionally, the Supervising Female Inmates PREA What You Need to Know curriculum and accompanying training slides further elaborates on issues unique to PREA management of female residents.

The auditor's on-site review of 11 random staff training files reveals all five staff hires within the last 12 months received pre-service PREA training on their entry-on-duty date or during the first two weeks following their entry-on-duty date. In other words, they received PREA Pre-Service training prior to resident contact. Six files reflect affected staff members (those hired during 2023 and prior to the same) received PREA ART (In-Service) trainings during 2024 or 2025. These files were electronically recorded.

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

In view of the above, the auditor finds ATC substantially compliant with 115.231(a).

115.231(b)

Pursuant to the PAQ, the Director self reports training is tailored to the male and female genders of the residents housed at the facility. In view of the same, all employees receive the same training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.231(b). This policy citation consists of a paraphrase of provision language.

The auditor's review of the aforementioned training curriculum reveals the same is commensurate with 115.231(b). Additionally, both resident genders are represented at ATC.

In view of the above, the auditor finds ATC substantially compliant with 115.231(b).

115.231(c)

Pursuant to the PAQ, the Director self reports that between trainings, the agency provides employees, who may have contact with residents, refresher information about current policies regarding sexual abuse and harassment. Such training is provided on an annual basis.

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(2)(a-j) addresses 115.231(c). This policy citation consists of a paraphrase of provision language.

The auditor's on-site review of 11 random staff training files reveals all five staff hires within the last 12 months received pre-service PREA training on their entry-on-duty date or during the first two weeks following their entry-on-duty date. In other words, they received PREA Pre-Service training prior to resident contact. Six files reflect affected staff members (those hired during 2023 and prior to the same) received PREA ART (In-Service) trainings during 2024 or 2025. These files were electronically recorded.

In view of the above, the auditor finds ATC substantially compliant with 115.231(c).

115.231(d)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(3) addresses 115.231(d). This policy citation consists of a paraphrase of provision language.

The auditor's review of an ATC PREA Training Report captures completion of the pre-service and PREA Overview class between January, 2024 and January, 2025. Sixty-two staff completed such training during that time frame. Since the PREA Orientation and PREA ART courses can be online courses, there is no Form 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as "complete" on the training print out.

The auditor's on-site review of staff training files and the accompanying electronic signatures, as reflected in the narrative for 115.231(a), reveals staff signed and dated the same, acknowledging their understanding of the subject-matter presented for 2022 through 2024.

	<p>Accordingly, the auditor finds ATC substantially compliant with 115.231(d).</p> <p>In view of the above, the auditor finds ATC exceeds standard expectations with respect to 115.231.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.232(a)</p> <p>Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Director further self reports four trained contractor(s) and four Texas Department of Criminal Justice (TDCJ) approved volunteers have provided services at ATC during the last 12 months.</p> <p>Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(a) addresses 115.232(a). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor's review of the CC PREA Overview: Training for Contractors and Volunteers (Form 14-2K-CC) reveals substantial compliance with 115.232. The same provides sufficient information and background enabling all contractors/volunteers to fulfill their PREA responsibilities. As this form is used primarily for volunteer training, all volunteers print their name, sign, and date the document upon completion of the training. Additionally, the class instructor completes the same.</p> <p>Both volunteer interviewees state they received PREA training both through TDCJ and at ATC. The ATC training was facilitated in-person and both interviewees signed the 14-2K-CC form as validated pursuant to the auditor's review of the actual forms. These forms were signed in January, 2025. One interviewee has provided services for two years while the other interviewee has provided services for 20 years.</p> <p>As noted in the narrative for 115.232, the Director advises there are four contractors on board at ATC who have contact with residents. Both contractor interviewees state they have completed PREA training on an annual basis. They receive training with CC staff (both E-Learning and in-person). Additionally, as both interviewees are Trinity (food service contractor) staff, they have received annual online training through Trinity. Both interviewees have provided contract services at ATC for two to five years.</p> <p>The auditor's review of an electronic training roster reflects that one of the two</p>

interviewees had completed annual training during 2025. Of note, the training calendar year has not yet concluded. Additionally, since the PREA Orientation and PREA ART courses can be online courses (E-Learning), there is no Form 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee/contractor sees when he/she completes the on-line PREA training module, 115.232(c) is substantiated.

In view of the above, the auditor finds ATC substantially compliant with 115.232(a).

115.232(b)

Pursuant to the PAQ, the Director self reports the level and type of training provided to contractors and volunteers is based on the services they provide and level of contact they have with residents. The Director further self reports contractors and volunteers who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(b)(i), (ii), and (c) addresses 115.232(b). This policy citation consists of a paraphrase of provision language and specific variations of training for various categories of contractors.

Of note, the Form 14-2K-CC is very detailed in terms of the provisions of 115.232. The aforementioned volunteers state that training topics included, but were not limited to, the following: Zero tolerance; General reporting options; Warning signs of sexual abuse/harassment of residents; and the Impact of sexual abuse on the resident population.

As previously indicated, contractor interviewees state that they receive the same training as CC staff.

In view of the above, the auditor finds ATC substantially compliant with 115.232(b).

115.232(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, section C(8)(d) addresses 115.232(c). This policy citation consists of a paraphrase of provision language and specific instructions regarding maintenance of validating documentation.

The auditor's review of four executed January, 2025 CC PREA Overview: Training for Contractors and Volunteers (Form 14-2K-CC) and four executed January, 2025 PREA

	<p>ZERO TOLERANCE POLICY ACKNOWLEDGMENT forms related to the four volunteers reveals substantial compliance with 115.232 requirements with respect to volunteer completion of requisite training. The same does include the "I understand" caveat referenced in the narrative for 115.232(c).</p> <p>Additionally, since the PREA Orientation and PREA ART courses can be online courses (E-Learning), there is no Form 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee/contractor sees when he/she completes the on-line PREA training module, 115.232(c) is substantiated.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.232(c).</p> <p>Based on the lack of findings associated with 115.232(a-c), the auditor finds ATC substantially compliant with 115.232.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.233(a)</p> <p>Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about:</p> <p>The zero-tolerance policy;</p> <p>How to report incidents or suspicions of sexual abuse or harassment;</p> <p>Their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents; and</p> <p>Regarding agency policies and procedures for responding to such incidents.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section H(1)(a-e) addresses 115.233(a). This policy citation consists of a paraphrase of provision language.</p> <p>As the auditor was unable to observe an intake, he requested that the intake staff interviewee provide a synopsis of steps he takes when facilitating a resident intake. The intake staff interviewee self reports he provides residents with information about the CC and ATC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, at intake. This information is presented in the ATC Resident Handbook, the TDCJ PREA Ombudsman memorandum, and the CC Prevent. Detect. Respond tri-fold pamphlet. The</p>

interviewee further states that he does verbally apprise incoming residents of some PREA-related information.

The interviewee states that he personally reads PREA information gleaned from the aforementioned resources to limited vision or blind residents, instructs limited hearing residents to read materials, and uses VOYCE to translate for LEP residents. Additionally, he provides some documents in English or Spanish, as applicable.

With respect to interpretational services for LEP residents, at 4:05PM on February 12, 2025, the auditor tested the VOYCE translation service line. The Director/PCM facilitated the test, utilizing the instructions he maintains in his office. He actually tested the same via his desktop computer.

He contacted the VOYCE access telephone number and following the prompt, he keyed the appropriate code. At that point, a VOYCE operator responded and requested the language desired for translation. The call was subsequently terminated as the auditor concluded that the test was successful.

All 17 random resident interviewees state that when they first came to ATC, they received information about the facility's rules against sexual abuse/harassment. Sixteen of 17 interviewees state they received combinations of the ATC Resident Handbook, the CC Prevent. Detect. Respond. tri-fold pamphlet, and/or the TDCJ PREA Ombudsman letter either on the date of arrival or the day subsequent to arrival at ATC.

The auditor's on-site review of resident files included two of the random resident interviewees who state they did not receive all PREA materials at intake. The review invalidated the statements of both interviewees as they received PREA materials either on the day of arrival or on the following day. Similarly, the auditor's on-site review of 12 of 13 additional resident files reveals that all of the aforementioned PREA educational materials were issued within 24 hours of the resident's date of arrival at ATC. The aforementioned policy reflects that materials will be provided to incoming residents "on the day of arrival for intake".

In view of the above, the auditor finds ATC substantially compliant with 115.233(a).

115.233(b)

Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The Director further self reports zero residents were transferred to ATC from a different community confinement facility within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 12, section H(5) addresses 115.233(b). This policy citation consists of a paraphrase of provision language.

Fourteen of 17 random resident interviewees reported being transferred to ATC from state correctional facilities or county jails, and one was transferred from a group home.

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within 24 hours of admission and following the case manager's provision of PREA orientation, generally on the day of arrival or shortly thereafter. The intake staff interviewee's statement that currently disseminated information is comprehensive is validated by the auditor's documentation review findings.

Accordingly, the auditor finds ATC substantially compliant with 115.233(b).

115.233(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.233(c). This policy citation consists of a paraphrase of provision language.

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

According to the Agency Head interviewee, CoreCivic maintains a comprehensive contract with VOYCE and some other CoreCivic facilities even have an MOU with organizations in the local communities to provide translation services when needed. TTY phones are provided for hearing impaired residents and arrangements are also made to assist those residents who are blind.

All seven residents presenting with low vision, low hearing, mental health/cognitive impairment, and physical disability state the facility provides information about sexual abuse and sexual harassment that they are able to understand. The auditor notes posters are positioned at reasonable heights for a physically disabled resident's view. Additionally, printed materials appear to be written at a reading level appropriate to the resident population. The auditor notes that the two LEP residents refused interviews.

As the auditor was unable to observe an intake, he requested that the intake staff interviewee provide a synopsis of steps he takes when facilitating a resident intake. The intake staff interviewee self reports he provides residents with information about the CC and ATC zero-tolerance policy and how to report incidents or

suspicious of sexual abuse or sexual harassment, at intake. This information is presented in the ATC Resident Handbook, the TDCJ PREA Ombudsman memorandum, and the CC Prevent. Detect. Respond tri-fold pamphlet. The interviewee further states that he does verbally apprise incoming residents of some PREA-related information.

The interviewee states that he personally reads PREA information gleaned from the aforementioned resources to limited vision or blind residents, instructs limited hearing residents to read materials, and uses VOYCE to translate for LEP residents. Additionally, he provides some documents in English or Spanish, as applicable.

Finally, the auditor's review of the PREA: Prevent, Detect, Respond tri-fold pamphlet reveals the same is presented in both English and Spanish. This document addresses zero tolerance, reporting options, tips to avoid sexual abuse and other nuances of the PREA program. Additionally, the ATC Resident Handbook is presented in both English and Spanish.

In view of the above, the auditor finds ATC substantially compliant with 115.233(c).

115.233(d)

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

The incoming resident signs and dates the PREA Education Acknowledgment that addresses receipt of the ATC Resident Handbook, the TDCJ PREA Ombudsman memorandum, and the CC Prevent. Detect. Respond tri-fold pamphlet. A synopsis of file review findings appears in the narrative for 115.233(a).

In view of the above, the auditor finds ATC substantially compliant with 115.233(d).

115.233(e)

Pursuant to the PAQ, the Director self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The auditor's review of numerous documents referenced throughout the narrative for 115.233 reveals that the same are substantive and reflective of consistent information.

The auditor notes that pages 8-11 of the ATC Resident Handbook addresses requisite information required pursuant to 115.233(a). Specifically and minimally, the following is addressed:

The zero-tolerance policy;

How to report incidents or suspicions of sexual abuse or harassment;

	<p>Their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents; and</p> <p>Regarding agency policies and procedures for responding to such incidents.</p> <p>Given the above, it is clear that the agency has policies and procedures for responding to sexual abuse/harassment incidents and disseminate/posted information materials provide proper direction. Some of this information is minimally addressed in the aforementioned video.</p> <p>Given the above, the auditor finds ATC substantially compliant with 115.233(e).</p> <p>In view of the lack of adverse findings with respect to each provision, the auditor finds ATC substantially compliant with 115.233.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234(a)</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.234(a). This policy citation consists of a paraphrase of provision language. Maintaining two trained sexual abuse/harassment investigators is required pursuant to this citation.</p> <p>The auditor's review of the training syllabi for the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting and the CC Investigating Sexual Abuse in a Confinement Setting- Web based Training Course (NIC) reveals both courses address the requirements of both 115.234(a) and (b). The auditor has reviewed this training syllabi in conjunction with other CC PREA audits.</p> <p>According to the administrative sexual abuse/harassment investigative staff interviewee, he completed a three to four hour on-line NIC training course entitled Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course. Some scenario based training was included in the same, as well as, a testing process. The interviewee stated the course included topics such as:</p> <p>Execution of Miranda and Garrity warnings;</p>

The evidence standard necessary to substantiate a case for administrative action or prosecution referral;

Techniques for interviewing sexual abuse victims; and

Sexual abuse evidence collection in confinement settings.

The criminal sexual abuse/harassment investigative interviewee states she has not received training specific to the conduct of sexual abuse investigations in a confinement facility. She has completed basic investigative training in the Academy and subsequent sexual abuse investigative training (Dvaur). Such training has been extensive and includes both in-person and online training.

In view of the above, the auditor finds ATC substantially compliant with 115.234(a).

115.234(b)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5)(a) addresses 115.234(b). This policy citation consists of a paraphrase of provision language.

According to the administrative sexual abuse/harassment investigative staff interviewee, he completed a three to four hour on-line NIC training course entitled Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course.

Some scenario based training was included in the same, as well as, a testing process. The interviewee stated the course included topics such as:

Execution of Miranda and Garrity warnings;

The evidence standard necessary to substantiate a case for administrative action or prosecution referral;

Techniques for interviewing sexual abuse victims; and

Sexual abuse evidence collection in confinement settings.

The criminal sexual abuse/harassment investigative sexual abuse interviewee states her training did encompass the following:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection however, not specific to confinement settings; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

In view of the above, the auditor finds ATC substantially compliant with 115.234(b).

	<p>115.234(c)</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains documentation showing investigators have completed the required training. As previously indicated, the Director also self reports the agency maintains documentation showing three current investigators have completed the required training.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5)(b) addresses 115.234(c). This policy citation consists of a paraphrase of provision language.</p> <p>CC certificates for the aforementioned web-based specialized course were issued to the three administrative sexual abuse/harassment investigators. Specifically, the OS, the Director and the Case Manager Supervisor have completed the requisite specialized training.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.234(c).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.234.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. However, zero medical or mental health staff work at ATC.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(6)(a-d) addresses 115.235(a). This policy citation consists of a paraphrase of provision language.</p> <p>According to the PCM and pursuant to the auditor's on-site observation and review of the ATC Organizational Chart, medical and mental health staff are not employed at ATC. Accordingly, such interviews could not be conducted.</p> <p>Of note, none of the provisions of 115.235 are applicable to ATC however, as the auditor finds no evidence of non-compliance, he finds that ATC is substantially compliant with the standard.</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.235.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 440 378">115.241(a)</p> <p data-bbox="280 412 1453 535">Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p data-bbox="280 568 1477 692">CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.241(a). This policy citation consists of a paraphrase of provision language.</p> <p data-bbox="280 725 1466 972">The staff who performs screening for risk of victimization and abusiveness interviewee self reports he does screen residents upon admission to ATC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, he reports new commitments are screened within 24 hours of arrival at ATC using the Sexual Abuse Screening Tool. He asks the prescribed questions.</p> <p data-bbox="280 1005 1453 1252">Thirteen of 17 random resident interviewees self report when they first arrived at ATC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at ATC. Similarly, 13 of the 17 interviewees self report they were asked these questions on the date of arrival.</p> <p data-bbox="280 1285 1461 1408">The auditor's PAQ review of four initial victimization/aggressor assessments reveals the same were completed on the day of arrival. Initial assessments were both timely and comprehensive.</p> <p data-bbox="280 1442 1469 1644">The auditor's on-site review of 15 random resident files reveals initial sexual abuse victimization/sexual abusiveness screening was conducted on the day of arrival and during intake, in a comprehensive manner in all cases. Accordingly, the auditor finds ATC substantially compliant with 115.241(a) based on review of actual practice.</p> <p data-bbox="280 1677 1414 1756">The auditor observed the office wherein new commitments are screened and he finds no evidence of deviation from standard or policy as a result.</p> <p data-bbox="280 1789 1461 1823">In view of the above, the auditor finds ATC substantially compliant with 115.241(a).</p> <p data-bbox="280 1935 440 1968">115.241(b)</p> <p data-bbox="280 2002 1445 2080">Pursuant to the PAQ, the Director self reports 115.241(a) screening shall ordinarily take place within 72 hours of arrival at the facility. The below policy requires that</p>

screening is conducted within 24 hours of arrival at ATC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.241(b). This policy citation consists of a paraphrase of provision language and elaborates on initial assessment timeframes.

The auditor notes 2561 residents were received at ATC during the last 12 months and the PAQ also reflects 2561 residents were initially screened during that same period. Accordingly, the PAQ indicates that all new arrivals received during the last 12 months have been screened in accordance with 115.241(a) and (b).

Thirteen of 17 random resident interviewees self report when they first arrived at ATC, they were asked questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being LGBTI, and whether they think they may be in danger of being sexually abused at ATC. Similarly, 13 of the 17 interviewees self report they were asked these questions on the date of arrival.

The auditor's PAQ review of four initial victimization/aggressor assessments reveals the same were completed on the day of arrival. Initial assessments were both timely and comprehensive.

The auditor's on-site review of 15 random resident files reveals initial sexual abuse victimization/sexual abusiveness screening was conducted on the day of arrival and during intake, in a comprehensive manner in all cases. Accordingly, the auditor finds ATC substantially compliant with 115.241(a) based on review of actual practice.

During the facility tour, the auditor observed that all residents are housed in double bunk beds in physically separate units throughout the facility.

In view of the above, the auditor finds ATC substantially compliant with 115.241(b).

115.241(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(3) addresses 115.241(c). This policy citation consists of a paraphrase of provision language however, use of a TDCJ required electronic screening form and process (equivalent to the 14-2B-CC form) is also discussed.

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

aggressiveness. Final classification criteria is also clearly articulated in the screening tool.

In view of the above, the auditor finds ATC substantially compliant with 115.241(c).

115.241(d)

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

Whether the resident has a mental, physical, or developmental disability;

The age of the resident;

The physical build of the resident;

Whether the resident has previously been incarcerated;

Whether the resident's criminal history is exclusively nonviolent;

Whether the resident has prior convictions for sex offenses against an adult or child;

Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

Additional questions aside from the prescribed 115.241(d) questions and observations are as follows:

Have you been threatened with sexual assault by another resident while incarcerated?;

Have you been approached by another resident for sex while incarcerated?;

Resident appears to be a loner, introverted, or naive;

Resident has a youthful or elderly appearance which may contribute to vulnerability;

Have you received a disciplinary sanction for sexual abuse while incarcerated?; and

Have you received a disciplinary sanction for violence while incarcerated in a prison or jail?

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

History of sexual abuse;

History of sexual abuse in confinement;

History of sexual offenses;

Have you been approached by another inmate/resident while confined?;

LGBTI status (both in the forms of a question directed to the resident and the staff who performs screening for risk of sexual victimization and abusiveness interviewee's perception); and

Physical or developmental disabilities.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee states that the screening is facilitated one-on-one in the intake area behind closed doors. He reads the questions to the resident and documents responses in COATS (electronic resident monitoring system). Of note, a drop-down menu in COATS is used to identify victims and predators for purposes of assigning bed locations. He does not review pending arrival documentation.

The auditor notes that he was unable to observe either an initial sexual abuse/aggressor screening during the on-site visit and accordingly, the following questions and responses constitute a mock screening protocol. However, the protocol is described in the preceding paragraph.

In view of the above, the auditor finds ATC substantially compliant with 115.241(d).

115.241(e)

The auditor's review of the Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses:

Prior acts of sexual violence;

Prior convictions for violent offenses; and

History of prior institutional violence or sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section G(5) addresses 115.241(e). This policy citation consists of a paraphrase of provision language.

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

History of sexual abuse;

History of sexual abuse in confinement;

History of sexual offenses;

Have you been approached by another inmate/resident while confined?;

LGBTI status (both in the forms of a question directed to the resident and the staff who performs screening for risk of sexual victimization and abusiveness interviewee's perception); and

Physical or developmental disabilities.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee states that the screening is facilitated one-on-one in the intake area behind closed doors. He reads the questions to the resident and documents responses in COATS (electronic resident monitoring system). Of note, a drop-down menu in COATS is used to identify victims and predators for purposes of assigning bed locations. He does not review pending arrival documentation.

In view of the above, the auditor finds ATC substantially compliant with 115.241(e).

115.241(f)

Pursuant to the PAQ, the Director self reports the policy requires that the facility reassesses each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional relevant information received by the facility since the intake screening. The auditor notes the Director could not address the total number of residents who were housed at the facility for 30 days or longer as reportedly, residents are not tracked after 30 days.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, sections G(11) and (12) addresses 115.241(f). These policy citations consist of a paraphrase of provision language. Additionally, a recommended range as to when the 30-day reassessment is completed (within 20-30 days from the date of arrival at ATC), is also included in the citation.

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

According to the staff who performs screening for risk of victimization and abusiveness interviewee, reassessments are conducted within 30 days of arrival at ATC by case managers. They monitor COATS to determine 30-day reassessment dates following arrival at ATC.

Six of 17 random resident interviewees report that he/she was again asked the questions reflected in the narrative for 115.241(a) above, since arrival at ATC. The questions were allegedly asked within 30 days of arrival at the facility. Of note, four reassessments are not yet due in consideration of the dates of the on-site audit.

The auditor's review of one of two random resident files related to interviewees who stated that their reassessments were completed beyond the 30-day threshold of arrival at ATC reveals the same was completed in a timely and comprehensive manner.

The auditor notes that all three of the 30-day reassessments included in the pre-audit materials were timely. Pursuant to the auditor's on-site review of 15 random resident files, ten 30-day reassessments were timely and comprehensive and four were not yet due at the time of the onsite visit in view of the resident's arrival date at ATC, and one 30-day reassessment was untimely.

In view of the above, the auditor finds ATC substantially compliant with 115.241(f).

115.241(g)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 11, section G(13 and 14) addresses 115.241(g). This policy citation consists of a paraphrase of provision language. Additionally, with the case of a sexual abuse incident, both the victim and perpetrator are considered for reassessment pursuant to this provision.

***According to the Director, one abuse incident regarding two residents during the last 12 months triggered a re-assessment pursuant to the parameters of 115.241(g).

The auditor notes that the victim was reassessed on April 24, 2024 in conjunction with her 30-day reassessment. The incident which gave rise to the reassessment occurred on April 4, 2024. The perpetrator absconded on the date of the incident and accordingly, he was not reassessed.

The staff responsible for risk screening interviewee asserts that he would not facilitate 115.241(g) reassessments as the same would be completed by the case managers. Accordingly, he would not be privy to the content or frequency of the same.

In view of the above, the auditor finds ATC substantially compliant with 115.241(g).

115.241(h)

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

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.241(h). This policy citation consists of a paraphrase of provision language.

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

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

Of note, pursuant to the auditor's review of the aforementioned PAQ and random Sexual Abuse Screening Tools, he finds no evidence of deviation from 115.241(h).

In view of the above, the auditor finds ATC substantially compliant with 115.241(h).

115.241(i)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 10 and 11, section G(10)(a-d) addresses 115.241(i). This policy citation consists of a paraphrase of provision language, as well as, specific instances related to access to the risk assessment.

***According to the ATC Director/PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Initial PREA assessment information is available to the Director, case manager supervisor (CMS), operations supervisor (OS), and case manager. These staff have a "need to know" with respect to this sensitive information.

The staff who performs screening for risk of sexual victimization and abusiveness states that he forwards assessment information to the case managers and the Director then has access to the assessment at that point.

During the on-site visit, the auditor noted that resident files are maintained in a

	<p>locked file cabinet in the Administrative Area and the same is locked when staff are not in the area. Of note, the CMS's office is located in the Administrative Area.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.241(i).</p> <p>Accordingly, in view of the corrective action completions articulated in the narrative for 115.241(f) and the evidence reflected throughout the 115.241 narrative, the auditor now finds ATC substantially compliant with 115.241.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(1) addresses 115.242(a). This policy citation consists of a paraphrase of provision language.</p> <p>The Director/ PCM asserts the agency uses information gleaned from the risk screening during intake to keep residents safe from being sexually victimized or sexually abusive. This information is used primarily with housing decisions given the facility infrastructure and mission.</p> <p>As mentioned in the narrative for 115.241, screening information is entered into COATS. The system advises of unacceptable placements within each bunk. Potential and known victims (PVs/KVs) are separated from potential and known predators (PPs/KPs) as they are not placed in the same bunk. Residents classified as "NA" may be placed with PVs/KVs or PPs/KPs. Victims may be placed in high visibility bunks and locations within each unit.</p> <p>Each resident is keyed into a schematic entitled COATS PREA Alert Roster reflecting the aforementioned designations. This ensures placements are specific to resident sexual safety. Staff supervise residents during the conduct of programs and cameras are located as articulated in the narrative for 115.215. Residents assigned to community work assignments are randomly supervised by staff.</p> <p>According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/ KVs are physically separated (housing only) from PPs/</p>

KPs in terms of housing. Any classification can be housed with an individual who scores as "NA".

During the facility tour, the auditor noted that the Director and CMS, minimally, were very aware of the resident population and whereabouts of residents. The auditor did not note any particular facility sections wherein victims and perpetrators were assigned.

Programming activities are supervised by staff and work assignments are generally off-site. Intermittent staff supervision of on-site work assignments [e.g. porters or orderlies, trash detail(s), food service workers] serves to monitor resident physical and sexual safety throughout the facility. The auditor notes that the food service area is not monitored by electronic surveillance however, a mirror is strategically placed to capture entrance and egress to the bathroom area. The auditor notes that the area was monitored by staff during the facility tours. The Director asserts that three cameras have been requested pursuant to CAP request.

In view of the above, the auditor finds ATC substantially compliant with 115.242(a).

115.242(b)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(3) addresses 115.242(b). This policy citation consists of a paraphrase of provision language.

According to the staff who performs screening for risk of victimization and abusiveness interviewee, PVs/ KVs are physically separated (housing only) from PPs/ KPs in terms of housing. Any classification can be housed with an individual who scores as "NA". Of note, the assessment tool, as well as, correctional knowledge factor into the resident sexual safety equation.

In view of the above, the auditor finds ATC substantially compliant with 115.242(b).

115.242(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(7)(a) and (b) address 115.242(c). This policy stipulates the following:

The decision whether to assign a transgender or intersex resident to a male or female facility will generally be made by the contracting agency prior to arrival at a

CC facility. The facility director shall consult with his/her approving contracting agency representative, CC Managing Director, Operations CC FSC PREA Coordinator in the event there are concerns with a placement. In deciding whether to house a transgender/intersex resident in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such residents, the facility will consider whether placement would ensure the resident's health and safety and whether the placement would present management or security problems.

The Acting Director/PCM asserts all incoming residents are placed in a sexually safe situation based on screening results. PVs/KVs and PPs/KPs are housed with NAs or the same classification can be housed together. However, KVs/PVs are generally not housed in close proximity to KPs/PPs as evidenced pursuant to the auditor's review of housing assignments. There are no designated location(s) for transgender/intersex resident housing. Bed assignments are based on careful matching to ensure assignments are properly made pursuant to the aforementioned formula and attempts are made to house transgender residents in safe situations. Programming is supervised by staff.

The transgender resident interviewee states that ATC staff have not reached out to her regarding her safety since arrival at the facility. She further states that she has not been housed in an area designated for transgender/intersex residents nor has she been strip searched solely for the purpose of determining genitalia.

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

Accordingly, the auditor finds ATC substantially compliant with 115.242(c).

115.242(d)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section I(7)(c) addresses 115.242(d). This policy citation consists of a paraphrase of provision language.

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

The staff who conducts screening for risk of victimization and abusiveness interviewee confirms the PCM's statement in this regard. As previously referenced in the narrative for 115.242(c), ATC staff have questioned the transgender resident interviewee regarding her personal safety at ATC. This occurred during the initial victimization/aggressor screening, minimally.

In view of the above, the auditor finds ATC substantially compliant with 115.242(d).

115.242(e)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 16, section J(10)(h)(i-iii) addresses 115.242(e). According to this policy citation, residents can take separate showers when there is sufficient staff in the facility to provide supervision.

According to the Acting Director/PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. The supervisor-on-duty or SART can approve separate showers. The shower is closed and staff provide supervision to guard against other residents entering the shower area. The approval is emailed to all stakeholders.

The transgender resident interviewee states that she does not shower separately from other residents.

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

In view of the above, the auditor finds ATC substantially compliant with 115.242(e).

115.242(f)

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

The Acting Director/PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The Acting Director/PCM further asserts the intake coordinator, during regular business hours, and the shift supervisor, during non-regular business hours, closely monitor COATS on a daily basis to preclude placement of LGBTI residents in specific locations, etc. Transgender/intersex residents are dispersed throughout the facility. The auditor's cursory review of room/bed assignments reveals no deviation(s) from standard.

In view of the above, the auditor finds ATC substantially compliant with 115.242(f).

Accordingly, the auditor finds ATC substantially compliant with 115.242.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.251(a)

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

Sexual abuse or sexual harassment;

Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and

Staff neglect or violation of responsibilities that may have contributed to such incidents.

Amended CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 17, section K(1)(a and b)(i-iii) addresses 115.251(a). Information regarding reporting options and the actions which should be reported are addressed in this policy.

While the address for the TDCJ PREA Ombudsman is not addressed in the ATC Resident Handbook, the auditor notes that the PREA Ombudsman telephone number is noted. Additionally, it is the auditor's understanding that the TDCJ PREA Ombudsman's pamphlet is provided to residents, as well as, the same is posted for resident consumption. The auditor did validate the postings. Accordingly, the auditor finds that ATC residents are provided sufficient educational materials from which to glean both 115.251(a) and (b) reporting options.

All 12 random staff interviewees are able to cite at least one method available to residents for reporting sexual abuse/harassment, retaliation by other residents/staff for reporting sexual abuse/harassment, or staff neglect/violation of responsibilities that may have contributed to an incident of sexual abuse/harassment. Methods of reporting include:

Verbal report to staff;

Submit a written note;

Submit an Emergency Grievance;

Facilitation of a third-party report;

Telephonic report to the Office of the PREA Ombudsman.

All 17 random resident interviewees are able to cite at least one methods available to them for reporting sexual abuse/harassment. Options include:

Verbal report to staff;

Contact the TDCJ Ombudsman;

Third-party report;

Written report;

Ethics Hotline;

Contact APD; and

File a grievance.

In view of the above, the auditor finds ATC substantially compliant with 115.251(a).

115.251(b)

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

Amended CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 17 and 18, section K(1)(b) addresses 115.251(b) Specifically, this citation addresses the name, address, and telephone number for the TDCJ PREA Ombudsman.

Pursuant to the auditor's review of the resources mentioned in the narrative for 115.251(a), the TDCJ PREA Ombudsman, APD, and a report to staff are the most prevalent validation of compliance with 115.251(a) and 115.251(b). According to the Director/PCM, calling or writing the TDCJ PREA Ombudsman is the most common method available to residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. The Director/PCM further asserts that staff from the Office of the TDCJ PREA Ombudsman either call or text the Director/PCM or the onsite TDCJ monitor regarding the report received in that office.

With respect to written reports to the TDCJ PREA Ombudsman, the auditor has learned that all outgoing mail is sealed and secured in a locked repository. Outgoing mail can only be opened in the event of specific suspicious conditions associated with the outgoing envelope. A protocol and specific approvals must be granted prior to opening the outgoing mail.

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

During the test call to the Office of the Ombudsman at 3:58PM on February 12, 2025, the auditor learned that all outgoing telephone calls made from at least two resident telephones (pay phones) are subject to a \$.50 charge and accordingly, deposit of \$.50 would have been required to complete the telephone call. The auditor does note that there is no charge for one of the telephones, however.

Additionally, the assessment of a fee obviously does not apply to calls made from resident cell phones.

In view of the above, the auditor finds that ATC is non-compliant with 115.251(b) and he imposes a 180-day corrective action period wherein the Director/PCM will demonstrate compliance with and institutionalization of 115.251(b) requirements. The corrective action due date is August 13, 2025.

The auditor notes the Director/PCM did state during the test call that he would have to address the aforementioned \$.50 charge with the telephone service provider to ensure the same is not required when the resident contacts the TDCJ PREA Ombudsman's Office. Accordingly, to demonstrate compliance with and institutionalization of 115.251(b) requirements, the Director/PCM will address with representatives from the telephone provider, the cost factor associated with the telephone number to the Office of the TDCJ PREA Ombudsman, ensuring that future charges are not assessed when residents attempt to contact the designated telephone number.

If a new telephone number or additional directions regarding completion of the call are issued, the Director/PCM will update the ATC Resident Handbook. Additionally, an informational memorandum will be issued to the resident population, capturing any new or revised information. The same information will also be addressed to the resident population during town hall meeting(s) with minutes maintained and uploaded into OAS.

Thirteen of 17 random resident interviewees state they are allowed to make a report without having to give their name.

In view of the above, the auditor finds ATC non-compliant with 115.251(b).

May 27, 2025 Update:

Pursuant to an email from the DD at ATC, he actually spoke to a telephone company technician when they were on site a few weeks ago. He was advised that the caller must dial "1" followed by the PREA Ombudsman Office number. The call is then free of charge and identifying information (pin number, resident number) is not required.

The DD tested the process and confirmed functionality. Informational posters were placed at the phones and in the dorms providing this information to the residents.

Of note, the auditor did test the PREA Ombudsman hotline number (936-437-5570) from his home office and the same was functional. Requisite informational information is reflected in the ATC Resident Handbook.

In view of the above, the auditor now finds ATC substantially compliant with 115.251(b).

115.251(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section K(2)(b) addresses 115.251(c). Specifically, this citation restates the provision narrative, stating that reports must be documented promptly.

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

All 17 random resident interviewees state that reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, 12 of the 17 interviewees state that a friend or relative can make the report for the resident without giving his/her name.

In view of the above, the auditor finds ATC substantially compliant with 115.251(c).

115.251(d)

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Of note, the telephone number for the CC Ethics Line is captured in one poster.

The auditor's review of the CC website reveals staff reporting information and the same can generally be accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to PreService and In-Service training, as well as, policy review.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f) addresses 115.251(d). Specifically, this policy citation addresses the telephone number and email address for the 24-hour CC Ethics Hotline as a staff reporting source.

All 12 random staff interviewees are able to cite at least two methods of privately reporting sexual abuse/harassment of residents. Methods cited are:

Placement of a telephone call to their supervisor;

	<p>E-mail to a supervisor/Director/operations supervisor (OS);</p> <p>Closed door meeting with supervisor;</p> <p>Submit a written report to supervisor, Director, etc.; and</p> <p>Contact the Ethics Line.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.251(d).</p> <p>Accordingly, in view of the completed 115.251(b) corrective action and the information cited throughout the 115.251 narrative, the auditor now finds ATC substantially compliant with 115.251.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse. The Director further self reports that zero grievances regarding sexual abuse/harassment have been received during the last 12 months.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d(i and ii) addresses 115.252. Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly assigns each such grievance to an investigator for investigation. ATC also follows Texas Department of Criminal Justice (TDCJ) Private Facility Contract Monitoring/ Oversight Division Policy RRC 2.8 entitled Grievance Procedures, pages 1 and 2, sections entitled Definitions: Grievance and Procedures VII(A), as well as the aforementioned CC policy as they run parallel to one another.</p> <p>As previously mentioned, the Director asserts that zero grievances have been filed during the last 12 months regarding sexual abuse/harassment allegations.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.252.</p> <p>115.252(b)</p> <p>Pursuant to the PAQ, the Director self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time,</p>

regardless of when the incident is alleged to have occurred. Additionally, agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

TDCJ Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, page 1, section entitled Definitions: Grievance, addresses 115.252(b) somewhat. Attachment J of the aforementioned policy stipulates that a resident can file a grievance at any time and he/she is not required to attempt informal resolution, thereby demonstrating compliance with 115.252(b).

In view of the above, the auditor finds ATC substantially compliant with 115.252(b).

115.252(c)

Pursuant to the PAQ, the Director self reports the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Additionally, the Director self reports the agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d addresses 115.252. Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly assigns each such grievance to an investigator for investigation. Accordingly, ATC follows Texas Department of Criminal Justice (TDCJ) Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, pages 1 and 2, sections entitled Definitions: Grievance and Procedures VII(A), as well as the aforementioned CC policy as they run parallel to one another.

In view of the above, the auditor finds ATC substantially compliant with 115.252(c).

115.252(d)

Pursuant to the PAQ, the Director self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Director further self reports zero grievances were submitted by residents in response to sexual abuse incident(s) within the last 12 months. The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d addresses 115.252. TDCJ Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, page 3, section VIII implies response within 15 days with one 10 day extension (see page 1).

Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly assigns each such grievance to an investigator for investigation. Accordingly, ATC follows Texas Department of Criminal Justice (TDCJ) Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, page 3, section VIII, as well as, the aforementioned CC policy, as they run parallel to one another.

In view of the above, the auditor finds ATC substantially compliant with 115.252(d).

115.252(e)

Pursuant to the PAQ, the Director self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. The Director further self reports that zero grievances alleging sexual abuse were filed by residents during the last 12 months in which the resident declined third-party assistance.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d addresses 115.252. Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly assigns each such grievance to an investigator for investigation. Accordingly, ATC follows TDCJ Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, pages 1 and 2, sections entitled Definitions: Grievance and Procedures VII(A), as well as, the aforementioned CC policy, as they run parallel to one another.

Signage and educational materials provided to residents and available to the general public/institutional visitors regarding third-party reporting options are addressed in the narratives for 115.233 and 115.254.

In view of the above, the auditor finds ATC substantially compliant with 115.252(e).

115.252(f)

Pursuant to the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours and final agency decision within five days. The Director asserts that zero emergency grievances were filed during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d addresses 115.252. Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly

	<p>assigns each such grievance to an investigator for investigation. Accordingly, ATC follows TDCJ Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, pages 1 and 2, sections entitled Definitions: Grievance and Procedures VII(A), as well as, the aforementioned CC policy as they run parallel to one another.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.252(f).</p> <p>115.252(g)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the last 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section d addresses 115.252. Pursuant to this policy provision, CC does not utilize the grievance procedure for sexual abuse complaints rather, the Director quickly assigns each such grievance to an investigator for investigation. Accordingly, ATC follows Texas Department of Criminal Justice (TDCJ) Private Facility Contract Monitoring/Oversight Division Policy RRC 2.8 entitled Grievance Procedures, page 3, section IX, as well as, the aforementioned CC policy as they run parallel to one another. Accordingly, the auditor finds ATC substantially compliant with 115.252(g).</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.252(g).</p> <p>Based on the lack of findings as articulated above, the auditor finds ATC substantially compliant with 115.252.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p>Giving residents mailing addresses and telephone numbers (including toll-free</p>

hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and

Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3 and 4) address 115.253(a). Specific information regarding the 115.253(a) sexual abuse support source (The Safe Alliance) is captured in this policy citation.

The auditor notes that the telephone number for The Safe Alliance is properly reflected within a Safe Alliance informational document poster(s) in the resident telephone bank area (located in the multi-purpose area). Additionally, both The Safe Alliance mailing address and telephone number are reflected in the ATC Resident Handbook.

On February 12, 2025 at 3:58PM, the auditor tested The Safe Alliance telephone number as reflected in the aforementioned poster and the ATC Resident Handbook, using the far right resident telephone located in the multi-purpose area. The auditor connected with telephone number [(512)267-7233] and a VA did answer the same. A pin number or resident number was not required and accordingly, the auditor determined that the telephone call was free. The Director/PCM asserts that resident telephones are not monitored. The auditor did determine that the test call was properly completed.

Thirteen of 17 random resident interviewees state there are sexual abuse support services available outside the facility for dealing with sexual abuse, if the resident needed them. Two interviewees specifically cited services are available through counseling and Haven for Hope. The remaining 15 interviewees state they are not aware of the names of specific organizations or the services provided. Although not familiar with the specific services, 11 interviewees report such information is available in the aforementioned ATC Resident Handbook, review of posters positioned near the resident telephone bank, and pursuant to contact with staff.

Eleven of 17 random resident interviewees state such telephone calls are free of charge and fourteen interviewees state such calls can be made during telephone hours or with staff assistance.

As previously mentioned, the resident who reported sexual abuse at ATC refused to participate in an interview.

In view of the above, the auditor now finds ATC substantially compliant with 115.253(a).

115.253(b)

Pursuant to the PAQ, the Director self reports the facility informs residents, prior to

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.253(b). Information regarding limits of confidentiality and VA mandatory reporting requirements are captured in this policy citation. Additionally, residents are provided this information in the CC PREA- Prevent. Detect. Respond tri-fold pamphlet (provided in both English and Spanish).

The auditor's review of the CoreCivic PREA- Prevent. Detect. Respond tri-fold reveals substantial compliance with 115.253(b). Specifically, relevant provisions as articulated on page 1 of the same under the heading of Confidentiality are as follows:

Calls made to community agency/rape crisis center PREA Hotline numbers are not monitored or recorded.

Information that you provide to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. There are, however, certain situations and conditions under which staff from those agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. If confidential information must be disclosed, information will not be shared beyond what is necessary to address the immediate safety concern or to otherwise comply with applicable law. If you are concerned about the extent to which community agencies forward reports of sexual abuse to law enforcement or the facility, you should discuss this with that agency when you place the call.

Fourteen of 17 random resident interviewees state that what is said to people from the outside services remains private. Four interviewees state such conversations could be told to or listened to by someone else if criminal activity or self-injurious behavior is discussed. At the conclusion of each interview wherein the interviewee was unaware of the appropriate responses to these questions, the auditor provided correct response(s) and directed the interviewee(s) to resources for further review.

In view of the above, the auditor is confident ATC residents have been properly educated regarding the subject-matter of 115.253(b) and ATC is therefore substantially compliant with the provision.

115.253(c)

	<p>Pursuant to the PAQ, the Director self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Director further self reports the facility maintains copies of the agreement. The auditor's review of the MOU with The Safe Alliance reveals the same is commensurate with 115.253(c).</p> <p>Based on the above, the auditor finds ATC substantially compliant with 115.253(c).</p> <p>Accordingly, based on the lack of findings regarding 115.253(a-c) and the evidence addressed throughout the aforementioned provisions, the auditor finds ATC substantially compliant with 115.253.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CC website provides information regarding third-party reporting options. The auditor did observe a PREA poster reflecting sexual abuse/harassment reporting telephone numbers, as well as, the No Means No poster located in the entrance area, as well as, the multi-purpose area. Additionally, Ethics Line contact information is posted on the CC website.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f and g) addresses 115.254. This policy citation reflects that sexual abuse reports regarding residents can be facilitated pursuant to the CC Ethics Line and information regarding the same is available on the CC website.</p> <p>On April 15, 2025 at 11:40AM, the auditor tested the Ethics Line by virtue of a telephonic test to 1-800-461-9330. At 12:47PM on the same date, the auditor received an email from the CC Director of Ethics & Compliance regarding the aforementioned test call. The Director states that a report of the test call had been received and had the report been an actual incident, the same would have been forwarded to the ATC Director, Senior Director, CCPC and Director PREA Investigations. The auditor finds that the test call was successful.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.254.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 440 376">115.261(a)</p> <p data-bbox="280 416 1458 492">Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy:</p> <p data-bbox="280 528 1430 649">Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p data-bbox="280 685 1334 721">Any retaliation against residents or staff who reported such an incident; or</p> <p data-bbox="280 757 1414 833">Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 869 1471 990">CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, Policy Change Notice (PCN) 14-2(01), section (K)(2)(a) addresses 115.261(a). This policy citation is a restatement of the provision language.</p> <p data-bbox="280 1025 1465 1102">Eleven of 12 random staff assert the agency requires all staff to immediately report to their supervisor, ADO, AD:</p> <p data-bbox="280 1137 1398 1214">Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility;</p> <p data-bbox="280 1249 1359 1285">Any retaliation against residents or staff who reported such an incident; and</p> <p data-bbox="280 1321 1465 1397">Any neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1433 1445 1509">Of note, one random staff interviewee states that this report must be made within one hour of the time of occurrence.</p> <p data-bbox="280 1545 1426 1621">All 12 random staff interviewees are able to cite at least one method of privately reporting sexual abuse/harassment of residents. Methods cited are:</p> <p data-bbox="280 1657 903 1693">Placement of a telephone call to supervisor;</p> <p data-bbox="280 1729 979 1765">E-mail to their immediate supervisor/Director/OS;</p> <p data-bbox="280 1800 810 1836">Closed door meeting with supervisor;</p> <p data-bbox="280 1872 1394 1908">Submit a written report to their immediate supervisor, ADO, Director, etc.; and</p> <p data-bbox="280 1944 616 1980">Contact the Ethics Line.</p> <p data-bbox="280 2016 1461 2051">In view of the above, the auditor finds ATC substantially compliant with 115.261(a).</p>

115.261(b)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(d) addresses 115.261(b). The language reflected in this policy citation is reflective of that articulated in the provision.

Eleven of 12 random staff assert the agency requires all staff to immediately report to their supervisor, ADO, AD:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility;

Any retaliation against residents or staff who reported such an incident; and

Any neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Of note, one random staff interviewee states that this report must be made within one hour of the time of occurrence.

All 12 random staff interviewees are able to cite at least one method of privately reporting sexual abuse/harassment of residents. Methods cited are:

Placement of a telephone call to supervisor;

E-mail to their immediate supervisor/Director/OS;

Closed door meeting with supervisor;

Submit a written report to their immediate supervisor, ADO, Director, etc.; and

Contact the Ethics Line.

***According to the Director/PCM and auditor observation during the on-site visit, sexual abuse/harassment investigations and ancillary documents are maintained in a locked cabinet in the OS' locked office. The cabinet may be unlocked whenever he is in the office however, the office is secured when he departs the same. Electronic storage of data is password protected on the OS' desktop computer.

In view of the above, the auditor finds ATC substantially compliant with 115.261(b).

115.261(c)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(e) addresses 115.261(c). The language reflected in this policy citation is reflective of that articulated in the provision.

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

In view of the above, the auditor finds ATC substantially compliant with 115.261(c).

115.261(d)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(h) addresses 115.261(d). The same reflects that sexual abuse reports regarding vulnerable adults are directed to the customer for further handling.

According to the Acting Director/PCM, no residents under the age of 18 are housed at ATC. With respect to a vulnerable adult being subjected to sexual abuse or sexual harassment during the last 12 months, the Director asserts zero such incidents have occurred. Specifically, the Case Manager Supervisor states vulnerable adults are not housed at ATC. However, if such a situation did occur, MCOT Integral Care would be mobilized and contractual notification requirements would be implemented. They would make contact with Adult Protective Services (APS), if required pursuant to TDCJ guidelines.

The auditor has not been provided any information relative to allegation(s) received from or about vulnerable adults, nor has he discovered any such allegations pursuant to random and specialized staff interviews. The Director further self reports zero vulnerable adults have been subjected to sexual abuse at ATC during the last 12 months.

In view of the above, the auditor finds ATC non-compliant with 115.261(d).

115.261(e)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(i) addresses 115.261(e). The language reflected in this policy citation is reflective of that articulated in the provision.

The Acting DirectorPCM asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator(s). Specifically, she asserts that she receives all reports of sexual abuse/harassment and she delegates investigations accordingly.

In view of the above, the auditor finds ATC substantially with 115.261(e).

	Based on the lack of findings as reflected above, the auditor finds ATC substantially compliant with 115.261.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262(a)</p> <p>Pursuant to the PAQ, the Director self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Director further self reports in the last 12 months, there was zero instances wherein facility staff determined that a resident was subject to substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(1) addresses 115.262(a). This policy citation parallels the language of the provision.</p> <p>The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety.</p> <p>The Agency Head interviewee advises immediate isolation of the potential victim (separation of the victim from any aggressor and understanding the concern in detail, so appropriate follow-up action can be taken) is the initial response to a report of substantial risk of imminent sexual abuse. Both short term and long terms safety must be considered when evaluating the situation. Asking the resident if he/she feels safe is a great way to gauge victim perception of the response to their concern.</p> <p>The Director asserts when staff learn a resident is at risk of imminent sexual abuse, he/she is removed from the danger zone and placed in a safe place. If there is substantial evidence of the threat of imminent sexual abuse, contact with the contract monitor would be facilitated in an effort to remove the alleged perpetrator from the ATC resident population and/or removal of the potential victim to another CC location as a last resort.</p> <p>All 12 random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.262.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received zero allegations that a resident was sexually abused while confined at another facility.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(i) addresses 115.263(a). This policy citation consists of a paraphrase of provision language.</p> <p>As the result of documentation review and staff and resident interviews, the auditor has not discovered any violations of 115.263(a).</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.263(a).</p> <p>115.263(b)</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(i) addresses 115.263(b). This policy citation consists of a paraphrase of provision language.</p> <p>As the result of documentation review and staff and resident interviews, the auditor has not discovered any violations of 115.263(b).</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.263(b).</p> <p>115.263(c)</p> <p>Pursuant to the PAQ, the Director self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(iii) addresses 115.263(c). This policy citation consists of a paraphrase of provision language.</p>

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

In view of the above, the auditor finds ATC substantially compliant with 115.263(c).

115.263(d)

Pursuant to the PAQ, the Director self reports facility policy requires allegations received from other facilities/agencies regarding sexual abuse allegations alleged to have originated at ATC, are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, one allegation of sexual abuse originating at ATC, was received from the TDCJ Ombudsman.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(b)(i and ii) addresses 115.263(d). This policy citation consists of a paraphrase of provision language, as well as, specific information regarding the CC administrative processing of such investigation.

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

***According to the Director/PCM, when an allegation is received from another facility regarding an incident that allegedly occurred at ATC, a full investigation would be initiated pursuant to standard procedure. The Director/PCM asserts one such referral was received within the last 12 months.

The auditor's review of the investigation related to 115.263(d) reveals substantial compliance with 115.263(d). The allegation was received from the PREA Ombudsman on September 4, 2024 and the investigation was initiated on September 5, 2024. The investigation was thorough based on the allegations presented. Of note, the victim refused to provide a statement, the video could not be reviewed as the incidents reportedly occurred in mid-April, 2024 until the end of May, 2024, and therefore, very few facts could be developed.

In view of the above, the auditor finds ATC substantially compliant with 115.263(d).

Given the lack of findings as articulated above, the auditor finds ATC substantially compliant with 115.263.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.264(a)

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

Separate the alleged victim and abuser;

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described above.

The Director self reports that nine alleged incidents of sexual abuse occurred at ATC during the last 12 months wherein the victim and perpetrator were separated in each incident. According to the Director, staff were notified within a time period that still allowed for the collection of physical evidence in eight of these incidents and accordingly responding staff separated the victim and perpetrator, requested that the victim and ensured that the perpetrator did not destroy physical evidence, and secured the crime scene.

Pursuant to the auditor's onsite review of six random sexual abuse/harassment investigations, he has determined that five incidents of sexual abuse are reflected in those investigations. In four of those five investigations, the victim and perpetrator were separated, none of the crime scenes were preserved as two cases were more synonymous with unwanted touching/two cases involved incidents that occurred in the past/and the last case was determined to be consensual sex as both participants stated the same. Accordingly, neither the victim nor the perpetrators in these cases received instruction regarding destruction of physical evidence. The sixth investigation was more synonymous with sexual harassment. The auditor finds no deviation from standard based on the above.

Accordingly, compliance with requisite 115.264(a) requirements is clearly established.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(2)(a-d) and page 21, sections M(5 and 6), address 115.264(a). These policy citations consist of a paraphrase of provision language.

The non-security staff first responder interviewee articulated the first responder steps reflected above while the security first responder interviewee failed to identify ensuring that the perpetrator did not destroy physical evidence.

Ten of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited in the narrative for 115.264(a).

The auditor notes that the resident who reported sexual abuse at ATC during the last 12 months refused to provide an interview regarding her experiences.

In view of the above, the auditor finds ATC substantially compliant with 115.264(a).

115.264(b)

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

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

Notify security staff.

The Director self reports zero incidents of sexual abuse occurred within the last 12 months wherein non-security staff were the first responder(s).

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 20, section M(3) addresses 115.264(b). This policy citation consists of a paraphrase of provision language.

The auditor notes that all ATC staff receive the same first responder training as reflected in the narrative for 115.264(a).

The non-security staff first responder interviewee articulated the first responder steps reflected above while the security first responder interviewee failed to identify ensuring that the perpetrator did not destroy physical evidence.

Ten of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited in the narrative for 115.264(a).

In view of the above, the auditor finds ATC substantially compliant with 115.264(b).

Accordingly, the auditor finds ATC substantially compliant with 115.264.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.265(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 19 through 25, sections L through M(15) addresses 115.265(a). This policy citation includes an overview of collaborative staff positional responsibilities in response to a sexual abuse incident.</p> <p>The auditor's review of this plan, in addition to the aforementioned policy citations, reveals a comprehensive and substantive plan, enabling proper staff response to an incident of sexual abuse. In addition to the above, the auditor finds that the Sexual Abuse Incident Check Sheet captures threshold issues related to the sexual abuse incident. Signature and date lines for completing staff provide both authority and accountability.</p> <p>***According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The aforementioned policy is the guideline for 115.265(a) actions and coordination at ATC. Forms capture important dates, times, and information.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.265.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.266(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit.</p> <p>During the on-site audit, the auditor confirmed this assertion pursuant to inquiry with ADO staff. The Director self reports there is no collective bargaining agreement at ATC.</p> <p>***The Agency Head interviewee advises there are some facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any resident pending an</p>

	<p>investigation or a determination of whether and to what extent discipline is warranted.</p> <p>Since the auditor finds no ATC deviation from standard, compliance with 115.266 is established.</p>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.267(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, section M(14)(b) addresses 115.267(a). This policy citation consists of a paraphrase of provision language. According to this policy, the Director serves as the retaliation monitor.</p> <p>The Director asserts that nine allegations of sexual abuse and one allegation of sexual harassment were received at ATC during the last 12 months.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.267(a).</p> <p>115.267(b)</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(14)(a) and (d)(i-iv) addresses 115.267(b). This policy citation reflects examples of measures that can be taken to combat retaliation.</p> <p>According to the Agency Head interviewee, staff and residents who report sexual abuse/sexual harassment allegations are protected from retaliation pursuant to frequent retaliation monitoring check-ins (residents/ staff), in addition to a 30/60/90 day formal review schedule.</p> <p>In view of significant turnover at the Director level, the newly selected deputy director (DD) serves as the retaliation monitor. He states that he ensures removal of the perpetrator(s) from the area(s) of victim housing/transfer of alleged abuser(s), offers VA services to the victim through The Safe Alliance, and increases security rounds to assess and enhance sexual safety. With respect to staff victims, the DD would offer the Employee Assistance Program (EAP) to victims. Subsequent</p>

to victim request, the DD may adjust the victim's shift or facility at which he/she works.

According to the DD/staff member charged with monitoring retaliation, he follows up and checks in with both resident and staff victims immediately following notification of the allegation. Administrative removal of the perpetrator, effectuation of victim housing change(s), recommended EAP for staff and increased emotional support services for residents, transfer of the victim if the situation warrants in terms of predator associates, and formal 30/60/90 day retaliation meetings with victim(s) with random check-ins are some of the strategies that may be employed pursuant to retaliation monitoring.

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

With respect to staff victims, the perpetrator may be moved to a different shift/post/facility, if prudent. The auditor's review of the PREA Retaliation Monitoring Report (30/60/90) reveals several actions that can be taken and accounted for throughout the retaliation monitoring process.

As previously mentioned throughout this report, the resident who reported a sexual abuse incident at ATC who is still confined at the facility, declined to participate in an interview. Accordingly, the victim of sexual abuse at ATC interview could not be facilitated.

In view of the above, the auditor finds ATC substantially compliant with 115.267(b).

115.267(c)

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The Director further self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation and the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The Director self reports retaliation has not occurred within the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(14)(c), (d) (iv), (e)(i and ii), and (f) addresses 115.267(c). These citations provide an overview of recommended and/or available strategies to be employed with respect to 115.267(c) requirements.

The Acting Director and DD/staff member charged with monitoring retaliation assert

the DD monitors;
Change(s) in resident behavior(s);
Increase in accrual of disciplinary reports;
Isolation;
Negative work and programming reviews;
Change(s) in routines;
Change(s) in association;
Changes in eating habits;
Hygiene decompensation; and
Failure or refusal to participate in groups/work.

Staff victims may display many of the above behaviors in addition to excessive or increased call-offs, an increase in shift or post change requests, and depreciation in performance.

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

The auditor's review of five random sexual abuse/harassment investigations completed during the last 12 months reveals that the requisite retaliation monitoring meetings were facilitated with the victim and properly documented in one matter. In two additional matters, the victims absconded from ATC prior to conclusion of the investigation or conduct of retaliation monitoring meetings. In one additional matter, the report was provided to facility staff via the TDCJ PREA Ombudsman and the victim was not housed at ATC and accordingly, retaliation monitoring was not and could not have been facilitated. In the last matter, the incident was determined to be sexual harassment and accordingly, 115.267 is not applicable and the fact pattern in another matter was determined to be non sexual abuse related.

In view of the above, the auditor finds ATC substantially compliant with 115.267(c) requirements.

115.267(d)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(14)(d)(iv)/(g) addresses 115.267(d). These citations provide an overview of recommended and/or available strategies to be employed with respect to

	<p>115.267(d) requirements.</p> <p>The DD/retaliation monitor interviewee states that the facility is small enough wherein he can randomly check-in with victims regarding safety and well-being. He would document the same on the resident profile. The auditor is not aware of any such documentation, however.</p> <p>Given the above, the auditor finds ATC substantially compliant with 115.267(d).</p> <p>115.267(e)</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 24, section M(14)(i) addresses 115.267(e). This policy citation consists of a paraphrase of provision language.</p> <p>According to the Acting Director interviewee, she is not aware of any other incidents that occurred during the last 12 months wherein other individual(s) who cooperated with a sexual abuse investigation, expressed a fear of retaliation. When a resident who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he/she receives the same benefits and treatment as articulated in the narrative for 115.267(b-d) above. Facility staff find the root cause of the retaliation and correct the same. Facility staff also assist the victim in finding the appropriate medical, emotional, and law enforcement support for their concerns, when necessary.</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.267(e).</p> <p>In view of the lack of findings with respect to 115.267 (a-d), the auditor finds ATC substantially compliant with 115.267.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.271(a)</p> <p>Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency sexual abuse/harassment investigations.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(4) addresses 115.271(a). This policy citation consists of a paraphrase of provision language.</p>

The Director/PCM asserts 10 sexual abuse/harassment allegations were received during the last 12 months and accordingly, investigations were completed in all but one case as the same is pending. The Director/PCM made this PAQ assertion in the narrative for 115.222(a).

According to the administrative sexual abuse/harassment investigative interviewee, an investigation is initiated immediately following receipt of an allegation of sexual abuse/harassment if he is on-site. The shift supervisor initiates 1st responder duties and basic fact finding. In the event of an off-duty report of sexual abuse, the interviewee will always report to the facility. Dependent upon the circumstances, he may report to the facility in the event of a reported sexual harassment incident. Minimally, he provides direction to the Monitor III regarding investigative steps.

The administrative sexual abuse/harassment investigative interviewee states that anonymous or third-party reports of sexual abuse/harassment are handled the same as any sexual abuse/harassment investigation.

The criminal sexual abuse/harassment investigative interviewee states that the timeline for the criminal investigation would vary based on the way in which the allegation is reported. Generally, if the investigation is reported by facility staff to Dispatch, a patrolman would facilitate the original report. He/she would then refer the initial report to the investigations sergeant and he/she would assign the investigation to a detective, if warranted.

The criminal sexual abuse/harassment investigative interviewee states that anonymous or third-party reports are generally handled the same as any sexual abuse/harassment investigation.

In view of the above, the auditor finds ATC substantially compliant with 115.271(a).

115.271(b)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(5) addresses 115.271(b). This policy citation consists of a paraphrase of provision language.

The auditor's review of the training syllabi for the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting and the CC Investigating Sexual Abuse in a Confinement Setting- Web based Training Course (NIC) reveals both courses address the requirements of both 115.234(a) and (b). The auditor has reviewed this training syllabi in conjunction with other CC PREA audits.

CC certificates for the web-based specialized investigative course were issued to the three administrative sexual abuse/harassment investigators. Specifically, the OS, the Director/PCM at the time of the onsite audit, and the Case Manager Supervisor completed the requisite specialized training.

According to the administrative sexual abuse/harassment investigative staff interviewee, he completed a three to four hour on-line NIC training course entitled Investigating Sexual Abuse in a Confinement Setting Web-Based Training Course. Some scenario based training was included in the same, as well as, a testing process. The interviewee stated the course included topics such as:

Execution of Miranda and Garrity warnings;

The evidence standard necessary to substantiate a case for administrative action or prosecution referral;

Techniques for interviewing sexual abuse victims; and

Sexual abuse evidence collection in confinement settings.

The criminal sexual abuse/harassment investigative interviewee states she has not received training specific to the conduct of sexual abuse investigations in a confinement facility. She has completed basic investigative training in the Academy and subsequent sexual abuse investigative training (Dvaur). Such training has been extensive and includes both in-person and online training.

The criminal sexual abuse/harassment investigative sexual abuse interviewee states her training did encompass the following:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection however, not specific to confinement settings; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

In view of the above, the auditor finds ATC substantially compliant with 115.271(b).

115.271(c)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(a) addresses 115.271(c). This policy citation consists of a paraphrase of provision language.

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

Threshold questioning of victim to identify participants, Who?, What?, When?, Where?, and Why? (one hour);

Interview witnesses (20 minutes/witness);

Review video (1-10 hours);

Review preliminary forensic examination results (within eight hours);

File reviews (one hour);

Re-interviews, if necessary (10-15 minutes per interviewee);

Interview perpetrator (0-60 minutes);

Write report (two hours); and

Discussion with corporate (two hours).

The administrative investigative interviewee states that he collects video, victim/witness/perpetrator statements, interview notes, and relevant file materials.

The criminal sexual abuse/harassment investigative interviewee states that the following general protocol is employed in terms of the investigative chronology:

Patrolman is the generally the first investigator onsite and he/she completes a threshold interview of the victim;

If appropriate, a detective or the evidence collection unit collects physical evidence;

If appropriate, the detective would request indirect evidence from the facility (e.g. video, staff and resident files, administrative interview notes, statements, etc.);

Interview the victim;

Develop witness list and interview witnesses, as appropriate;

Review physical evidence;

Interview perpetrator;

Develop findings and evidentiary credibility analysis; and

Conclude reporting process.

In view of the above, the auditor finds ATC substantially compliant with 115.271(c).

115.271(d)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(b) addresses 115.271(d). This policy citation consists of a paraphrase of provision language.

The administrative and criminal sexual abuse/harassment investigative interviewees state compelled interviews are not conducted by ATC investigative staff or APD detective(s).

In view of the above, the auditor finds ATC substantially compliant with 115.271(d). There is no evidence of ATC non-compliance with this provision.

115.271(e)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(c) addresses 115.271(e). This policy citation consists of a paraphrase of provision language.

In regard to credibility assessments relative to staff and resident witnesses, the administrative investigative staff interviewee states credibility is established based on the degree in which the statement(s) and evidence align. Witnesses are perceived as truthful until proven otherwise. Both the administrative and criminal sexual abuse/harassment interviewees relate they would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The resident who reported a sexual abuse incident at ATC refused to be interviewed and accordingly, the same could not be facilitated.

In view of the above, the auditor finds ATC substantially compliant with 115.271(e).

115.271(f)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(6)(a-f) addresses 115.271(f). This policy citation consists of an analysis of report contents and considerations.

With respect to determining whether staff actions or failure to act contributed to the incident of sexual abuse, the administrative investigative staff interviewee states he assesses known facts against policy and ethical considerations. The administrative investigative staff interviewee states administrative investigations are documented in written reports. The reports generally address the following format:

Participants;

Witnesses;

Description of incident;

Steps taken following notification of alleged incident;

Evidence gathering;

Staff action/inaction;

Facility factors;

Finding;

Recommendations; and

Corrective action.

The Acting Director/PCM interviewee states that hard copies of sexual abuse/harassment investigations and ancillary investigative materials are maintained in a locked cabinet in her locked office when she is not occupying the same. Electronic copies of sexual abuse/sexual harassment investigations and ancillary materials are forwarded to the CCPC and additionally, they are maintained in a personal password protected directory on the Acting Director/PCM's desktop computer. This directory is not accessible to other staff.

The auditor notes that the Acting Director/PCM's statement, as reflected above, is consistent with his observations throughout the on-site audit. In view of the above, the auditor finds ATC substantially compliant with 115.271(f).

115.271(g)

The administrative investigative staff interviewee states criminal investigations are documented. He is not aware of the contents of the same as such reports are not generally received at the facility. Criminal investigations are not generally distributed to facility staff.

The criminal sexual abuse/harassment investigative interviewee states the criminal investigative report reflects all investigative steps, an executive digest addressing background information/allegations, victim/witness/perpetrator statements, credibility analysis, and evidence credibility analysis.

The Acting Director/PCM asserts zero APD criminal investigation reports have been provided to her.

In view of the above, the auditor finds ATC substantially compliant with 115.271(g).

115.271(h)

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. The Director further self reports zero criminal findings were referred for prosecution since the last PREA audit.

The administrative investigative staff interviewee states cases are referred for criminal investigation whenever the evidence points to the existence of a criminal code violation. Referrals for prosecution are generally facilitated by APD when it appears the evidentiary standard has been met.

The criminal sexual abuse/harassment investigative interviewee states that the standard of evidence that is generally required for referral of a case for prosecution is "probable cause". Additionally, a violation of criminal code is necessary.

In view of the above, the auditor finds ATC substantially compliant with 115.271(h).

115.271(i)

Pursuant to the PAQ, the Director self reports the agency retains all written reports referenced in the above paragraphs of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 29, section O(6)(g) and page 4 of Attachment 1-15B-CC address 115.271(i). These policy citations consist of a paraphrase of provision language.

The auditor's review of the CC Record Retention Schedule reveals compliance with 115.271(i).

The auditor did not identify any deviations with respect to 115.271(i) pursuant to a cursory review of the file cabinet in the Director/PCM's office. In view of the above, the auditor finds ATC substantially compliant with 115.271(i).

115.271(j)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(6)(d) addresses 115.271(j). This policy citation consists of a paraphrase of provision language.

According to the CCPC, standard practice requires continuation of an investigation regarding a sexual abuse/harassment allegation even if a resident is terminated from the program or the victim or alleged abuser departs either employment or control of the facility. The administrative and criminal sexual abuse/harassment investigative interviewees state they continue the investigation regardless of whether a staff member alleged to have committed a sexual abuse act terminates employment prior to a completed investigation into his/ her conduct and/or when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The auditor has not discovered any deviation(s) from 115.271(j) pursuant to review of records provided.

Accordingly, the auditor finds ATC substantially compliant with 115.271(j).

115.271(l)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section

	<p>O(5) addresses 115.271(l). This policy citation consists of a paraphrase of provision language.</p> <p>The Acting Director/PCM asserts the investigator maintains telephonic and electronic contact with the APD investigator(s), checking on the status of criminal investigations. Contact would be attempted on at least a weekly basis. Follow-up contact is documented.</p> <p>According to the administrative investigative staff interviewee, he acts as a liaison or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever APD investigator(s) investigate sexual abuse incident(s).</p> <p>In view of the above, the auditor finds ATC compliant with 115.271(l).</p> <p>The auditor notes that pursuant to his review of five random ATC sexual abuse/harassment investigations conducted during the last 12 months reveals substantial compliance with 115.271.</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.271.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(8) addresses 115.272(a). This policy citation consists of a paraphrase of provision language.</p> <p>As indicated in the narrative for 115.222(a), 10 sexual abuse/harassment allegations were reported during the last 12 months.</p> <p>The administrative investigative staff interviewee states he relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. He states this equates to "more evidence is available leading to the conclusion that it is more likely the incident happened, than not". Stated another way, the evidentiary scale is tipped over 50%.</p> <p>The criminal investigative interviewee states that probable cause is generally the</p>

	<p>minimum standard of evidence necessary for referral of a case for prosecution. If available evidence appears to be slightly less than probable cause, the interviewee confers with the assistant district attorney (ADA) regarding viability of the case.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.272.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Director further self reports nine criminal/ administrative sexual abuse/harassment investigations were completed during the last 12 months and requisite 115.273(a) notifications were issued to the victims(s) in eight cases.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(1) addresses 115.273(a). This policy citation consists of a paraphrase of provision language.</p> <p>According to the Acting Director/PCM, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. She asserts notifications are accomplished pursuant to a Resident Notification Form and the investigator effects such notifications.</p> <p>The investigative staff interviewee concurs with the aforementioned Acting Director/PCM's statement. The DD or Director/PCM may also facilitate the same.</p> <p>As previously mentioned, the resident who reported a sexual abuse incident refused to participate in an interview.</p> <p>The auditor's review of five random sexual abuse/harassment investigations completed during the last 12 months reveals that the requisite written notification was provided to the victim in one matter. In two additional matters, the victims absconded from ATC prior to conclusion of the investigation or provision of the notification to the victim. While the requisite notifications were completed, they were not provided to the victims in view of the circumstances. In one additional matter, the report was provided to facility staff via the TDCJ PREA Ombudsman and</p>

the victim was not housed at ATC. In one matter, the incident was determined to be sexual harassment and accordingly, 115.273 is not applicable and the fact pattern in another matter was determined to be non sexual abuse related.

In view of the above, the auditor finds ATC substantially compliant with respect to 115.273(a).

115.273(b)

Pursuant to the PAQ, the Director self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The Director further self reports, in the last 12 months, zero sexual abuse investigations were completed by an outside agency. TDCJ staff determined the allegations were unsubstantiated and an administrative investigation ensued.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(1) addresses 115.273(b). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds ATC substantially compliant with 115.273(b).

115.273(c)

Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the staff member has been convicted on a charge related to sexual abuse within the facility.

Pursuant to the auditor's review of the Resident Notification Form, the aforementioned provisions are clearly articulated in the same. Accordingly, this CC form is adapted to the provision.

The Director asserts that zero substantiated or unsubstantiated staff-on-resident sexual abuse or sexual misconduct allegation(s) have been received during during the last 12 months.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(2)(a-d) addresses 115.273(c). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds ATC substantially compliant with 115.273(c).

115.273(d)

Pursuant to the PAQ, following a resident's allegation he or she has been sexually abused by another resident at ATC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(3)(a and b) addresses 115.273(d). This policy citation consists of a paraphrase of provision language.

The auditor has not learned that any resident perpetrators of sexual abuse at ATC have been indicted or convicted relative to a charge of sexual abuse within the facility.

In view of the above, the auditor finds ATC substantially compliant with 115.273(d).

115.273(e)

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 30, section R(4) addresses 115.273(e). This policy citation consists of a paraphrase of provision language.

The auditor's review of five random sexual abuse/harassment investigations completed during the last 12 months reveals that the requisite written notification was provided to the victim in one matter. In two additional matters, the victims absconded from ATC prior to conclusion of the investigation or provision of the notification to the victim. While the requisite notifications were completed, they were not provided to the victims in view of the circumstances. In one additional matter, the report was provided to facility staff via the TDCJ PREA Ombudsman and the victim was not housed at ATC. In one matter, the incident was determined to be sexual harassment and accordingly, 115.273 is not applicable and the fact pattern in another matter was determined to be non sexual abuse related.

	<p>In view of the above, the auditor finds ATC substantially compliant with 115.273(e).</p> <p>Accordingly, the auditor finds that ATC is substantially compliant with respect to 115.273.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.276(a)</p> <p>Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(a) addresses 115.276(a). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor's review of three completed 2024 documents entitled Understanding and Receipt of Code of Conduct Policy clearly substantiates staff receipt of and understanding of information regarding 115.276(b) subject-matter.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.276(a).</p> <p>115.276(b)</p> <p>Pursuant to the PAQ, the Director self reports in the last 12 months, zero facility staff members were found to have violated agency sexual abuse/harassment policies. The Director further self reports zero employees were either terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(b) addresses 115.276(b). This policy citation consists of a paraphrase of provision language.</p> <p>Pursuant to the auditor's review of at least six of the 10 sexual abuse/harassment investigations completed during the last 12 months, he finds no evidence of employee termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.276(b).</p>

115.276(c)

Pursuant to the PAQ, the Director self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Director further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(c) addresses 115.276(c). This policy citation consists of a paraphrase of provision language.

Pursuant to the auditor's review of at least six of the 10 sexual abuse/harassment investigations completed during the last 12 months, he finds no evidence of employee termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies.

In view of the above, the auditor finds ATC substantially compliant with 115.276(c).

115.276(d)

Pursuant to the PAQ, the Director self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Director further self reports during the last 12 months, zero facility staff members have been reported to law enforcement or licensing boards following termination for a Code of Conduct violation.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(d) addresses 115.276(d). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds ATC substantially compliant with 115.276(d).

Accordingly, the auditor finds ATC substantially compliant with 115.276.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.277(a)

Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents. According to the Director, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(e) addresses 115.277(a). This policy citation consists of a paraphrase of provision language. The auditor's review of the CoreCivic PREA Zero Tolerance Policy Acknowledgment, signed and dated by each contractor/volunteer, reflects the requirements of 115.277(a).

Pursuant to staff/resident interviews and documentation reviews, the auditor has not found any incidents wherein the requirements of 115.277(a) were invoked or would require the same.

In view of the above, the auditor finds ATC substantially compliant with 115.277(a).

115.277(b)

Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(f) addresses 115.277(b). This policy citation consists of a paraphrase of provision language.

***The Director asserts he automatically suspends contractor/volunteer privileges and eliminates contact with residents pending the results of an investigation, should a contractor/volunteer be involved in a sexual abuse/harassment incident with a resident. He terminates the contractor's/volunteer's contact with residents if the investigation is substantiated.

In view of the above, the auditor finds ATC substantially compliant with 115.277(b).

Accordingly, the auditor finds ATC substantially compliant with 115.277.

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.278(a)</p> <p>Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, zero administrative and/or criminal findings of resident-on-resident sexual abuse were rendered at the facility.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(a) addresses 115.278(a). This policy citation consists of a paraphrase of provision language.</p> <p>Pages 9-12 of the TDCJ Private Facility Contract Monitoring/Oversight Division RRC Resident Handbook, section 2.7 (A-Q) addresses the TDCJ resident disciplinary procedure. Sexual abuse is considered a Level 1 offense and due process hearings are facilitated by a TDCJ Probation/Parole Hearing Officer.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.278(a).</p> <p>115.278(b)</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(c) addresses 115.278(b). This policy citation consists of a paraphrase of provision language.</p> <p>According to the Acting Director/PCM, an ATC staff member generally writes the incident report or misconduct report with the OS facilitating hearings for Level 2 and 3 offenses. Sanctions for these minor offenses include room or facility restrictions, among others.</p> <p>In regard to a sexual abuse incident, the Acting Director/PCM would request issuance of a warrant pre-hearing from the TDCJ monitor to remove the perpetrator from the facility. Generally, the perpetrator is removed to a county jail setting pending the outcome of a Level 1 hearing.</p> <p>The Level 1 hearing is facilitated by a TDCJ Division of Parole Hearing Officer and he/she can impose major sanctions such as removal from the program. With respect to equality of sanctions imposed for comparable offenses, the Acting Director/PCM asserts the same is accomplished by the Hearing Officer. The Hearing Officer also handles referral of residents for mental health assessment, if deemed appropriate.</p>

In view of the above, the auditor finds ATC substantially compliant with 115.278(b).

115.278(c)

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(d) addresses 115.278(c). This policy citation consists of a paraphrase of provision language.

The Level 1 hearing is facilitated by a TDCJ Division of Parole Hearing Officer and he/she can impose major sanctions such as removal from the program. With respect to equality of sanctions imposed for comparable offenses, the Acting Director/PCM asserts the same is accomplished by the Hearing Officer. The Hearing Officer also handles referral of residents for mental health assessment, if deemed appropriate.

In view of the above, the auditor finds ATC substantially compliant with 115.278(c).

115.278(d)

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(i) addresses 115.278(d). This policy citation consists of a paraphrase of provision language.

As previously mentioned in the narrative for 115.235, according to the Director and the auditor's observations, medical and mental health staff are not employed at ATC. Accordingly, such interviews could not be conducted however, it is noted that such considerations are managed by the TDCJ Division of Parole Hearing Officer.

In view of the above, the auditor finds ATC substantially compliant with 115.278(d).

115.278(e)

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(e) addresses 115.278(e). This policy citation consists of a paraphrase of provision language.

The auditor finds that during the last 12 months, zero allegations were reported or investigations conducted relative to resident sexual contact with staff pursuant to 115.278(e). According to the Director, during the last 12 months, there were no allegations or investigations relative to resident sexual contact with staff meeting the parameters of 115.278(e).

	<p>In view of the above, the auditor finds ATC substantially compliant with 115.278(e).</p> <p>115.278(f)</p> <p>Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(g) addresses 115.278(f). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor has found no evidence of deviation from the requirements of 115.278(f).</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.278(f).</p> <p>115.278(g)</p> <p>Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(1)(f) addresses 115.278(g). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.278(g).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.278.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.282(a)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Director further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Such services are provided by community providers at a designated location. The Director self reports that as medical and mental health care are not provided at ATC, such secondary materials are maintained at the respective hospital.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 24, section M(15)(a) addresses 115.282(a). This policy citation consists of a paraphrase of provision language.

The auditor notes that the one resident who reported a sexual abuse at ATC refused to be interviewed and accordingly, the same could not be facilitated.

In view of the above, the auditor finds ATC substantially compliant with 115.282(a).

115.282(b)

As previously indicated, the auditor observed there are no medical/mental health providers on board at ATC and accordingly, interview(s) could not be facilitated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 24, section M(15)(b) addresses 115.282(b). This policy citation consists of a paraphrase of provision language.

Ten of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited in the narrative for 115.264(a). The non-security staff first responder interviewee articulated all four first responder steps while the security staff first responder articulated three of the four steps. The auditor notes that none of the victims in the investigations identified as sexual abuse were removed from the facility for follow-up medical treatment.

In addition to the above, the resident who reported a sexual abuse incident at ATC refused to be interviewed.

In view of the above, the auditor finds ATC substantially compliant with 115.282(b).

115.282(c)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The

	<p>Director self reports that as medical and mental health care are not provided at ATC, such secondary materials are maintained at the hospital.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, pages 24 and 25, section M(15)(c) addresses 115.282(c). This policy citation consists of a paraphrase of provision language.</p> <p>As previously mentioned, zero medical/mental health staff are employed at ATC. Additionally, the resident who reported a sexual abuse incident at ATC refused to participate in an interview.</p> <p>In addition to the above, the resident who reported a sexual abuse at ATC refused to be interviewed.</p> <p>***SANE examinations include an offer of prophylaxis for certain STDs and a referral to another source for testing. Tests are included in the hospital forensic protocol. Additionally, urinary pregnancy tests are offered to each female victim of sexual abuse. A general medical screening precedes the conduct of a forensic examination.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.282(c).</p> <p>115.282(d)</p> <p>Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(d) addresses 115.282(d). This policy citation consists of a paraphrase of provision language.</p> <p>***Pursuant to the auditor's review of five sexual abuse investigations facilitated during the last 12 months, he finds no evidence substantiating that a victim was charged for or paid for any financial costs associated with medical care provided in response to the sexual abuse.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.282(d).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.282.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.283(a)

Pursuant to the PAQ, the Director self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(e) addresses 115.283(a). This policy citation consists of a paraphrase of provision language.

The Director/PCM asserts zero residents have reported, at intake during their initial sexual abuse victimization/aggressor screening or subsequent to the same, that they were sexually abused at a prior confinement facility. Pursuant to interviews and review of random resident files, the auditor has found no contradictory evidence regarding such resident reporting as reflected above.

The auditor's review of five randomly selected sexual abuse investigations facilitated during the last 12 months reveals medical intervention was not required in any of the cases. Penetration was not validated in any of the investigations and in view of the time frame in which the incidents were reported, follow-up forensic examination(s) or referral to a local medical facility for life saving procedure(s) was not warranted. The last randomly selected investigation completed during the last 12 months constituted sexual harassment and accordingly, 115.283(a) is not applicable to ATC.

In view of the above, the auditor finds ATC substantially compliant with 115.283(a).

115.283(b)

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(f) addresses 115.283(b). This policy citation consists of a paraphrase of provision language.

The auditor has not been provided nor has he discovered any evidence requiring 115.283(a) and (b) steps. This information is validated pursuant to interviews and review of random resident files.

The auditor's review of five randomly selected sexual abuse investigations facilitated during the last 12 months reveals medical intervention was not required in any of the cases. Penetration was not validated in any of the investigations and in view of the time frame in which the incidents were reported, follow-up forensic examination(s) or referral to a local medical facility for life saving procedure(s) was not warranted. The last randomly selected investigation completed during the last 12 months constituted sexual harassment and accordingly, 115.283(b) is not applicable to ATC.

As reflected in the narrative for 115.235, medical/mental health staff are not employed at ATC. Accordingly, those interviews could not be facilitated. Additionally, the resident who reported a sexual abuse incident at ATC refused to be interviewed and accordingly, the interview could not be conducted.

In view of the above, the auditor finds ATC substantially compliant with 115.283(b).

115.283(c)

All treatment is provided at a local hospital pursuant to the community standard of care.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(g) addresses 115.283(c). This policy citation consists of a paraphrase of provision language.

Provision of medical and mental health care at community hospitals equates to the community standard of care. The auditor also finds that the non-medical response to sexual assault victims satisfies this standard provision. The decision-making process includes contact with CC officials; APD, if warranted; and medical/mental health providers at local hospitals, if warranted.

As reflected in the narrative for 115.235, medical/mental health staff are not employed at ATC. Accordingly, those interviews could not be facilitated.

In view of the above, the auditor finds ATC substantially compliant with 115.283(c).

115.283(d)

Pursuant to the PAQ, the Director self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. The Director further self reports three allegations of sexual abuse with respect to female residents during the last 12 months and the same is consistent with the auditor's review of the aforementioned sexual abuse investigations. One of the three investigations (resident-on-resident) was substantiated however, the fact pattern did not reflect penetration. The other two resident-on-resident female cases were deemed to be unsubstantiated.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(h) addresses 115.283(d) and (e). This policy citation consists of a paraphrase of provision language.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested. SANE examinations include an examination and offer of prophylaxis medication(s) for certain STDs and a referral to another source for testing. Tests are included in the hospital forensic protocol. Additionally, urinary

pregnancy tests are offered to each female victim of sexual abuse. A general medical screening precedes the conduct of a forensic examination.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview.

In view of the evidence addressed above, the auditor finds ATC substantially compliant with 115.283(d).

115/283(e)

Pursuant to the PAQ, the Director self reports that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested. The auditor has attempted to telephonically contact official(s) from The Safe Alliance on two occasions, leaving voicemails regarding interviews of both SANE representatives and officials who can address training for VAs and the frequency of requests from ATC officials. The auditor has not received any return calls to address these issues directly related to 115.221(c-e) and 115.283(d and e). Accordingly, he is unable to facilitate the requisite interviews. Additionally, as the result of this situation, the auditor is unable to address the issue of VA presence during investigatory interviews.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview. Additionally, pursuant to the 115.235 narrative, medical/mental health staff are not employed at ATC.

In view of the evidence addressed above, the auditor finds ATC substantially compliant with 115.283(e).

115.283(f)

Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(i) addresses 115.283(f). This policy citation consists of a paraphrase of provision language.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations,

when requested. The auditor has attempted to telephonically contact official(s) from The Safe Alliance on two occasions, leaving voicemails regarding interviews of both SANE representatives and officials who can address training for VAs and the frequency of requests from ATC officials. The auditor has not received any return calls to address these issues directly related to 115.221(c-e) and 115.283(d and e). Accordingly, he is unable to facilitate the requisite interviews. Additionally, as the result of this situation, the auditor is unable to address the issue of VA presence during investigatory interviews.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview.

In view of the evidence addressed above, the auditor finds ATC substantially compliant with 115.283(f).

115.283(g)

Pursuant to the PAQ, the Director self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(j) addresses 115.283(g). This policy citation consists of a paraphrase of provision language.

Pursuant to the CC MOU with The Safe Alliance, it appears that SANEs are dispatched to one of the local hospitals during the conduct of forensic examinations, when requested. The auditor has attempted to telephonically contact official(s) from The Safe Alliance on two occasions, leaving voicemails regarding interviews of both SANE representatives and officials who can address training for VAs and the frequency of requests from ATC officials. The auditor has not received any return calls to address these issues directly related to 115.221(c-e) and 115.283(d and e). Accordingly, he is unable to facilitate the requisite interviews. Additionally, as the result of this situation, the auditor is unable to address the issue of VA presence during investigatory interviews.

Notably, the resident who reported a sexual abuse interviewee who was confined at ATC during the onsite visit, refused to be interviewed. Accordingly, the auditor was not able to facilitate that interview.

In view of the evidence addressed above, the auditor finds ATC substantially compliant with 115.283(g).

115.283(h)

	<p>Pursuant to the PAQ, the Director self reports the facility does attempt to conduct a mental health evaluation of all known resident-on-resident sexual abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. Pursuant to a separate on-site conversation, the Director asserts they would refer such resident-on-resident sexual abusers for a mental health evaluation within 60 days of learning of such abuse history. Additionally, treatment, as deemed appropriate by mental health practitioners, would be offered.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 11, section G(15) addresses 115.283(h). This policy citation consists of a paraphrase of provision language. Such evaluations would generally be facilitated at a facility outside ATC.</p> <p>The Director asserts that zero resident-on-resident sexual abusers have been housed at ATC during the last 12 months. Pursuant to interviews and the auditor's random review of resident files, he has not discovered any incidents wherein 115.283(h) requirements were invoked.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.283(h).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.283.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.286(a)</p> <p>Pursuant to the PAQ, the facility shall 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.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(1) addresses 115.286(a). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor's review of five sexual abuse/harassment investigative packets reveals that the requisite 115.286 Sexual Abuse Incident Reviews (SAIRs) were completed in three substantiated or unsubstantiated sexual abuse cases. Of the remaining two cases, one was determined to be sexual harassment and one additional case was determined to be unfounded, therefore, the same were not subject to 115.286</p>

requirements. In the three sexual abuse cases, reviews were timely pursuant to 115.286(b) with the exception of one SAIR, included proper staff reviewers pursuant to 115.286(c), addressed all issues identified in the report requirements as articulated at 115.286(d), and included zero recommendations.

In view of the above, the auditor finds ATC substantially compliant with 115.286(a).

115.286(b)

Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a SAIR within 30 days of conclusion of the criminal or administrative sexual abuse investigation. The Director further self reports during the last 12 months, zero criminal or administrative sexual abuse investigations were facilitated with respect to ATC residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(3) addresses 115.286(b). This policy citation consists of a paraphrase of provision language.

The auditor's review of five sexual abuse/harassment investigative packets reveals that the requisite 115.286 Sexual Abuse Incident Reviews (SAIRs) were completed in three substantiated or unsubstantiated sexual abuse cases. Of the remaining two cases, one was determined to be sexual harassment and one additional case was determined to be unfounded, therefore, the same were not subject to 115.286 requirements. In the three sexual abuse cases, reviews were timely pursuant to 115.286(b) with the exception of one SAIR.

In view of the above, the auditor finds ATC substantially compliant with 115.286(b).

115.286(c)

Pursuant to the PAQ, the Director self reports the SAIR review team includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The auditor notes zero medical or mental health staff are employed at ATC.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(2) addresses 115.286(c). This policy citation consists of a paraphrase of provision language.

***The auditor finds the composition of the SAIR review team, in question, to be commensurate with standard expectations. The Director asserts the facility does have a sexual abuse incident review team and the team is comprised of the Director, deputy director (DD), Regional Director (RD), OS and staff from other disciplines, allowing for input from line supervisors, and investigators.

The auditor's review of five sexual abuse/harassment investigative packets reveals that the requisite 115.286 Sexual Abuse Incident Reviews (SAIRs) were completed in three substantiated or unsubstantiated sexual abuse cases. Of the remaining two

cases, one was determined to be sexual harassment and one additional case was determined to be unfounded, therefore, the same were not subject to 115.286 requirements. In the three sexual abuse cases, reviews included proper staff reviewers pursuant to 115.286(c).

In view of the above, the auditor finds ATC substantially compliant with 115.286(c).

115.286(d)

Pursuant to the PAQ, the Director self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PCM.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(3)(a-e), and (4) addresses 115.286(d). This policy citation consists of a paraphrase of provision language.

The auditor's review of the CC Sexual Abuse Incident Review Form reveals substantial compliance with 115.286(d).

***According to the Director/PCM, the process is designed to highlight both positives and negatives. A primary mission is identification of components that require corrective action and implementation of corrective action. Enhance "all things PREA".

***The team considers: Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Was the incident motivated by race, ethnicity, gender identity, LGBTI identification status or perceived status, or gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility;

Physical examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assessment of the adequacy of staffing levels in the area during different shifts; and

Assessment of whether monitoring technology should be deployed or augmented to supplement staff supervision.

Of note, the case manager supervisor (CMS) was interviewed pursuant to the incident review team questionnaire and her responses paralleled the Director/PCM's responses.

The auditor's review of five sexual abuse/harassment investigative packets reveals that the requisite 115.286 Sexual Abuse Incident Reviews (SAIRs) were completed in three substantiated or unsubstantiated sexual abuse cases. Of the remaining two

	<p>cases, one was determined to be sexual harassment and one additional case was determined to be unfounded, therefore, the same were not subject to 115.286 requirements. In the three sexual abuse cases, reviews addressed all issues identified in the report requirements as articulated at 115.286(d), and included zero recommendations.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.286(d).</p> <p>115.286(e)</p> <p>Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 29, section P(5) addresses 115.286(e). This policy citation consists of a paraphrase of provision language.</p> <p>The auditor's review of the aforementioned administrative investigative packets reveals that the requisite 115.286 SAIR reviews were completed in each appropriate case. The reviews included zero recommendations.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.286(e).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.286.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287(a/c)</p> <p>Pursuant to the PAQ, the Director self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Director further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(1) and (3) addresses 115.287(a/c). This policy citation consists of a paraphrase of provision language. Additionally, CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 3 addresses 115.287(a) from the perspective of reporting definitions.</p> <p>The auditor's review of the CC Incident Reporting Definitions (IRD) and CC 5-1E</p>

forms reveals substantial compliance with 115.287(a/c). Additionally, the auditor's review of the 2023 ATC SSV and the 2023 CC Annual PREA Report reveals substantial compliance with 115.287(c).

In view of the above, the auditor finds ATC substantially compliant with 115.287(a).

115.287(b)

Pursuant to the PAQ, the Director self reports the agency aggregates the incident based sexual abuse data at least annually.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(3) addresses 115.287(b). This policy citation consists of a paraphrase of provision language.

The auditor's review of the CC website reveals substantial compliance with 115.287(b) as aggregated data is available for audit years.

In view of the above, the auditor finds ATC substantially compliant with 115.287(b).

115.287(d)

Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(2) addresses 115.287(d). This policy citation consists of a paraphrase of provision language.

***The Director/PCM states that hard copies of sexual abuse/harassment investigations and ancillary investigative materials are maintained in a locked cabinet in his locked office when he is not occupying the same. Electronic copies of sexual abuse/sexual harassment investigations and ancillary materials are forwarded to the CCPC and additionally, they are maintained in a personal password protected directory on the Director/PCM's desktop computer. This directory is not accessible to other staff.

The auditor notes that the Director/PCM's statement as reflected above is consistent with his observations throughout the on-site audit.

In view of the above, the auditor finds ATC substantially compliant with 115.287(d).

115.287(e)

ATC does not contract with any other facility(ies) for confinement of residents committed to the custody and care of the facility. Accordingly, the auditor finds 115.287(e) not applicable to ATC.

	<p>115.287(f)</p> <p>According to the Director, CoreCivic has provided sexual abuse/sexual harassment data to the U.S. Department of Justice for the 2023 SSV. The auditor's review of the 2023 SSV validates the Director's assertion. The same appears to meet USDOJ requirements and is consistent with the 2023 CC PREA Annual Report information.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.287(115.287(f).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.287.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.288(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency reviews data collected and aggregated pursuant to 115.287, in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies and training including:</p> <p>Identifying problem areas;</p> <p>Taking corrective action on an ongoing basis; and</p> <p>Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(4 and 5) addresses 115.288(a). This policy citation consists of a paraphrase of provision language.</p> <p>The Agency Head interviewee asserts that every year, CC staff examine year-over-year trends related to PREA reporting. Every category of offense(s), demographics of those involved, and substantiation rates are examined to study trends and indicators of program strengths and weaknesses. Outside of metrics related to reports, corrective action(s) are aggregated to identify trends in compliance efforts and auditor feedback.</p> <p>According to the CCPC, CC staff compile and Annual PREA Report where all date is aggregated and analyzed. Throughout the year, aggregate data and any identified</p>

trends are discussed with leadership, inclusive of facility leadership.

All data (investigative reports) are maintained on a secured shared drive folder, accessible only to the Facility Support Center (FSC- headquarters) PREA Director, Senior Director, Community Vice President, Managing Directors, Senior Directors, and CC Legal. Quarterly, semi-annual, and annual metrics summary distribution is facilitated to Facility Directors and above.

Of note, three consecutive years of PREA Annual Reports are provided to auditors in every PAQ.

In view of the above, the auditor finds ATC exceeds compliance expectations with respect to 115.288(a).

115.288(b)

The auditor's review of the 2021, 2022, and 2023 CC Annual Reports reveals substantial compliance with 115.288(a), (b), and (c) requirements. The CC Annual PREA Report is published on the CC website.

Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Director further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32 section T(5) addresses 115.288(b). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds ATC substantially compliant with 115.288(b).

115.288(c)

Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head. The auditor validated the same pursuant to review of the CC website.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(8) addresses 115.288(c). This policy citation consists of a paraphrase of provision language.

According to the Agency Head interviewee, he reviews all PREA Annual Reports prior to publishing of the same. He reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

In view of the above, the auditor finds ATC substantially compliant with 115.288(c).

	<p>115.288(d)</p> <p>Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the Director self reports the nature of the material redacted, is documented.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(6) addresses 115.288(d). This policy citation consists of a paraphrase of provision language.</p> <p>According to the CCPC, personal names/identifiers of victims and suspects would typically not be included within the annual report and the agency would indicate the nature of the redacted material if redaction(s) were necessary.</p> <p>The auditor notes that redactions are not present in the CC 2023 Annual PREA Report.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.288(d).</p> <p>Additionally, the auditor finds ATC exceeds standard expectations with respect to 115.288.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289(a)</p> <p>Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(11) addresses 115.289(a). Specific forms of sexual abuse documents and data are outlined in the provision.</p> <p>According to the CCPC, CC staff compile and Annual PREA Report where all date is aggregated and analyzed. Throughout the year, aggregate data and any identified trends are discussed with leadership, inclusive of facility leadership.</p> <p>All data (investigative reports) are maintained on a secured shared drive folder, accessible only to the Facility Support Center (FSC- headquarters) PREA Director, Senior Director, Community Vice President, Managing Directors, Senior Directors,</p>

and CC Legal. Quarterly, semi-annual, and annual metrics summary distribution is facilitated to Facility Directors and above.

Of note, three consecutive years of PREA Annual Reports are provided to auditors in every PAQ.

***Hard files (as described above) are maintained by the Director in a locked file cabinet in his locked office. The auditor's on-site review validates the Director/PCM's assertion regarding information security.

In view of the above, the auditor finds ATC substantially compliant with 115.289(a).

115.289(b)

Pursuant to the PAQ, the Director self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually through its website. Of note, CC does not contract with other private facilities to house residents committed to their care, custody, and control.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(8) addresses 115.289(b). This policy citation consists of a paraphrase of provision language.

The auditor's review of the CC website reveals aggregated sexual abuse data regarding CC facilities is available on an annual basis. As previously indicated, CC does not contract with other agencies for housing of residents designated to CC care, custody, and control.

In view of the above, the auditor finds ATC substantially compliant with 115.289(b).

115.289(c)

Pursuant to the PAQ, the Director self reports that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(7) addresses 115.289(c). This policy citation consists of a paraphrase of provision language.

The auditor's review of aggregated sexual abuse data on the CC website reveals all personal identifiers have been removed. In view of the above, the auditor finds ATC substantially compliant with 115.289(c).

115.289(d)

Pursuant to the PAQ, the Director self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial

	<p>collection, unless federal, state, or local law requires otherwise.</p> <p>CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(10) addresses 115.289(d). Additionally, the auditor's review of the CC Records Retention Schedule reveals substantial compliance with 115.289(d). These policy citations consist of a paraphrase of provision language.</p> <p>During the on-site audit, the auditor did not find any violations of 115.289(d) requirements.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.289(d).</p> <p>Accordingly, the auditor finds ATC substantially compliant with 115.289.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401(a)</p> <p>Pursuant to the auditor's cursory review of the CC website, he finds that all facilities are audited on a tri-ennial basis unless there are lapses in provision of services to customers. The auditor has audited CC facilities for approximately nine years and he is, therefore, quite familiar with policies and practices. CC PREA executives are very attentive to the audit process and scheduling of audits, completion of corrective action.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(a).</p>
	<p>115.401(b)</p> <p>The auditor's review of the CC website reveals that CC facilities are reviewed in three year cycles. Specifically, it appears that one-third of non-ICE facilities are PREA audited on an annual basis.</p> <p>In view of the above, the auditor finds CC substantially compliant with 115.401(b).</p>
	<p>115.401(h)</p> <p>Throughout the ATC PREA onsite visit, the auditor was granted access to all areas of the facility. He was able to examine mop closets, mechanical rooms, all resident</p>

	<p>occupied areas, staff assembly areas, as well as, areas outside of the facility.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.401(h)</p> <p>115.401(i)</p> <p>Throughout the entire audit process, the auditor has been granted access to any documentation he requested. Facility staff have been vigilant in terms of uploading requested documentation into OAS.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.401(i).</p> <p>115.401(m)</p> <p>Throughout the onsite visit, the auditor has been afforded private interview space in a staff office wherein he interviewed residents. The auditor notes that the two LEP interviewees declined to be interviewed.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.401(m).</p> <p>115.401(n)</p> <p>The auditor noted that PREA Audit Notices were posted in each inmate housing area, as well as, programming/operational areas. The Audit Notices were posted at least six weeks prior to the onsite visit. Notices contained sufficient information regarding confidentiality.</p> <p>In view of the above, the auditor finds ATC substantially compliant with 115.401(n).</p> <p>Considering the lack of adverse findings regarding the above provisions, the auditor finds CC and ATC substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>The auditor's research of the CC/ATC website reveals that the last Final PREA Audit Report dated May 9, 2022 is posted on the same.</p>

	In view of the above, the auditor finds CC/ATC substantially compliant with 115.403(f).
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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.)	na
115.213 (a)	Supervision and monitoring	
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	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 inmates.)	yes
	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 inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217	Hiring and promotion decisions	

(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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	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.)	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.)	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.)	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
	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
	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

	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(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
	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
	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
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	

	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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
115.252 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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
	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
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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

	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
	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
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
	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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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
	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
	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
	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
115.273 (d)	Reporting to residents	
	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
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for 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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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.)	na
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
	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
	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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes