

PREA Facility Audit Report: Final

Name of Facility: Fort Worth Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: 02/07/2024

Date Final Report Submitted: 08/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
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.	☐
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 08/09/2024

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	11/14/2023
End Date of On-Site Audit:	11/15/2023

FACILITY INFORMATION	
Facility name:	Fort Worth Transitional Center
Facility physical address:	600 North Henderson Street, Fort Worth, Texas - 76107
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Loy Serrano
Email Address:	loy.serrano@corecivic.com
Telephone Number:	8172969473

Facility PREA Compliance Manager	
Name:	Loy Serrano
Email Address:	Loy.Serrano@corecivic.com
Telephone Number:	O: 817-296-9473
Name:	Nina Delaney
Email Address:	nina.delaney@corecivic.com
Telephone Number:	O: 817-335-6053
Name:	Tara Wilson
Email Address:	tara.wilson@corecivic.com
Telephone Number:	O: 520-240-6031

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	192
Average daily population for the past 12 months:	193
Has the facility been over capacity at any	No

point in the past 12 months?	
Which population(s) does the facility hold?	Both females and males
Age range of population:	20-84
Facility security levels/resident custody levels:	out/community
Number of staff currently employed at the facility who may have contact with residents:	27
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	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
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Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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.

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.

Number of standards exceeded:

3

- 115.231 - Employee training
- 115.273 - Reporting to residents
- 115.288 - Data review for corrective action

Number of standards met:

38

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:	2023-11-14
2. End date of the onsite portion of the audit:	2023-11-15

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Director of Crisis Services at Women's Center of Tarrant County. Minimal contact with FWTC residents regarding sexual abuse issues. We did discuss the history of the MOU between CC and the Women's Center of Tarrant County at length.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	193
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ 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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	193
38. 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:	4
39. 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:	26
40. 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:	8
41. 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:	4
42. 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:	0
43. 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:	0

44. 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:	2
45. 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:	0
46. 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:	0
47. 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:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The auditor notes that there is no segregated housing at FWTC. In addition to the above, the auditor notes that one transgender resident declined an interview.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. 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:	27
50. 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:	4

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. 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:	The auditor notes that the contractor does not provide services pursuant to a contract with CC or FWTC. The contractor provides services pursuant to a contract with TDCJ.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed at least one resident from each housing area throughout the facility.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

57. 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	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
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".	
60. 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
61. 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:	5
62. 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:	6

63. 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:	3
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the course of the facility tour, the auditor did communicate with numerous residents. He did not find any non-English speaking residents pursuant to this process.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor's review of the rosters provided did coincide with the PCM's assertion regarding the number of LGB residents at the facility. During random staff interviews, the auditor also validated the PCM's assertions.
66. 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:	1
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor's comparison of investigations against the roster of residents at FWTC during the on-site visit validated the PCM's assertion.
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the staff who conducts sexual victimization/aggressor screening interview, the auditor learned that she was not aware of any residents who alleged prior sexual victimization during 115.241 screening.
69. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor notes that there is no segregated housing at FWTC in view of the community confinement mission.

70. 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 one transgender resident who alleges she was also the subject of a sexual assault, declined to be interviewed.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	The auditor attempted to identify staff of different races and ethnic backgrounds to ensure representation matched the racial and ethnic composition of the resident population.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
74. 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.
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.	

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	☐ Yes ☒ No
a. Explain why it was not possible to interview the Agency Head:	Given the number of facilities that fall under the CC umbrella, the agency head interview was facilitated by the CCPC with the same addressing all CC facilities. The CCPC advised that the responses were still current at the time of the onsite visit.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
78. Were you able to interview the PREA Coordinator?	☐ Yes ☒ No
a. Explain why it was not possible to interview the PREA Coordinator:	Given the number of facilities that fall under the CC umbrella, the CCPC interview addressed all CC facilities. The CCPC advised that his responses were still current at the time of the onsite visit.
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	☐ Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	3
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☒ Mental health/counseling ☐ Religious ☐ Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.	As previously noted, the contractor interviewee does not provide services pursuant to a contract with CC or FWTC. The contractor provides services pursuant to a contract with TDCJ.
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.	
84. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
85. 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)?	☒ Yes ☐ No
86. 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)?	☒ Yes ☐ No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No								
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None.								
Documentation Sampling									
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.									
90. 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?	☒ Yes ☐ No								
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<table> <tr> <td>Random staff HR files-</td> <td>11</td> </tr> <tr> <td>Random staff training files-</td> <td>12</td> </tr> <tr> <td>Random resident education files-</td> <td>15</td> </tr> <tr> <td>Investigative files-</td> <td></td> </tr> </table>	Random staff HR files-	11	Random staff training files-	12	Random resident education files-	15	Investigative files-	
Random staff HR files-	11								
Random staff training files-	12								
Random resident education files-	15								
Investigative files-									
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.									

92. 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	1	0	0	1
Staff-on-inmate sexual abuse	1	0	1	0
Total	2	0	1	1

93. 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	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	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.

94. 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	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	0	1	1

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.

96. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	2	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. 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**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. 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

121. 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
Auditor Overall Determination Definitions
- 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)
Auditor Discussion Instructions
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.211(a) 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. CoreCivic (CC) 14-2 CC entitled Sexual Abuse Prevention and Response, pages 1-32 addresses 115.211(a). This policy citation parallels the language of the provision, inclusive of various operational specifics as addressed throughout this report.

The auditor's review of a PREA Acknowledgment Report reveals that 47 Fort Worth Transitional Center (FWTC) staff completed PREA training, understanding the content and expectations regarding resident sexual safety, during the last 12 months.

In view of the above, the auditor finds FWTC 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 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 FWTC and he is likewise included in the FWTC Organizational Chart.

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

Pursuant to interview with the CCPC, the auditor learned he does feel he has sufficient time to manage all of his PREA related responsibilities. 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 handles audits and compliance issues, inclusive of policy. The Director coordinates and exercises quality control with respect to PREA investigations.

Quarterly training sessions are conducted with PCMs by teams who travel to the facilities for audits and training sessions. The CCPC and Director are in contact with them daily on investigation and audit issues. 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.

We work closely with the 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. Technical on-site assistance for training can be provided to correct improper practices that may have developed due to a misunderstanding of PREA standards. We are also able to involve CC Managing Directors and Vice Presidents to elevate concerns that need to be addressed at their level.

The PCM asserts that he does have sufficient time to manage all of his PREA-related responsibilities. As Director/PCM, he 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 he is accessible to both staff and residents. The learning development manager (LDM) is responsible for managing and overseeing staff PREA training while the program facilitator (PM) manages and oversees resident PREA training. The PCM maintains close contact with both staff regarding the status of both training programs. With respect to PREA issues identified, as 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. In view of the above, the auditor finds FWTC substantially compliant with 115.211(b). Accordingly, the auditor finds FWTC substantially compliant with 115.211.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.212(a) Pursuant to the PAQ, the Director self reports that CC and FWTC do not contract with other facilities or companies to house residents designated for confinement at FWTC. The auditor's research and informal interview with the CCPC and Director validates the same. Given the lack of evidence substantiating non-compliance with 115.212, the auditor finds FWTC substantially compliant with 115.212(a). Accordingly, the auditor finds FWTC substantially compliant with 115.212.

115.213	Supervision and monitoring
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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 193 and the average daily number of residents on which the staffing plan is predicated is 188.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 7, 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. Accordingly, two staff are generally required on each 12 hour shift.

The Director/PCM asserts that generally four monitors are present during the aforementioned first time frame and three monitors are present during the second time frame. In view of the facility physical layout and physical plant considerations, CC enhances supervision during the second time frame. Staffing includes a shift supervisor and/or an assistant shift supervisor plus at least one entry level monitor.

The Director/PCM asserts that video monitoring and mirror needs/placements are continuously reassessed. Currently, three mirrors are dispersed throughout the facility and more may be needed. As the result of the facility tour and conversations with the Director/PCM, the auditor concurs. The auditor also recommends installation of additional cameras in view of the issues described in the narrative for 115.215.

The Director/PCM asserts that the staffing plan is documented and the Director, human resources manager (HRM), assistant director (AD), case manager supervisor (CMS), operations supervisor (OS), and any other administrative duty officer (ADO) staff likewise retain a hard copy of the staffing plan. Specific staff (ADO staff) have privileges to access the shared drive and a copy of the staffing plan is maintained on the same.

As the facility is a converted motel, defined units are non-existent. Staff are assigned to monitor zones within the facility and they are responsible for MBWA rounds, searches, etc. within their assigned zone.

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, close monitoring of locker/dresser placements within each room to ensure obstructions are not being created to obscure visibility, 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 FWTC as racial groups appear to be balanced, primarily caucasian with some blacks and hispanics dispersed throughout the facility. The LGBTI population (minimal) and gangs (zero validated members however, some associates are housed at the facility) trigger no management concerns. From a sexual safety perspective, there are fewer classified victims in comparison to aggressors and there is a significant portion of the population classified as unrestricted.
- 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, changes in program schedules/staff security rounds, additional staffing requests, or increased electronic monitoring may be viable options. Five sexual abuse/sexual harassment investigations were facilitated during the last 12 months;
- d. There are no other relevant factors under consideration at FWTC at this time.

In regard to checks for compliance with the staffing plan, the Director personally reviews the daily roster and periodically compares the same against actual staffing strength. Additionally, he maintains contact with the OS and shift supervisors to determine compliance. The OS alerts the Director regarding call-offs, etc. ADOs closely monitor staffing to ensure zero deviations from the staffing plan. ADOs, the Director, and other staff may fill vacancies as needed.

FWTC is always compliant with the contract and staffing plan.

In view of the above, the auditor finds FWTC 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 documented in a 5-1 packet as a reportable incident and forwarded to the CCPC, managing director, and senior director. 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 would be documented in the 5-1 packet in the event of deviation from the same.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.213. Two monitors, an assistant shift supervisor, and a shift supervisor are assigned to the previously described first shift and they were visible throughout the facility. Camera placements appear to capture a substantial amount of resident and staff movement throughout the facility from entry to exit.

In view of the above, the auditor finds FWTC substantially compliant with 115.213(b).

115.213(c)

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

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

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

According to the 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.

The auditor's review of the October 27, 2021, November 30, 2022, and August 7, 2023 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.213(c). The plans address the four requisite consideration factors and bear all requisite signatures.

In view of the above, the auditor finds FWTC substantially compliant with 115.213(c).

Accordingly, in view of the above, the auditor finds FWTC substantially compliant

	with 115.213.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.215(a) Pursuant to the PAQ, the Director self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at FWTC. 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 FWTC during the last 12 months. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 14, section J(3) addresses 115.215(a). Such searches can be completed in exigent circumstances. Exigent circumstances are defined in this policy provision, as well as, the specifics of provision requirements. The non-medical staff (who may be involved in cross-gender strip or visual searches) interviewee states such searches are not facilitated at FWTC. Strip or visual searches would be conducted by same gender staff. The auditor has found no evidence of cross-gender strip or visual searches conducted by non-medical staff, at FWTC during the last 12 months. In view of the above, the auditor finds FWTC 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 FWTC. 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.

Eleven of 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 or administrative duty officer (ADO) staff may be recalled to facilitate pat searches or modified pat searches could be implemented.

One random female resident interviewee states that she has 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 FWTC 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 FWTC residents during the audit period.

In view of the above, the auditor finds FWTC 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.

FWTC is a converted motel with typical motel rooms designated for housing. Female residents are housed in two rooms while male residents are housed in all remaining rooms, with the exception of converted rooms for food service meeting rooms, staff offices, laundry, etc.

During the facility tour, the auditor observed a notice on every room window reading, "Opposite Gender Must Announce Upon Entry". Posters regarding sexual abuse/harassment reporting, the No Means No poster, emotional support, ensuring that all residents are fully clothed upon exit from the bathroom located in each room, amongst other educational materials are hung in each room. The auditor also noted the food service area is not monitored by electronic surveillance however, the area is always monitored by staff. Additionally, the auditor notes that some non-housing areas are not captured by video surveillance while others are monitored by video surveillance (e.g. laundry, day room). With respect to the back side rooms, video surveillance may be problematic as one camera monitors a long row of entrance to rooms. In other words, video monitoring is inhibited, at best, in terms of exterior monitoring of all rooms. Cameras are not used to monitor the interior of rooms.

A walk-in single shower and toilet is located in each room. The shower is shielded by a shower curtain and the bathroom door is closed when the toilet and/or shower are in use. The resident using the bathroom facilities is responsible for managing these safeguards.

Given the age of the facility, the infrastructure, and the facility layout, a re-visit in terms of a video surveillance scheme might be prudent. Minimally, the addition of mirrors may be beneficial to supervision.

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

All 10 random resident interviewees report opposite gender staff announce their presence, by gender, when entering their housing area. All 10 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 FWTC.

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

The auditor's review of a memorandum dated August 30, 2023 reflects verbiage regarding changing clothes in the shower area. Clearly, residents are provided education regarding the same to ensure the privacy required by 115.215(d).

In view of the above, the auditor finds FWTC 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 is able to shower privately by virtue of the private shower located in each room.

In view of the above, the auditor finds FWTC 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 16, section J(10)(g)(i-v) and page 6, section C(4) address 115.215(f). These policy citations provide 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 and PREA Overview lesson plans reveals substantial compliance with 115.215(f). Several scenarios are scripted wherein students identify proper procedures as articulated in 115.215(f).

The auditor's review of a roster entitled Fort Worth Search Procedures reveals that 17 staff completed the Search Procedures course between January and November, 2023. Additionally, a roster entitled Resident Searches reveals that another 16 staff completed the Resident Searches course during the same time period. The same reveals substantial compliance with 115.215(f).

The auditor's on-site review of 10 of 12 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. One of the two remaining employees completed this requisite training during PREA New Employee Orientation (NEO) training and is not yet due for PREA Annual Refresher Training (ART) in view of proximity to the date of hire. Accordingly, compliance with 115.215(f) is established. Training is provided in video, discussion, power point 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 NEO and PREA ART training. The same may also be facilitated as a component of the security training presentation during NEO and ART. In view of the above, the auditor finds FWTC substantially compliant with 115.215(f). Accordingly, the auditor finds FWTC substantially compliant with 115.215.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.216(a) 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. 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.

According to the PCM, a TTY machine is available at FWTC 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 generally not housed at FWTC.

According to the Agency Head interviewee, the CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for residents with disabilities. The agency maintains a comprehensive contract with Language Line and some 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.

Nine of 10 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 intake staff interviewee states she reads PREA information to residents with limited vision, instructs residents with limited hearing to read materials, and would access LanguageLine for Limited English Proficient (LEP) residents.

The auditor's review of a memorandum reveals addresses, telephone numbers, and in some cases, email addresses for seven resource providers for blind, deaf, and other disabilities. All appear to be located within the Fort Worth area.

In view of the above, the auditor finds FWTC substantially compliant with 115.216(a).

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 LanguageLine Solutions 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 LanguageLine 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.

On November 15, 2023, the auditor tested the LanguageLine translation service line. A case manager facilitated the test, utilizing the instructions she maintains in her office. The test was facilitated from her office telephone at 5:48 PM on the aforementioned date. She contacted the LanguageLine access telephone number and following the prompt, she keyed the appropriate code. At that point, the auditor heard the language menu prompt and he terminated the call as successful.

In view of the above, the auditor finds FWTC 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.

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.

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.

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

	In view of the above, the auditor finds FWTC substantially compliant with 115.216(c). Accordingly, the auditor finds FWTC substantially compliant with 115.216.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.217(a) Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 4 and 5, section B(1)(a-c) addresses 115.217(a). This policy citation reiterates the language of the standard. The auditor's review of one applicant Self-Declaration of Sexual Abuse/Harassment (14-2H-CC) dated August 17, 2023 reveals the requisite 115.217(a) and (b) questions were both asked and answered by the applicant or employee. It is noted the auditor's on-site review of three 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. As noted in the narrative for 115.232, the Director advises there are no contractors on board at FWTC who have contact with residents. During the facility tour, the auditor encountered a contractor who provides services as part of a Sex Offender Treatment Program (SOTP). The contractor advised that he has been providing the same services at FWTC well in advance of the audit period.

During follow-up telephonic communication with the contractor, the auditor learned that the individual performs services pursuant to contract with TDCJ. As the Director has no personnel records regarding this contractor, it appears that the same documents are maintained by TDCJ staff. He provides services pursuant to six-year renewable contracts with TDCJ.

In view of the above, the auditor finds that all 115.217 issues pertaining to contractor selection occurred during prior corporate ownership and are therefore not applicable to the instant FWTC audit.

The auditor's on-site review of seven random HR files for staff hired at FWTC 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. Four 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 four of 11 staff HR files relative to the staff hired prior to the last 12 months reveals that an annual 14-2H CC was completed during 2023.

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, facility HR staff inquiry with prior institutional employers in two of the four applicable cases was met with non-response. In the other two matters, there is no evidence that inquiry with prior institutional employers occurred. Essentially, contact with prior institutional employers pursuant to 115.217(c) is a validating resource in addition to the 14-2H CC.

The auditor finds FWTC 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 referenced in the preceding paragraph 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 115.17(a) and (b) during a telephonic interview.

In view of the above, the auditor finds FWTC 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 (a) conducts criminal background record checks and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Director further self reports 27 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 seven random staff HR files covering staff hired at FWTC during the last 12 months reveals criminal background record checks were conducted prior to the date of hire in all seven cases. Flash reporting is addressed in the narrative for 115.217(a).

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

completed by the applicant and forwarded to TDCJ. TDCJ staff physically complete the NCIC/TCIC check and they authorize or deny employment. Notifications subsequently follow to the FWTC Director and HR. This narrative also addresses procedural processing of criminal background record checks regarding promotions. The interviewee thought that the Director handles contractor criminal background record checks.

As previously mentioned in the narrative for 115.217(a), during the on-site visit, the auditor learned that facility HR staff do inquire regarding specific PREA issues as identified in 115.217(a and b) with previous institutional employers whenever there is a history of such employment. Pursuant to on-site review of 03-09-2B forms associated with prior institutional employers, relevant documentation was forwarded to two of the four previous employers. In the other two matters, there is no evidence that such inquiry with prior institutional employers occurred.

Essentially, contact with prior institutional employers pursuant to 115.217(c) is a validating resource in addition to the 14-2H CC, as well as, requisite pursuant to 115.217(c).

In view of the above, the auditor finds FWTC non-compliant with 115.217(c), imposing a 180-day corrective action period wherein the PCM will ensure FWTC staff are in compliance with the requirements of 115.217(c) and that the same is institutionalized. The corrective action due date is July 8, 2024.

To demonstrate compliance with 115.217(c), the PCM will ensure that all stakeholders (HR staff, minimally) are trained as to the necessity that the 03-20-02B form is utilized in accordance with the aforementioned policy. Specifically, the document must be used 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 03-20-02B form clearly reflects that all prior institutional employers must be contacted. A copy of the training plan, as well as, documentation substantiating the stakeholder's completion of said training will be uploaded to OAS.

In addition to the above, the PCM will upload a copy of the new hires roster (those staff hired between the date of this interim report and July 8, 2024 who worked for prior institutional employers). The auditor will select three to five files for review, evaluating the application or resume work history and the 03-20-02B, when applicable. The auditor will subsequently make a compliance determination regarding the same.

April 4, 2024 Update:

The auditor's review of a document entitled What HR Needs to Know About PREA, applicable provisions of CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 6 and 7, the CC 03-20-2B Form, and a Training/Activity Attendance Roster dated February 15, 2024 reveals that the hr coordinator completed 115.217(c) training. The attendee's printed name, signature, and date are reflected

on this document. The aforementioned attachments were provided during this training.

The auditor's review of completed 03-20-2B Forms regarding two new employees reveals the same were completed prior to date of hire. Each form was directed to one prior institutional employer and there is no evidence of conflict with 115.217(a), (b), or (c) requirements. Of note, these two staff are the only ones hired since February 7, 2024 wherein the 115.217(c-1) requirement is applicable.

In view of the above corrective action completions, the auditor finds FWTC 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 zero contracts for services where a criminal background record check was conducted during the last 12 months. A discussion regarding the auditor's findings in this regard are addressed in the narrative for 115.217(a). The FWTC Director states that he has no HR information regarding the contractor.

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.

Given the fact that the contractor was selected by TDCJ prior to this audit period, FWTC will not be held accountable for the same. Accordingly, the auditor finds FWTC 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.

While the human resources interviewee (HR) states that she has only been in the position for two months and she has not addressed five-year reinvestigations of staff and contract employees, she is aware that the criminal background record check is initiated through her office. She stated that TDCJ requires an annual

criminal background record check for staff however, she wasn't totally sure regarding the mechanics of the process as applied to contractors.

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, 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 11 random staff HR files 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 contractor.

In view of the above, the auditor finds FWTC 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. 14-2H CC findings are addressed in the narrative for 115.217(a).

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

staff are asked the same questions on an annual basis and during the promotion phase.

The 14-2H CC is completed annually 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 FWTC 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 FWTC 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 Director, during the last 12 months, zero requests for information were received from an institutional employer, to whom a CC or ex-CC employee has applied to work, relative to substantiated allegations of sexual abuse or sexual harassment. The HR interviewee asserts when a former employee applies for work at another institution, upon request from that institution, corporate 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 FWTC substantially compliant with 115.217(h).

Accordingly, in view of the corrective action (staff training and applicable documentary evidence provided regarding two new staff hired since February,

	2024), as well as, evidence substantiating compliance with the remaining 115.217 provisions, the auditor finds FWTC substantially compliant with 115.217.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.218(a) Pursuant to the PAQ, the Director self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit, whichever is later. According to the Agency Head interviewee, cameras are used to support direct/ indirect staff supervision. Better quality systems have been installed and consideration towards optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC. The Director asserts that zero building structural changes were effected at FWTC since the last PREA audit. Additionally, since the last PREA audit, zero updates to video or camera systems have occurred. In view of the above, the auditor finds FWTC substantially compliant with 115.218(a). 115.218(b) 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. In view of the above, the auditor finds FWTC substantially compliant with 115.218(b).

	Accordingly, the auditor finds FWTC substantially compliant with 115.218.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.221(a) Pursuant to the PAQ, the Director self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the Fort Worth Police Department (FWPD) facilitates criminal investigations relative to FWTC residents. When conducting a sexual abuse investigation, agency investigators follow a uniform evidence protocol. The Director asserts the facility Quality Assurance Manager (QAM) has been working with FWPD to develop an MOU regarding the conduct of criminal sexual abuse investigations. The auditor has reviewed the draft MOU between FWTC and the FWPD and finds the same to be compliant with 115.221 and 115.271. By virtue of emails dated October 13, 2023 and October 19, 2023, it is clear the Director and staff have attempted to resolve this matter. At this point, there is no signature by both parties however, there is some evidence of attempts. All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation. FWPD investigators conduct criminal investigations and they are responsible for physical evidence collection while all staff are responsible to secure the crime scene and guard against destruction of physical evidence by the victim and perpetrator. Eight of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited in the narrative for 115.264(a). Seven of 12 random staff interviewees state the Director facilitates administrative sexual abuse/harassment investigations while eight interviewees state FWPD investigators facilitate criminal investigations. Of note, the operations supervisor (OS) and LDM were also identified as administrative sexual abuse/harassment investigators. In view of the above, the auditor finds FWTC substantially compliant with

115.221(a).

115.221(b)

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

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

In view of the above, the auditor finds FWTC 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 at the hospital referenced in the following paragraphs.

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

The SANE Nurse interviewee states she is one of a team of 10 SANE nurses (three full-time at the hospital, manager, three on-call, and three in training) responsible for conducting all forensic medical examinations at John Peter Smith Hospital.

Forensic examinations for FWTC residents are generally conducted at this facility. The interviewee advises 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.

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 would be delayed, commensurate with the established threshold for evidence preservation (120 hours).

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.

The auditor's review of a draft MOU between FWTC and John Peter Smith Hospital reveals substantial compliance with 115.221(c) relative to the conduct of forensic examinations. As mentioned in the narrative for 115.221(a), emails have likewise been forwarded to officials at John Peter Smith Hospital with respect to the conduct of forensic examinations and the same have not been addressed.

In view of the above, the auditor finds FWTC 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 attempted MOU between FWTC and the Women's Center of Tarrant County. Evidence regarding attempts to enter into an MOU are addressed in emails uploaded into OAS.

Following the on-site visit, the auditor made contact with a SANE at John Peter Smith Hospital and at the same time, he interviewed one of three on-site victim advocates (VAs) assigned by the Women's Center of Tarrant County. According to the interviewee, all three VAs are directly assigned to the hospital and they provide services to any sexual abuse victim who reports to the facility for a forensic examination, inclusive of FWTC residents. Additionally, these VAs provide services during any follow-up investigatory interviews. Accordingly, the auditor finds FWTC substantially compliant with both 115.221(d) and (e), despite the lack of an MOU.

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. The information reflected in the preceding paragraph is reflected in this policy citation.

The auditor notes that the resident who reported a sexual abuse incident at FWTC interviewee refused to be interviewed. However, pursuant to review of the sexual

abuse investigation in that matter, the auditor finds that the alleged victim was not subject to a forensic examination and there is no evidence that she requested VA services.

In view of the above, the auditor finds FWTC 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 interviews and provides emotional support, crisis intervention, information, and referrals.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 22, section M(12) addresses 115.221(e). This policy citation consists of a paraphrase of provision language. Information regarding the Women's Center of Tarrant County, as well as, John Peter Smith is included in this policy citation.

The Director/PCM asserts, if requested by the victim, a VA is accessed through The Women's Center of Tarrant County to accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is addressed in the draft Women's Center of Tarrant County MOU and more specifically in the narrative for 115.221(d).

The Director asserts the facility Quality Assurance Manager (QAM) has been working with The Women's Center of Tarrant County to develop an MOU regarding provision of victim advocate (VA) services to FWTC residents. The auditor has reviewed the draft MOU between FWTC and and finds the same to be compliant with 115.221.

By virtue of emails dated October 13, 2023 and October 19, 2023, it is clear the Director and staff have attempted to resolve this matter with The Women's Center of Tarrant County. At this point, there is no signature by both parties however, there is some evidence of attempts.

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

115.221(f)

As reflected throughout this narrative, FWPD 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 FWPD is reflected in the narrative for 115.221(a).

	It is expected that FWPD 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. In view of the above, the auditor finds FWTC substantially compliant with 115.221(f). 115.221(h) Following the on-site visit, the auditor made contact with a SANE at John Peter Smith Hospital and at the same time, he interviewed one of three on-site victim advocates (VAs) assigned by the Women's Center of Tarrant County. According to the interviewee, all three VAs are directly assigned to the hospital and they provide services to any sexual abuse victim who reports to the facility for a forensic examination, inclusive of FWTC residents. The auditor verified victim advocate (VA) credentials pursuant to interview with the VA referenced above. Specifically, the VA stated that all permanent and volunteer VAs complete a Texas Office of the Attorney General 40 hour training curriculum presented in both in-person and on-line formats. Additionally, in-service training follows periodically and the same is coordinated by the Assistant Director of Crisis Services at the Women's Center of Tarrant County. In view of the above, the auditor finds FWTC substantially compliant with 115.221(h). Accordingly, the auditor finds FWTC substantially compliant with 115.221.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.222(a) 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, in the PAQ, that eight allegations of sexual abuse/harassment were received at FWTC. The auditor notes that during the on-site visit and his interview, the Director stated that five

allegations were reported and accordingly, five investigations were completed.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 26, section N(1) addresses 115.222(a). This policy citation consists of a paraphrase of provision language.

The Agency Head interviewee asserts that it is CoreCivic Policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All administrative investigations are conducted by CoreCivic investigators who have received specialized sexual abuse/harassment investigative training and/or law enforcement officials, whichever is applicable to the contract. Criminal matters are investigated by DWPD investigators.

All allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff work with outside law enforcement, upon request.

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

115.222(b)

Pursuant to the PAQ, the Director self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

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

The investigative staff interviewee asserts agency policy requires allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. FWPD sexual abuse investigators conduct criminal investigations for FWTC. 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 FWPd for criminal investigation. The auditor's review of the CC and FWTC 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 FWTC substantially compliant with 115.222(b). 115.222(c) CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section O(2) and (3) addresses 115.222(c). These policy citations consist of a paraphrase of provision language, as well as, specific notifications of incidents to law enforcement representatives in accordance with the contract. The Director further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. In view of the above, the auditor finds FWTC substantially compliant with 115.222(c). Accordingly, the auditor finds FWTC substantially compliant with 115.222.
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.231(a) Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual

harassment prevention, detection, reporting, and response policies and procedures;

Resident's rights to be free from sexual abuse and sexual harassment;

The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in confinement;

The common reactions of sexual abuse and sexual harassment victims;

How to detect and respond to signs of threatened and actual sexual abuse;

How to avoid inappropriate relationships with residents;

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

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

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

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

The auditor's review of 12 PAQ Pre-Service and 10 In-Service CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reveals substantial compliance with 115.231(a). All training was conducted during 2022 and 2023. This document includes the "I understand the subject-matter presented" caveat and is signed/dated by the employee participant.

The auditor's on-site review of 12 random staff training files reveals all four 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 the entry-on-duty date. In other words, they received PREA Pre-Service training prior to resident contact. Eight files reflect affected staff members (those hired during 2022 and prior to the same) received PREA ART (In-Service) trainings during 2023.

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 FWTC 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).

In view of the above, the auditor finds FWTC 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 FWTC facilitates Annual PREA Refresher Training (ART), the auditor finds FWTC exceeds standard requirements with respect to 115.231.

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

In view of the above, the auditor finds FWTC 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 a Fort Worth PREA Training Report captures completion of the on-line PREA Overview class between January 3, 2023 and September 12, 2023. Thirty staff completed such training during that time frame.

Since the basic PREA course is an online course, 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 CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms, as reflected in the narrative for 115.231(a), reveals staff signed and dated the requisite Core Civic PREA Policy Acknowledgment and/or Training Acknowledgment forms, acknowledging their understanding of the subject-matter presented for 2022 and/or 2023. Additionally, training participants sign CC training rosters. Accordingly, the auditor finds FWTC substantially compliant with 115.231(d). In view of the above, the auditor finds FWTC exceeds standard expectations with respect to 115.231.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.232(a) Pursuant to the PAQ, the Director self reports all volunteers and contractors who have contact with residents are trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Director further self reports zero trained contractor(s) and five Texas Department of Criminal Justice (TDCJ) approved volunteers have provided services at FWTC during the last 12 months. 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. 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. All contractors and volunteers print their name, sign, and date the document upon completion of the training. Additionally, the class instructor completes the same. As noted in the narrative for 115.232, the Director advises there are no contractors

on board at FWTC who have contact with residents. During the facility tour, the auditor encountered a contractor who provides services as part of a Sex Offender Treatment Program (SOTP). The contractor advised that he has been providing the same services at FWTC well in advance of the audit period.

During follow-up telephonic communication with the contractor, the auditor learned that the individual performs services pursuant to contract with TDCJ. As the Director has no personnel or training records regarding this contractor, it appears that the same documents may be maintained by TDCJ staff. The contractor provides services pursuant to six-year renewable contracts with TDCJ.

The auditor was able to interview the TDCJ contractor and has determined that he has received no PREA training, either from TDCJ staff or FWTC staff throughout the duration of his service provision at the facility. Additionally, the auditor has not been provided any evidence substantiating that such training was provided to him.

Accordingly, in view of the fact that he does have contact with residents within the facility on a routine basis and requisite training has not been provided, the auditor finds FWTC non-compliant with 115.232(a). A 180-day corrective action period is imposed wherein the Director/PCM will ensure that FWTC compliance with and institutionalization of 115.232(a) is accomplished. The corrective action due date is July 8, 2024.

To demonstrate compliance with and institutionalization of 115.232(a) requirements, the Director/PCM will collaborate with TDCJ regarding PREA training provision responsibilities. As volunteers are initially trained by TDCJ staff, the same may apply to the contractor. If TDCJ desires that FWTC staff facilitate the training, they should so stipulate, especially if contract issues are apparent. Whatever the decision, the Director/PCM will ensure follow-through, uploading substantiating evidence of training completion.

According to the three volunteers interviewed by the auditor, they completed an on-line TDCJ training course prior to being granted access to FWTC. The three volunteers were required to provide FWTC staff with a copy of the completion email applicable to the on-line PREA course prior to being granted access to the facility.

On a bi-annual basis, TDCJ requires that they complete the on-line course as a refresher course.

April 16, 2024 Update:

The auditor's review of a PREA Overview: Training for Contractors and Volunteers form signed and dated by the afore-referenced contractor on April 15, 2024 now reveals substantial compliance with the totality of 115.232. Accordingly, the auditor finds FWTC substantially compliant with the standard.

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) and (ii) 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; and

Warning signs of sexual abuse/harassment of residents.

In view of the fact that the contractor has not received 115.232 training, the auditor finds FWTC non-compliant with 115.232(b). Corrective action and the corrective action due date are articulated in the narrative for 115.232(a).

April 16, 2024 Update:

The auditor's review of a PREA Overview: Training for Contractors and Volunteers form signed and dated by the afore-referenced contractor on April 15, 2024 now reveals substantial compliance with the totality of 115.232. Accordingly, the auditor finds FWTC substantially compliant with the standard.

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 completed CC PREA Overview: Training for Contractors and Volunteers (Form 14-2K-CC) reveals substantial compliance with 115.232 requirements. The same does include the "I understand" caveat referenced in the

	narrative for 115.232(c). Additionally, TDCJ approves all volunteers for service at FWTC subsequent to successful completion of an on-line course. The auditor's review of five email TDCJ memorandums reveals that five volunteers were approved to provide services at FWTC. In view of the above, the auditor finds FWTC non-compliant with 115.232(c). Corrective action and the corrective action due date are articulated in the narrative for 115.232(a). April 16, 2024 Update: The auditor's review of a PREA Overview: Training for Contractors and Volunteers form signed and dated by the afore-referenced contractor on April 15, 2024 now reveals substantial compliance with the totality of 115.232. Accordingly, the auditor finds FWTC substantially compliant with the standard. Based on the findings in the narratives for 115.232(a-c) (applicable to the entirety of 115.232), the auditor now finds FWTC substantially compliant with the standard.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.233(a) Pursuant to the PAQ, the Director self reports residents receive information at the time of intake about: The zero-tolerance policy; How to report incidents or suspicions of sexual abuse or harassment; Their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents; and Regarding agency policies and procedures for responding to such incidents. The Director further self reports 1119 residents were provided requisite information at intake during the last 12 months, equating to 100% of residents admitted during that time frame. 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.

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 FWTC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, at intake. This information is presented in the PREA video and an intake packet including the CC PREA- Prevent. Detect. Respond. tri-fold pamphlet (English and Spanish) and page 5 of the CC/TDCJ Private Facility Contract Monitoring/Oversight Division Residential Reentry Center (RRC) Resident Handbook (English and Spanish). However, the auditor notes that the interviewee did not indicate he shares information regarding report-related retaliation or facility-specific response procedures as the same is not articulated in the aforementioned Resident Handbook. The interviewee asserts he personally reads PREA information gleaned from the aforementioned resources to limited vision residents, instructs limited hearing residents to read materials, and uses LanguageLine to translate for LEP residents.

With respect to interpretational services for LEP residents, on November 15, 2023, the auditor tested the LanguageLine translation service line. A case manager facilitated the test, utilizing the instructions she maintains in her office. The test was facilitated from her office telephone at 5:48 PM on the aforementioned date. She contacted the LanguageLine access telephone number and following the prompt, she keyed the appropriate code. At that point, the auditor heard the language menu prompt and he terminated the call as successful.

All 10 random resident interviewees state that when they first came to FWTC, they received information about the facility's rules against sexual abuse/harassment. They received combinations of the CC/TDCJ Resident Handbook, the CC Prevent. Detect. Respond. tri-fold pamphlet, and the PREA video, either on the date of arrival or within one week of arrival. Four of the 10 interviewees stated they did not receive comprehensive PREA education on the date of arrival at FWTC.

The auditor's on-site review of resident files included four of the random resident interviewees who state they did not receive all PREA materials at intake and the review validated the statements of the interviewees. Similarly, the auditor's on-site review of 10 additional random resident files reveals that all of the aforementioned PREA educational materials were not issued on the resident's date of arrival at FWTC..

The aforementioned policy reflects that materials will be provided to incoming residents "on the day of arrival for intake". In view of these findings, the auditor finds FWTC non-compliant with this caveat regarding timely provision of education materials at intake and accordingly, he imposes a 180-day corrective action period wherein the PCM will ensure compliance with 115.233(a) and institutionalization of the same. The corrective action due date is July 8, 2024.

To demonstrate compliance with and institutionalization of 115.233(a) requirements, the PCM will ensure that all intake stakeholders receive training regarding the timeliness issue articulated in 115.233(a). Specifically, residents must receive PREA

information, inclusive of the PREA video, on the date of arrival. Accordingly, there is no need for a case manager orientation as comprehensive PREA education must be accomplished on the date of arrival. Training must address this paradigm shift with coordination amongst departments and possible realignment of duties to ensure compliance with this provision. A copy of the lesson plan, as well as, evidence of stakeholder completion will be uploaded into OAS.

Additionally, the PCM will provide to the auditor a roster of residents received at FWTC between the dates of February 7, 2024 and July 8, 2024. The auditor will randomly select 20-30 files for review in an effort to validate compliance with the afore-described "same day of arrival" provision of PREA training to incoming residents. Document(s) validating this practice will be uploaded into OAS as evidence of compliance and institutionalization.

In view of the above, the auditor finds FWTC non-compliant with 115.233(a).

April 5, 2024 Update:

The auditor's review of a Training/Activity Attendance Roster dated February 29, 2024 reveals that seven staff stakeholders who provide PREA education to residents completed policy training regarding CC Policy 14-2CC as applied to this provision. As previously referenced, policy clearly requires that all relevant PREA education materials are provided to residents at intake. All stakeholder participants affixed their printed names and signatures to the Training/Activity Attendance Roster. Accordingly, the auditor finds FWTC substantially compliant with the training component of the 115.233(a) corrective action.

July 30, 2024 Update:

The auditor's review of 48 of 49 random resident files received at FWTC between June and July, 2024 reveals that all affected residents received all requisite information on the date of arrival. The same was validated pursuant to review of executed RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms bearing the date of arrival and distribution of materials, as well as, the resident's signature, minimally.

The RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms are now used to memorialize PREA education.

Given the above, the auditor now finds FWTC 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 1119 residents were transferred to FWTC from a different community confinement facility or correctional facility within the last 12 months and they have received refresher training.

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

Eight random resident interviewees reported being transferred to FWTC from state correctional facilities, one from a county jail, and one from another community confinement facility.

The intake staff interviewee self reports residents are made aware of the rights articulated in the narrative for 115.233(a) within the first day of admission and 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 limited to zero tolerance and reporting options is validated by the auditor's documentation review findings (written materials are not comprehensive) as articulated in the narrative for 115.233(a). Accordingly, the auditor finds FWTC non-compliant with 115.233(b) based on the same rationale as articulated in the narrative for 115.233(a). Additionally, non-compliance is established in accordance with the rationale articulated in the narrative for 115.233(e).

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

Given the findings articulated in the narrative for 115.233(a) and (e), the auditor likewise finds FWTC non-compliant with the requirements for 115.233(b). The same corrective action and corrective action periods identified in those narratives are likewise applicable to 115.233(b).

April 5, 2024 Update:

The auditor's review of a Training/Activity Attendance Roster dated February 29, 2024 reveals that seven staff stakeholders who provide PREA education to residents completed policy training regarding CC Policy 14-2CC as applied to this provision.

As previously referenced, policy clearly requires that all relevant PREA education materials are provided to residents at intake. All stakeholder participants affixed their printed names and signatures to the Training/Activity Attendance Roster.

Accordingly, the auditor finds FWTC substantially compliant with the training component of the 115.233(b) corrective action.

July 30, 2024 Update:

The auditor's review of 48 of 49 random resident files received at FWTC between June and July, 2024 reveals that all affected residents received all requisite information on the date of arrival. The same was validated pursuant to review of executed RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms bearing the date of arrival and distribution of materials, as well as, the resident's signature, minimally.

The RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms are now used to memorialize PREA education.

Given the above, the auditor now finds FWTC 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, pages 11 and 12, 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 FWTC 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 FWTC.

According to the Agency Head interviewee, the CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for residents with disabilities. The agency maintains a comprehensive contract with Language Line 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.

The auditor's review of a memorandum reveals addresses, telephone numbers, and in some cases, email addresses for seven resource providers for blind, deaf, and other disabilities. All appear to be located within the Fort Worth area.

Nine of 10 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 intake staff interviewee states he reads PREA information to residents with limited vision, instructs residents with limited hearing to read materials, and would access LanguageLine for Limited English Proficient (LEP) residents.

The auditor's review of the LanguageLine Solutions 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 LanguageLine operations. Finally, the auditor's review of the PREA: Prevent, Detect, Respond tri-fold pamphlet 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.

In view of the above, the auditor finds FWTC 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 Initial Orientation Form that addresses receipt of documentary PREA information, the PREA Acknowledgment Zero Tolerance Acknowledgment for Offender form that addresses the case manager orientation, the PREA Reporting Information, and the TBCJ- Office of the Independent Ombudsman forms. PREA information is provided in all of these documents. A synopsis of file review findings appears in the narrative for 115.233(a).

As reflected in the corrective action cited for 115.233(a), some revamping of practice may be necessary to meet compliance expectation(s). Specifically, the case manager orientation may be eliminated and therefore, corresponding information may be transferred from the PREA Acknowledgment Zero Tolerance Acknowledgment for Offender form to a revised Initial Orientation form. The PCM will advise the auditor of relevant changes in an effort to foster corrective action review.

The auditor's review of one signed and dated (by the resident) Initial Orientation Form and accompanying PREA Reporting Information Form (included with PAQ materials) reveals substantial compliance with 115.233(d). The second document also addresses the FWTC zero tolerance policy towards sexual abuse/harassment of residents. The auditor's review of 15 resident files, as articulated in the narrative for 115.233(a) provides a further snapshot of findings and 115.233(d) evidence.

In view of the above, the auditor finds FWTC 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, once corrective action is completed, substantial compliance with 115.233(e) will be attained.

Pursuant to the auditor's review, he finds that the CC PREA- Prevent. Detect. Respond tri-fold pamphlet directs the reader to access posters for telephone number(s) and address(es) for 115.251(b) reporting sources or review the FWTC Resident Handbook. The aforementioned page 5 of the Private Facility Contract Monitoring/Oversight Division Residential Reentry Center Resident Handbook does not address specific procedures or telephone number(s), and address(es) for reporting sexual abuse/harassment pursuant to 115.251(b). Rather, the reader is directed to watch the TDCJ approved PREA video.

The auditor notes that amended posters located near the resident telephones clearly provide requisite reporting information. Additionally, a CC document signed and dated by each new commitment (at intake) entitled PREA Reporting Information addresses the resident's right to be free from sexual abuse, sexual harassment, and retaliation. Another document signed and dated by each new commitment (at intake) entitled TBCJ- Office of the Independent Ombudsman addresses the 115.251(b) reporting source.

Given the above, it is clear that the agency has policies and procedures for responding to sexual abuse/harassment incidents however, disseminated and posted information materials lack some of the requirements of 115.233(a). Some of this information is minimally addressed in the aforementioned video. Given the fact resident victims do not receive sufficient information to navigate PREA rights at FWTC due to the lack of discussion of agency policies and procedures (either written or verbal), the auditor finds the facility non-compliant with 115.233(e).

During the on-site visit, the auditor discussed the above with CC executives and learned that the CC Resident Handbook provisions were replaced with the TDCJ provisions. Accordingly, the Director asserts that CC Resident Handbook provisions are being added to the Resident Handbook to address all 115.233 requirements. As this document is one of the first documents received by incoming residents, 115.233(a) requirements should be met once the CC provisions are added to the Handbook. The Director has advised the auditor that a copy of the CC PREA Handbook information has been distributed to all residents received during the last 90 days.

In view of the above, the auditor must still find FWTC non-compliant with 115.233(a), (b), and (e) to ensure compliance with and institutionalization of respective provision requirements. Accordingly, he imposes a 180-day corrective

action period wherein the Director will complete the addition of the CC PREA provisions to the FWTC Resident Handbook and distribute the same to all incoming residents subsequent to the auditor's review and approval. The Director will upload the relevant provisions to OAS for the auditor's review and approval on or before April 12, 2024. The due date for completion of corrective action is July 8, 2024.

In addition to the above, the Director will provide to the auditor a roster of residents received at FWTC between the date of this interim report and May 13, 2024. The auditor will randomly select 20-30 residents and the Director will upload corresponding Initial Orientation Forms, signifying resident receipt of the FWTC Resident Handbook. The auditor will subsequently render a finding regarding compliance.

Corrective action and due dates for completion of 115.233(e) are addressed in the narrative for 115.233(a).

April 5, 2024 Update:

The auditor's review of a Training/Activity Attendance Roster dated February 29, 2024 reveals that seven staff stakeholders who provide PREA education to residents completed policy training regarding CC Policy 14-2CC as applied to this provision. As previously referenced, policy clearly requires that all relevant PREA education materials are provided to residents at intake. All stakeholder participants affixed their printed names and signatures to the Training/Activity Attendance Roster. Accordingly, the auditor finds FWTC substantially compliant with the training component of the 115.233(e) corrective action.

June 3, 2024 Update:

The auditor's review of the FWTC informational PREA packet that has been added to the TDCJ Private Facility Contract Monitoring/Oversight Division Residential Reentry Center (RRC) Resident Handbook reveals that requisite and correct PREA information unique to FWTC has been added to the above handbook. Accordingly, corrective action is complete with respect to the resident education component of 115.251(e).

July 30, 2024 Update:

The auditor's review of 48 of 49 random resident files received at FWTC between June and July, 2024 reveals that all affected residents received all requisite information on the date of arrival. The same was validated pursuant to review of executed RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms bearing the date of arrival and distribution of materials, as well as, the resident's signature, minimally.

	The RRC Resident Handbook Acknowledgement and PREA Reporting Information Forms are now used to memorialize PREA education. Given the above, the auditor now finds FWTC substantially compliant with 115.233(e). In view of the corrective action completion as noted above, the auditor finds FWTC substantially compliant with 115.233.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.234(a) Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.234(a). This policy citation consists of a paraphrase of provision language. Maintenance of two trained sexual abuse/harassment investigators is required pursuant to this citation. 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. According to the administrative and criminal investigative staff interviewee, she completed a three hour on-line NIC training course entitled PREA: Investigation Protocols. 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 investigative interviewee also states that the training he attended addressed 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 investigative staff interviewee states that he did not complete specialty training unique to investigation of sexual abuse in a confinement setting. He, as well as, other detectives in the Sexual Assault Investigations Unit received sexual assault investigation training during the academy and specialty training facilitated external to FWPD. Training was generally facilitated in an in-person format by subject matter experts (SMEs) from other police agencies throughout the State of Texas or nationally recognized SMEs. Some specialty training is also presented in an online format.

In view of the above, the auditor finds FWTC 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.

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

115.234(c)

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 two current investigators have completed the required training.

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

While an NIC certificate (dated September 15, 2017) for the aforementioned course was issued to the Director and a CC certificate for completion of the aforementioned web-based specialized training dated January 16, 2023 was issued to the LDM, the auditor was also provided a copy of a CC certificate issued to the OS on October 16, 2023 regarding the same training.

In view of the above, the auditor finds FWTC substantially compliant with

	115.234(c). Accordingly, the auditor finds FWTC substantially compliant with 115.234.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.235(a) 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 FWTC. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 6, section C(6)(a-e) addresses 115.235(a). This policy citation consists of a paraphrase of provision language. According to the PCM and pursuant to the auditor's on-site observation and review of the FWTC Organizational Chart, medical and mental health staff are not employed at FWTC. Accordingly, such interviews could not be conducted. Of note, none of the provisions of 115.235 are applicable to FWTC however, as the auditor finds no evidence of non-compliance, FWTC is compliant with the standard. Accordingly, the auditor finds FWTC substantially compliant with 115.234.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.241(a) Pursuant to the PAQ, the Director self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.241(a). This policy citation consists of a paraphrase of provision language.

The staff who performs screening for risk of victimization and abusiveness interviewee self reports she does screen residents upon admission to FWTC or transfer from another facility for risk of sexual victimization or sexual abusiveness toward other residents. Additionally, she reports new commitments are screened within 72 hours of intake. As a matter of fact, new commitments are screened within as little as 30 minutes of arrival at the facility.

All 10 random resident interviewees self report when they first arrived at FWTC, 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 FWTC. Similarly, eight of the 10 interviewees self report they were asked these questions on the date of arrival.

The auditor's on-site review of 15 random resident files reveals initial sexual abuse victimization/sexual abusiveness screening was conducted during intake and in a comprehensive manner in all cases. Of note, one of two random resident interviewees stated he was initially assessed on the day following arrival while the other resident states he was initially assessed within five days of arrival at FWTC.

This file review included one of the two residents who stated they were not asked all relevant questions within 24 hours of arrival at the facility and the resident's statement was validated.

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

In view of the above, the auditor finds FWTC substantially compliant with 115.241(a).

115.241(b)

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

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 1119 residents were received at FWTC during the last 12 months and the PAQ also reflects 1119 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).

The auditor's random file review reveals three of 15 random residents were initially assessed the day following arrival. Based on applicable random resident interviewee statements, they arrived at the facility late and accordingly, they were assessed the next day. They were however, assigned a bunk and housing area absent any screening.

During the facility tour, the auditor observed that all residents are housed in the equivalent of motel rooms throughout the facility. Residents are double bunked in the majority of rooms with six to eight residents housed in each room. The auditor has not been provided any information corroborating that any rooms are set aside as intake rooms. Furthermore, the auditor has not been provided any information suggesting that a preliminary screening is conducted (based on known TDCJ information) prior to placement in a room under such circumstances. Given these circumstances, there are no checks and balances to preclude placement of victims and aggressors in the same room. Of course, staff observations and good correctional judgment may preclude the same in some circumstances.

As initial assessments must be completed within 24 hours of arrival at FWTC (policy requirement), there is no basis for a finding, especially given the fact that the scenario appears to be the exception and not the rule. However, the auditor strongly suggests that monitors (security staff) complete the initial assessment and provide PREA educational materials to residents prior to placement in any housing situation. Provision of sexual victimization/aggressiveness information, gleaned from pre-arrival materials, to the monitor responsible for screening during non-regular business hours is also strongly recommended. Implementation of these steps should reduce the error margin in terms of housing assignments and potential incidents.

The auditor's review of four initial assessments and corresponding 30-day reassessments that were included with PAQ materials (conducted during 2022 and 2023) reveals each of the four initial assessments were both timely and comprehensive while the 30-day reassessments were untimely in three of the four cases. CC policy requires completion of the initial assessment within 24 hours of arrival and the same was comprehensive/timely based on review of these files however, the reassessments were clearly untimely.

Pursuant to the 115.241(a) narrative, the auditor's on-site review of 15 random resident files reveals timely and comprehensive completion of initial victimization/aggressor screenings within 24 hours of arrival at the facility in 11 cases. In view of the above, the auditor finds FWTC 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 aTDCJ 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 FWTC 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;

Potential vulnerability to sexual abuse/harassment at FWTC;

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);

Any sexual abuse charges against adult or child;

Sexual abuse (administrative or criminal) charges while incarcerated;

Build; and

Age.

The intake interviewee and staff who performs screening for risk of sexual victimization and abusiveness interviewee receive a pending arrival list Monday through Friday and she reviews the Summary Sheet and ancillary TDCJ documents relative to the incoming resident. This information is gleaned pursuant to on-line review however, there is no documentation regarding incoming parole violators.

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. Screening is conducted in the staff responsible for risk screening interviewee's office in the Administration Area.

The interview is conducted in a one-on-one setting and the interviewee asks all questions and keys responses into COATS (electronic resident monitoring system).

A drop-down menu is used to identify victims and predators for purposes of assigning rooms. The interviewee states that to the best of her knowledge, Monitor II staff facilitate assessments in her absence.

In view of the above, the auditor finds FWTC 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;
Potential vulnerability to sexual abuse/harassment at FWTC;
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);
Any sexual abuse charges against adult or child;
Sexual abuse (administrative or criminal) charges while incarcerated;
Build; and
Age.

The intake interviewee and staff who performs screening for risk of sexual victimization and abusiveness interviewee receive a pending arrival list Monday through Friday and she reviews the Summary Sheet and ancillary TDCJ documents relative to the incoming resident. This information is gleaned pursuant to on-line review however, there is no documentation regarding incoming parole violators.

In view of the above, the auditor finds FWTC 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, pages 10 and 11, section G(12) addresses 115.241(f). This policy citation consists of a paraphrase of provision language. Additionally, a recommended range as to when the 30-day reassessment is completed (within 15-30 days from the date of arrival at FWTC), is also included in the citation.

The auditor's review of a document entitled COATS reveals an electronic method in which FWTC 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 FWTC by case managers. They monitor COATS to determine 30-day reassessment dates following arrival at FWTC.

Four of ten random resident interviewees report that he/she was again asked the questions reflected in the narrative for 115.241(a) above, since arrival at FWTC. The questions were allegedly asked within 30 days of arrival at the facility in three

cases while the fourth resident stated the questions were asked within 45 days of arrival at FWTC. Of note, three reassessments are not yet due in consideration of the dates of the on-site audit.

The auditor's review of one resident file related to the interviewee who stated that his reassessment was completed within 45 days of arrival at FWTC reveals the same was completed in a timely and comprehensive manner. In one additional case where the interviewee stated that a reassessment had not yet been completed, the auditor notes the same is not due in view of proximity to the date of arrival.

As reflected in the narrative for 115.241(b), three of four 30-day reassessments included in the pre-audit materials were untimely. Pursuant to the auditor's on-site review of 15 random resident files, seven 30-day reassessments were timely and comprehensive, five were not yet due at the time of the on-site visit in view of the resident's arrival date at FWTC, and three 30-day reassessments were untimely. When considering the pre-audit file reviews and on-site random residents file reviews, excluding those wherein the 30-day reassessments were not yet due, six reassessments were untimely. In other words, six of fourteen reassessments were untimely.

Given these findings, the auditor must find FWTC non-compliant with 115.241(f) and accordingly, he imposes a 180-day corrective action period wherein the Director will ensure compliance with and institutionalization of 115.241(f) requirements. The corrective action due date is July 8, 2024.

To demonstrate compliance with and institutionalization of 115.241(f) requirements, the Director will train all stakeholders (case managers) regarding the nuances of 115.241(f) specifically, reassessments must be completed within 30 days of arrival at the facility. The Director will upload a copy of the lesson plan, as well as, documentation validating that all case managers and any other stakeholders received the requisite training.

In addition to the above, the Director will provide a copy to the auditor of a resident roster reflecting the names and other identifying information of all residents received at FWTC between the date of this interim PREA report and May 13, 2024.

The auditor will select 20 to 30 random names and the Director will upload documentation reflecting the date of arrival at FWTC, a copy of the initial victimization/aggressor screening, as well as, the corresponding 30-day reassessments. Subsequent to review of these documents, the auditor will render a finding regarding compliance.

April 7, 2024 Update:

The auditor's review of a Training/Activity Attendance Roster dated March 26, 2024 reveals that four case managers and the case manager supervisor completed the corrective action 115.241 training. Attendees affixed their printed name, signature, and the date of the training was documented on the roster. The document reflects

that CC Policy 14-2CC constituted the primary training topic. The actual 115.241(f) policy provisions, as well as, a pre-prepared document were provided to attendees and the session included discussion of the contents. Accordingly, the auditor finds FWTC substantially compliant with the training component of 115.241(f) corrective action.

April 11, 2024 Update:

The auditor's random selection of five initial victimization/aggressor screenings and the accompanying 30-day reassessments reveals compliance with 115.241(f) in four of the five cases. Specifically, the initial screening was completed on the day of arrival at the facility and the 30-day reassessment was completed prior to the lapse of 30 days from the date of arrival.

July 29, 2024 Update:

The auditor's review of 14 of 24 random resident initial and 30-day reassessments (victimization/aggressor screenings) reveals timely and comprehensive completion of the same. Reassessments could not be completed with respect to nine additional random initial assessments as the relevant residents were discharged during the 30-day reassessment period. Thus, between the findings articulated in the April 11, 2024 Update and the July 29, 2024 Update, the auditor now finds FWTC substantially compliant with corrective action for 115.241(f).

In view of the above, the auditor now finds FWTC 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, additional sexual abuse or sexual victimization information has not been received regarding residents during the last 12 months which triggered a re-assessment pursuant to the parameters of 115.241(g).

Additionally, the Director asserts that zero sexual abuse investigations resulted in a finding of substantiated. The staff responsible for risk screening interviewee asserts

that she would facilitate such a reassessment pursuant to direction from the Director.

The auditor has not identified any needed reassessments based on the parameters of 115.241(g).

In view of the above, the auditor finds FWTC 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.

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

115.241(i)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 10, 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 FWTC 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 she forwards assessment information to the case manager and she is not aware of where the risk assessment is routed from that point. During the on-site visit, the auditor noted that resident files are maintained in a 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. In view of the above, the auditor finds FWTC substantially compliant with 115.241(i). 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 FWTC substantially compliant with 115.241.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.242(a) Pursuant to the PAQ, the Director self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 13, section I(1) addresses 115.242(a). This policy citation consists of a paraphrase of provision language. 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. As mentioned in the narrative for 115.241, screening information is entered into COATS. The system advises of unacceptable placements within each room. Potential and known victims (PVs/KVs) are separated from potential and known predators (PPs/KPs). Residents classified as "NA" may be placed with PVs/KVs or PPs/KPs. Each resident is keyed into a schematic entitled COATS PREA Alert Roster

reflecting the aforementioned designations. This ensures placements are specific to resident sexual safety. Staff supervise residents during the conduct of programs and cameras are located as articulated in the narrative for 115.215. Residents assigned to community work assignments are randomly supervised by staff.

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". Given the room infrastructure, residents identified as PVs/KVs are housed in one room with NAs while PPs/KPs are housed in other rooms with NAs.

The auditor notes that residents are not authorized to visit in rooms to which they are not assigned and therefore, they are subject to disciplinary action for violation(s) of this expectation. 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)] serves to monitor resident sexual safety throughout the facility. The auditor notes that the food service area is not monitored by electronic surveillance however, the area is always monitored by staff. Additionally, the auditor notes that some non-housing areas are not captured by video surveillance while others are monitored (e.g. laundry, day room).

With respect to the back side rooms, video surveillance may be problematic as one camera monitors a long row of rooms. In other words, monitoring is inhibited, at best, in terms of observation of the outside of the entire line of rooms. According to the Director/PCM, monitors and/or other facility staff are instructed to maintain substantial surveillance and visibility in this area with the intent of inhibiting resident attempts to enter rooms other than their own. Staff did validate the same during random and unplanned interviews. While strategic placement of mirrors could assist with deterrence, the ideal solution would be addition of cameras.

In view of the above, the auditor finds FWTC 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". Given the room infrastructure, residents identified as PVs/KVs are housed in one room with NAs while PPs/KPs are housed in other rooms with NAs.

In view of the above, the auditor finds FWTC 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)(b) addresses 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 auditor's review of both initial and 30-day reassessments for the two transgender residents assigned to FWTC reveals each stated they identified as transgender residents in either the initial or the 30-day reassessment and they are housed in the same room. One of the two transgender residents was interviewed while the other transgender resident refused to be interviewed. It appears the two residents are housed in a safe situation and it is apparent that sexual safety was of paramount importance when making the assignments based on information provided pursuant to the assessment process. The interviewee states that she feels safe and they are housed in a room situated closer to and easily visible by staff.

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

The transgender resident interviewee states that FWTC staff have reached out to her regarding her safety on three occasions since arrival at the facility. She further states that two transgender residents are housed with two non-transgender residents in her assigned room and accordingly, transgender/intersex residents are not housed in designated rooms, wings, etc. Finally, the interviewee states that a private tub/combination shower is included in each room, allowing for private showers and toileting.

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.

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 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), FWTC staff have questioned her regarding her personal safety at FWTC. This occurred during both initial victimization/aggressor screening and 30-day reassessment, minimally. There is no evidence to the contrary regarding the same, as evidenced in documentation.

In view of the above, the auditor finds FWTC 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). This policy citation consists of a paraphrase of provision language.

According to the Director/PCM, transgender and intersex residents are given the opportunity to shower separately from other residents. The transgender resident interviewee states that a private tub/combination shower is included in each room, allowing for private showers and toileting. The staff responsible for risk screening interviewee and transgender/intersex interviewee corroborate the statement of the

	Director/PCM and transgender resident interviewee as reflected above. In view of the above, the auditor finds FWTC 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 Director/PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. The Director/PCM further asserts the Monitor 3 closely monitors the aforementioned grid on a daily basis to preclude placement of LGBTI residents in specific locations, etc. Transgender/intersex residents are dispersed throughout the facility. The auditor's cursory review of room/bed assignments reveals no deviation(s) from standard. In view of the above, the auditor finds FWTC substantially compliant with 115.242(f). Accordingly, the auditor finds FWTC substantially compliant with 115.242.
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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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 17 and 18, 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.

The auditor's review of the TDCJ Private Facility Contract Monitoring/Oversight Division Residential Reentry Center (RRC) Resident Handbook reveals very little PREA information is included in the same and zero 115.251(a) information is available. Reportedly, CC Resident Handbook information was removed and replaced by the aforementioned text [see the explanation in the narrative for 115.233(a)]. The CC PREA- Prevent. Detect. Respond. tri-fold pamphlet reveals multiple methods for private resident reporting of sexual abuse and sexual harassment incidents and the same is also available in Spanish. However, the 115.251(b) reporting source and telephone number is not identified in the aforementioned tri-fold pamphlet.

During the pre-audit review, the auditor noted that while a telephone number for the TDCJ Ombudsman is noted within the No Means No poster, there is no address.

As the auditor understands, the TDCJ Ombudsman is the designated 115.251(b) reporting source. According to documentation included in the PAQ packet, that office does not fall under the supervision jurisdiction of TDCJ. Accordingly, the Ombudsman address should also be added to the aforementioned poster, as well as, any revisions to the resident handbook.

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

- Verbal report to staff;
- Submit a written note;
- Submit an Emergency Grievance;
- Facilitation of a third-party report; and
- Telephonic report to the Office of the Ombudsman.

All 10 random resident interviewees are able to cite at least two methods available to them for reporting. Options include:

- Verbal report to staff;
- Contact the TDCJ Ombudsman;
- Contact FWPD; and
- Contact parole officer or Sheriff Department.

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

In view of the above, the auditor finds FWTC 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.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 18, section K(1)(c) addresses 115.251(b). Specifically, this citation addresses the name, address, and telephone number for the 115.51(b) reporting source.

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

According to the Director/PCM, calling or writing the TDCJ Ombudsman or reporting to FWPD are the most common methods available to residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency.

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 on November 15, 2023, the auditor learned that all outgoing telephone calls made from the 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 the 1-800 number, however. Additionally, the assessment of a fee obviously does not apply to calls made from resident cell phones.

As the test call was made at 6:00PM, the Office of the Ombudsman was closed. As there was no voice mail, the test could not be completed.

In view of the above, the auditor finds that FWTC 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 April 8, 2024.

The auditor notes the Director 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 either the Ombudsman's Office or the Women's Center of Tarrant County. 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 Ombudsman

and Women's Center of Tarrant County, ensuring that future charges are not assessed when residents attempt to contact the designated telephone numbers. If a new telephone number or additional directions regarding completion of the call are issued, the Director/PCM will update applicable poster(s) (No Means No poster, minimally) and the 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.

In addition to the above, the Director/PCM will determine the turnaround time for referring 115.251(b) reports to the Director. In the event that the Director/PCM continues to use FWPD as a 115.251(b) reporting source despite the lack of an MOU, he will need to determine the same information following contact with that entity.

April 4, 2024 Update:

The auditor's review of an email dated November 17, 2023 from the Applications Specialist at Crown Correctional Telephone, Incorporated to the FWTC Director/PCM reveals that the aforementioned two telephone numbers are now toll free. New telephone numbers and operational instructions are not required as the result of this corrective action.

June 3, 2024 Update:

The auditor's review of the FWTC informational PREA packet that has been added to the TDCJ Private Facility Contract Monitoring/Oversight Division Residential Reentry Center (RRC) Resident Handbook reveals that the Ombudsman PREA Reporting Hotline is clearly established as a non-CC or TDCJ reporting source. Accordingly, corrective action is complete with respect to the resident education component of 115.251(b).

In addition to the above, the auditor did test the Ombudsman's reporting line [(936)437-5570] on June 3, 2024. He did make contact with an operator who acknowledged this test. The operator advised that a reported sexual abuse incident from FWTC would be routed to the Director generally within hours of the report.

Accordingly, the auditor is satisfied that 115.51(b) corrective action is now complete.

Six of 10 random resident interviewees state they are allowed to make a report without having to give their name.

In view of the completion of corrective action as noted above, the auditor now finds FWTC 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 19, 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. Eleven of 12 interviewees assert they immediately document any verbal reports of sexual abuse/harassment received from residents.

All 10 random resident interviewees assert reports of sexual abuse/harassment can be made both in person and in writing. Furthermore, five of the 10 interviewees assert a friend or relative can make the report for the resident without giving his name.

In view of the above, the auditor finds FWTC 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. The same can generally be accomplished through reporting to the Ethics and Compliance Hotline. Staff are alerted to reporting procedures pursuant to Pre-Service and In-Service training.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 19, section K(2)(f) addresses 115.251(d). 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;
E-mail to a supervisor/Director/os;

	Closed door meeting with supervisor; Submit a written report to supervisor, Director, etc.; Contact Office of the Ombudsman; and Contact the Ethics Line. In view of the above, the auditor finds FWTC substantially compliant with 115.251(d). Accordingly, in view of the completed 115.251(b) corrective action and the evidence cited throughout this narrative, the auditor now finds FWTC substantially compliant with 115.251.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.252(a) Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse. 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. FWTC 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. The Director asserts that zero grievances have been filed during the last 12 months regarding sexual abuse/harassment allegations. In view of the above, the auditor finds FWTC substantially compliant with 115.252.

115.252(b)

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, 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. While the policy, reportedly, is intended to be applicable to the entirety of 115.252(b), there is no specific reference to the resident being able to submit a grievance (PREA related) in the absence of an informal resolution.

Accordingly, the auditor digresses to both the aforementioned CC policy and TDCJ Policy 2.8 for clarification and determination as the grievance is immediately investigated pursuant to PREA protocols.

The auditor's review of the TDCJ Private Facility Contract Monitoring/Oversight Division RRC Resident Handbook, page 5, section 2.5(C) and page 6, section 2.5(I) partially addresses 115.252(b).

In view of the above, the auditor finds FWTC 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, FWTC 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 FWTC 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. 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, FWTC 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.

As previously indicated, the resident who reported a sexual abuse incident refused to participate in an interview and accordingly, the same could not be facilitated.

In view of the above, the auditor finds FWTC 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, FWTC 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.

The auditor's review of the TDCJ Private Facility Contract Monitoring/Oversight Division RRC Resident Handbook, page 5, section 2.5(C) and page 6, section 2.5(I) addresses 115.252.

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

In view of the above, the auditor finds FWTC 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 assigns each such grievance to an investigator for investigation. Accordingly, FWTC 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 FWTC substantially compliant with 115.252(f).

115.252(g)

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.

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, FWTC 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. Additionally, page 4, section entitled Procedures IX addresses 115.252(g).

	Accordingly, the auditor finds FWTC substantially compliant with 115.252(g). In view of the above, the auditor finds FWTC substantially compliant with 115.252.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253(a) Pursuant to the PAQ, the Director self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by: Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and Enabling reasonable communication between residents and these organizations in as confidential manner as possible. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3 and 4) address 115.253(a). Specific information regarding the 115.253(a) sexual abuse support source (Women's Center of Tarrant County) is captured in this policy citation. Prior to the on-site visit, the auditor's review of the contact information provided in the No Means No poster and supplemental poster for the local advocacy organization, Women's Center Rape Crisis and Victim Services, revealed disparity in the telephone numbers. Specifically, the correct telephone number is (817)927-4039 and the No Means No poster reflects the telephone number as (817)297-4039. Subsequent to addressing this during the pre-audit phase, the Director and staff corrected each No Means No poster hung in each resident room throughout the facility, as evidenced by auditor observations during the facility tour. The auditor notes that the address for the Women's Center Rape Crisis and Victim Services is properly reflected within the No Means No poster. Accordingly, with this proactive action, residents now have substantial access to information provided as initially reported.

Nine of 10 random resident interviewees state there are sexual abuse support services available outside the facility for dealing with sexual abuse, if the resident needed them. Four interviewees specifically cited services are available through mental health/mental retardation (MHMR), the Recovery Center, and Freedom Ministries. The remaining six interviewees stated they were not aware of the names of specific organizations or the services provided. Although not familiar with the specific services, three interviewees report such information is available in the aforementioned Resident Handbook or review of posters in rooms and throughout the facility.

Nine of 10 random resident interviewees state the telephone calls are free of charge and calls can be accessed at any time. This is especially true for those residents who have a cell phone. For any others, they would make such calls when the resident telephones are accessible or with staff assistance.

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

As mentioned in the narrative for 115.251(b), residents must deposit \$.50 to make a telephone call to the TDCJ Ombudsman's Office and the Women's Center of Tarrant County (Women's Center of Tarrant County is the same as Women's Center Rape Crisis and Victim Services). During the Women's Center of Tarrant County test (November 15, 2023) on a resident telephone, the test could not be completed, as the result, of the \$.50 payment issue (the Director facilitated the test in the auditor's presence and the auditor was able to listen to the telephone provider's message regarding the required \$.50 deposit). The auditor notes that pursuant to conversation with the Director and observation of other tests, a PIN number or ID is not needed or required to use FWTC pay telephones for 115.253 purposes.

Since the standard requires that the telephone call to the sexual abuse support entity is toll free, the auditor finds that FWTC is non-compliant with 115.253(a) and he imposes a 180-day corrective action period wherein the Director/PCM will demonstrate compliance with and institutionalization of 115.253(a) requirements. The corrective action due date is April 8, 2024.

The auditor notes that the Director 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 attempts to contact either the Ombudsman or the Women's Center of Tarrant County. 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 Ombudsman and Women's Center of Tarrant County, ensuring that future charges are not assessed when residents contact the designated telephone numbers. If a new telephone number or additional directions regarding completion of the call are issued, the Director/PCM will update applicable poster(s) (No Means No poster, minimally) and the resident handbook. Additionally, the auditor recommends that an informational memorandum be issued to the resident population, capturing any new or revised

information. It is finally recommended that the same information be addressed to the resident population during town hall meeting(s) with minutes maintained and all of the above documentation uploaded into OAS.

April 4, 2024 Update:

The auditor's review of an email dated November 17, 2023 from the Applications Specialist at Crown Correctional Telephone, Incorporated to the FWTC Director/PCM reveals that the aforementioned two telephone numbers, inclusive of the Women's Center of Tarrant County, are now toll free. New telephone numbers and operational instructions are not required as the result of this corrective action.

June 3, 2024 Update:

The auditor's review of the FWTC informational PREA packet that has been added to the TDCJ Private Facility Contract Monitoring/Oversight Division Residential Reentry Center (RRC) Resident Handbook reveals that the telephone number and address for the community sexual abuse emotional support service is clearly scripted in the same. Accordingly, corrective action is complete with respect to the resident education component of 115.251(b).

In view of the above corrective action completion, the auditor now finds FWTC 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.

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.

This tri-fold pamphlet is published in both English and Spanish.

Eight of 10 random resident interviewees state that what is said to people from the outside services remains private. Three interviewees state such conversations could be told to or listened to by someone else if criminal activity is discussed or someone is in immediate danger. 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 FWTC residents have been properly educated regarding the subject-matter of 115.253(b) and FWTC is therefore substantially compliant with the provision.

115.253(c)

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 Women's Center of Tarrant County reveals the same is commensurate with 115.253(c) however, neither party has signed the document. With that said, the auditor interviewed the Director of Crisis Services within the Women's Center of Tarrant County. During this interview, the auditor learned that attempts to negotiate the MOU, in question, commenced at some point in 2020. Draft MOUs were completed by both FWTC officials, as well as, Women's Center of Tarrant County officials, until such point that a pause, intended or coincidental, occurred. It appears that supervision of onsite victim advocate visits

	became a sticking point. According to the Director of Crisis Services, in practice, they provide 115.253 sexual abuse support services to any individual, whether in the community or incarcerated. A Hotline is established and the same is published on their website. Additionally, FWTC staff hang a poster in each resident room for resident access as needed. At the time of the onsite review, the aforementioned MOU is not signed and dated by Women's Center of Tarrant County officials. The auditor's review of emails dated October 13, 2023 and October 19, 2023 addresses multiple attempts by FWTC staff to secure requisite signature(s). According to the author of these emails, numerous attempts were made to secure requisite signatures and dates. While the intent of 115.253 appears to be met, follow-up regarding the draft MOU should be continued. The auditor strongly recommends that such negotiations be completed to produce a workable final MOU on or before May 13, 2024. Based on the above, the auditor finds FWTC substantially compliant with 115.253(c). Accordingly, based on the 115.253(a) corrective action completion and the evidence cited throughout this narrative, the auditor now finds FWTC substantially compliant with 115.253.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 just outside the conference room. Additionally, Ethics Line contact information is posted on the CoreCivic website. 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 staff 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. On December 14, 2023 at 10:56AM, the auditor tested the Ethics Line by virtue of a written website test. He did request that he receive written verification that the test report was received and the same was received at 11:32AM on the same date. Of

	note, the email reflected that the FWTC Director, Senior Director, and CCPC, minimally, were likewise included on the notification. In view of the above, the auditor finds FWTC substantially compliant with 115.254.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.261(a) Pursuant to the PAQ, the Director self reports the agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against residents or staff who reported such an incident; or Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, Policy Change Notice (PCN) 14-2(01), section (K)(2)(a) addresses 115.261(a). This policy citation is a restatement of the provision language. All 12 random staff assert the agency requires all staff to immediately report: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in any facility; Any retaliation against residents or staff who reported such an incident; and Any neglect or violation of responsibilities that may have contributed to an incident or retaliation. All 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 supervisor; E-mail to their immediate supervisor/Director/ OS; Closed door meeting with supervisor; Submit a written report to their immediate supervisor, Director, etc.; Contact Office of the Ombudsman; and Contact the Ethics Line. In view of the above, the auditor finds FWTC substantially compliant with 115.261(a).

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.

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 his 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 his desktop computer.

In view of the above, the auditor finds FWTC 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 FWTC. Accordingly, such interviews were not facilitated.

In view of the above, the auditor finds FWTC 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 Director/PCM, no residents under the age of 18 are housed at FWTC. 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. If such a situation did occur, the allegation/incident would be reported pursuant to the TDCJ contractual notification requirements and 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 FWTC during the last 12 months. In view of the above, the auditor finds FWTC substantially 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 Director asserts all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigator(s). Specifically, he asserts that he receives all reports of sexual abuse/harassment and he delegates investigations accordingly. He is also a trained sexual abuse investigator. In view of the above, the auditor finds FWTC substantially compliant with 115.261.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.262(a) 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 five instances wherein facility staff determined that a resident was subject to substantial risk of imminent sexual abuse. However, pursuant to the auditor's review of all sexual abuse/harassment investigations facilitated during the last 12 months, he finds that two fact patterns were reflective of sexual abuse and the circumstances were not reflective of imminent sexual abuse.

	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. The auditor's review of the CC PREA Overview Facilitator Guide reveals removal of the resident victim from the danger zone is paramount to assurance of the potential victim's safety. The Agency Head interviewee advises immediate isolation of the potential victim is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator may also be placed under direct staff supervision status. The contractual requirements of the governmental partner will dictate the ability to transfer both the potential victim and potential perpetrator. Minimally, we would work with on-site contract monitor(s) to make the best decision under the circumstances. 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 FWTC resident population and/or removal of the potential victim to another CC location as a last resort. All 12 random staff interviewees corroborate the assertions of the Agency Head interviewee and the Director to the extent the potential victim would be immediately removed from the danger zone. In view of the above, the auditor finds FWTC substantially compliant with 115.262.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.263(a) Pursuant to the PAQ, the Director self reports the agency has a policy requiring that upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received zero allegations that a resident was sexually abused while confined at another facility. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section

M(16)(a)(i) addresses 115.263(a). This policy citation consists of a paraphrase of provision language.

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

In view of the above, the auditor finds FWTC substantially compliant with 115.263(a).

115.263(b)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(i) addresses 115.263(b). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds FWTC substantially compliant with 115.263(b).

115.263(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(a)(iii) addresses 115.263(c). This policy citation consists of a paraphrase of provision language.

In view of the above, the auditor finds FWTC 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 FWTC, are investigated in accordance with PREA standards. The Director further self reports in the last 12 months, zero allegations of sexual abuse originating at FWTC, were received from other facilities.

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 25, section M(16)(b)(i-iii) addresses 115.263(d). 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 FWPD 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 FWTC, a full investigation would be initiated pursuant to standard procedure. The Director/PCM asserts no such referrals were received within the last 12 months. In view of the above, the auditor finds FWTC substantially compliant with 115.263(d). Accordingly, the auditor finds FWTC substantially compliant with 115.263.
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115.264 Staff first responder duties	
	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 four alleged incidents of sexual abuse occurred at FWTC during the last 12 months wherein the victim and perpetrator were separated

in each incident. According to the Director, staff were not notified within a time period that still allowed for the collection of physical evidence in any of these incidents. The auditor has validated that two incidents of sexual abuse were investigated at FWTC during the last 12 months.

The auditor's review of sexual abuse investigations conducted during the last 12 months reveals two sexual abuse investigations were conducted, as opposed to, four. Review of the fact pattern in one of these cases reveals that the alleged perpetrator was out of the institution at the time the incident was reported and he subsequently failed to return. In the second fact pattern, separation of the alleged victim and perpetrator was clearly documented in the investigation. Accordingly, compliance with requisite 115.264(a) requirements is clearly established. Of note, both investigations were determined to be unsubstantiated.

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.

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

In view of the above, the auditor finds FWTC 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 further self reports one incident of sexual abuse occurred within the last 12 months wherein non-security staff was/were the first responder. However, pursuant to further questioning regarding the same, the auditor learned that the same incident occurred at the Dallas Transitional Center (DTC), not FWTC.

Accordingly, zero non-security staff were first responders to FWTC incidents during the last 12 months.

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.

Both the security and non-security staff first responder interviewees articulated the first responder steps reflected above. Eight of 12 random staff interviewees were able to correctly identify all four first responder (evidence preservation) tasks as cited at 115.264(a). The auditor notes that all FWTC staff receive the same first

	responder training as reflected in the narrative for 115.264(a). In view of the above, the auditor finds FWTC substantially compliant with 115.264(b). Accordingly, the auditor finds FWTC substantially compliant with 115.264.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.265(a) Pursuant to the PAQ, the Director self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 19 through 22, sections L through M(13) addresses 115.265(a). This policy citation includes an overview of collaborative staff positional responsibilities in response to a sexual abuse incident. 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. According to the Director, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The aforementioned policy is the guideline for 115.265(a) actions and coordination. Forms capture important dates, times, and information. In view of the above, the auditor finds FWTC substantially compliant with 115.265.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard

	Auditor Discussion 115.266(a) Pursuant to the PAQ, the Director self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. During the on-site audit, the auditor confirmed this assertion pursuant to inquiry with ADO staff. The Director self reports there is no collective bargaining agreement at FWTC. The Agency Head interviewee advises there are five or fewer facilities under the CC umbrella that are unionized. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted. Since the auditor finds no FWTC deviation from standard, compliance with 115.266 is established.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.267(a) Pursuant to the PAQ, the Director self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PAQ and the following policy, the assistant director (AD) is designated as the retaliation monitor for both residents and staff. The same is validated pursuant to a memorandum dated September 24, 2023 included with the PAQ information. However, in view of current facility staffing logistics, the Director has assumed duties as retaliation monitor. 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. The Director asserts that two allegations of sexual abuse and three allegations of sexual harassment were received at FWTC during the last 12 months. In view of the above, the auditor finds FWTC substantially compliant with 115.267(a).

115.267(b)

CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 23, 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.

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

In regard to alleged staff perpetrators, monitoring and follow-up regarding staff conduct is a primary consideration in the resident safety equation. According to the Director/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 Employee Assistance Program (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, 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.

In view of the above, the auditor finds FWTC 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 Director/staff member charged with retaliation monitoring interviewee asserts he monitors change(s) in resident behavior(s) [increase in disciplinary reports, isolation, negative work and programming reviews, change(s) in routines, change(s) in associations, eating habits, hygiene, and failure to comply with medication regimens)]. 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 notes CC policy requires the conduct of 30/60/90 retaliation monitoring in sexual abuse situations.

The auditor's review of the PREA Retaliation Monitoring Reports (pertaining to sexual abuse reports received during the last 12 months) reveals that in one case, the victim was removed from the facility on the date the incident was reported and subsequently returned the following day. In that case, one entry was documented on the report and the other two entries and any periodic status checks were not documented. In the other case, two entries were effected on the PREA Retaliation Monitoring Report as the victim was subsequently released from the facility. In view of the above, the auditor finds FWTC is non-compliant with 115.267(c) requirements and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.253(c) requirements.

The corrective action due date is July 8, 2024.

As reflected in the standard provision, retaliation monitoring must be implemented for a 90-day period in all sexual abuse cases, with the exception of unfounded investigations. Accordingly, to demonstrate compliance with and institutionalization of 115.253(c) requirements, the Director/PCM will provide training to all staff stakeholders regarding the nuances of 115.267(c). Subsequent to completion of this training, the Director/PCM will upload a copy of the training plan, as well as, evidence that all stakeholders completed the training. The CC sign-in roster with original signatures and dates will serve as evidence of training completion.

In addition to the above, the Director/PCM will provide the auditor with an update regarding all sexual abuse investigations conducted between the date of this

interim report and July 8, 2024. The auditor will subsequently select random files for review and the Director/PCM will upload the complete investigation and associated PREA Retaliation Monitoring Reports. The auditor will render a compliance determination subsequent to review of the same.

April 4, 2024 Update:

The auditor's review of CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, sections 14(c-e), as well as, a Training/Activity Attendance Roster dated February 28, 2024 reveals that the Director/PCM provided training to the new Assistant Director regarding the nuances of retaliation monitoring. Although the Director/PCM provided the training, he is also considered a participant as he assumed retaliation monitor duties during the on-site visit. Printed names, signatures, and the date of the aforementioned staff participation in the training are included on this form. The auditor is satisfied that the training component of corrective action is complete.

July 29, 2024 Update:

The auditor's review of two sexual abuse investigations (one resident-on-resident and one staff-on-resident) completed since February 7, 2024 reveals that the resident-on-resident case was determined to be unsubstantiated while the staff-on-resident case was determined to be substantiated. The victim in the resident-on-resident case was moved to another CC transitional center upon conclusion of the investigation. The resident requested the move and FWTC officials concurred. Accordingly, zero retaliation monitoring meetings occurred.

With respect to the staff-on-resident case, one retaliation monitoring meeting was facilitated as evidenced by the PREA Retaliation Monitoring Report. The assistant facility director states the investigation was completed on April 23, 2024 and the victim was released from FWTC on April 26, 2024. Accordingly, given the timing of the release from custody, no further retaliation monitoring meetings were facilitated.

Given the above, the auditor now finds FWTC substantially compliant with 115.267(c).

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 115.267(c) requirements.

The Director/PCM asserts that the facility is small enough wherein he could randomly check-in with victims regarding safety and well-being. He would document the same in the COATS case notes (electronic system). The auditor is not aware of any such documentation, however.

Given the lack of follow-through in the one case [cited in the narrative for 115.267(c)] wherein the victim left the facility for one day, the auditor likewise finds FWTC non-compliant with 115.267(d). The same corrective action and corrective action due date as mentioned in the narrative for 115.267(c) is likewise applicable to 115.267(d).

April 4, 2024 Update:

The auditor's review of CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, pages 23 and 24, sections 14(c-e), as well as, a Training/Activity Attendance Roster dated February 28, 2024 reveals that the Director/PCM provided training to the new Assistant Director regarding the nuances of retaliation monitoring. Although the Director/PCM provided the training, he is also considered a participant as he assumed retaliation monitor duties during the on-site visit.

Printed names, signatures, and the date of the aforementioned staff participation in the training are included on this form. The auditor is satisfied that the training component of corrective action is complete.

July 29, 2024 Update:

The auditor's review of two sexual abuse investigations (one resident-on-resident and one staff-on-resident) completed since February 7, 2024 reveals that the resident-on-resident case was determined to be unsubstantiated while the staff-on-resident case was determined to be substantiated. The victim in the resident-on-resident case was moved to another CC transitional center upon conclusion of the investigation. The resident requested the move and FWTC officials concurred.

Accordingly, zero retaliation monitoring meetings occurred.

With respect to the staff-on-resident case, one retaliation monitoring meeting was facilitated as evidenced by the PREA Retaliation Monitoring Report. The assistant facility director states the investigation was completed on April 23, 2024 and the victim was released from FWTC on April 26, 2024. Accordingly, given the timing of the release from custody, no further retaliation monitoring meetings were facilitated.

Given the above, the auditor now finds FWTC substantially compliant with 115.267(d).

115.267(e)

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. According to the Director/PCM, he is not aware of any other incidents that occurred during the last 24 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) above. Accordingly, the auditor finds FWTC substantially compliant with 115.267(e). In view of the completion of 115.267(c) and (d) corrective action, the auditor now finds FWTC substantially compliant with 115.267.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.271(a) Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency sexual abuse/harassment investigations. 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. The PCM asserts five sexual abuse/harassment allegations were received during the last 12 months and accordingly, investigations were completed in each case. According to the administrative investigative staff interviewee, an investigation is initiated immediately following receipt of an allegation of sexual abuse/harassment if she is on-site. If the sexual abuse allegation is reported during off-duty hours, she would immediately report to the facility to commence a sexual abuse investigation. With respect to a sexual harassment allegation, she would report to the facility to commence the same at the Director's discretion as he would contact her. The criminal investigative interviewee states that a sexual abuse investigation is initiated immediately following Dispatch receipt of a report from FWTC officials. Dispatch staff would pass the information to a patrolman who would report to the

facility and take preliminary investigative steps.

Both the administrative and criminal investigative interviewees state that anonymous or third-party reports of sexual abuse/harassment are handled the same as any sexual abuse/harassment investigation.

In view of the above, the auditor finds FWTC 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.

Trained sexual abuse/harassment investigators and certifications are addressed in the narrative for 115.234. According to the administrative investigative staff interviewee, she completed a three hour on-line NIC training course entitled PREA: Investigation Protocols. 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 investigative staff interviewee states that he did not complete specialty training unique to investigation of sexual abuse in a confinement setting. He, as well as, other detectives in the Sexual Assault Investigations Unit received sexual assault investigation training during the academy and specialty training facilitated external to FWPD. Training was generally facilitated in an in-person format by subject matter experts (SMEs) from other police agencies throughout the State of Texas or nationally recognized SMEs. Some specialty training is also presented in an online format.

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

In view of the above, the auditor finds FWTC 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:

Ensure first responder duties have been completed. Photograph evidence and ensure crime scene is secure (10 minutes);

Threshold interview of victim, identifying potential staff and resident witnesses (30-60 minutes);

Contact FWPB if the fact pattern suggests the matter is criminal in nature (10 minutes);

Check video to corroborate or refute victim's statement (30-45 minutes dependent upon complexity of allegations);

Review victim, alleged perpetrator, and potential witness files to ascertain history of sexual abuse, reporting, and credibility history (10 minutes per file);

Commence witness interviews (45 minutes per witness);

Conduct re-interviews of victim, witness(es), if necessary (10 minutes per interviewee);

If released by FWPB for administrative investigation, interview perpetrator (zero minutes to one hour); and

Write report (up to two hours).

The administrative investigative interviewee states that she collects video, photographs, victim/witness/perpetrator statements, and relevant file materials, providing the same to the criminal criminal investigator and/or maintaining the same in the administrative investigative file.

Following dispatch of a patrolman to FWTC, the criminal investigative interviewee states the following sequential investigative steps generally occur:

Based on staff reports, conditions noted at the crime scene, and the victim's threshold interview, the patrolman determines whether the situation may be a hot case warranting involvement of detectives;

If determined to be a hot case, the on-call detective is notified and he/she makes the call regarding the conduct of a forensic examination;

During the threshold interview with the victim, potential witness(es) are identified and the investigative strategy is developed;

The patrolman or the detective/evidence collection unit would then collect any physical evidence (e.g. clothing, bedding, any swabs of substances that may indicate sexual abuse, and mail);

Conduct witness interviews;

Review video and detainee/staff files;

Interview perpetrator;

Conduct re-interviews, if warranted; and

Write report.

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

115.267(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 investigative staff interviewee states compelled interviews are not conducted by FWTC staff. The same would be facilitated by FWPD investigator(s) and accordingly, they would maintain contact with prosecutors, if required by their protocol. The criminal investigative interviewee states they do not contact the district attorney (DA) prior to conducting interviews.

In view of the above, the auditor finds FWTC substantially compliant with 115.267(d). There is no evidence of FWTC non-compliance with this provision.

115.267(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, both the administrative investigative staff interviewee and criminal investigative interviewee state credibility is established based on the degree in which the statement(s) and evidence match. Witnesses are perceived as truthful until proven otherwise. The interviewees further 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 potential resident who reported a sexual abuse refused to be interviewed and accordingly, the same could not be facilitated.

In view of the above, the auditor finds FWTC 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 she 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:

General synopsis of the allegation(s) (Executive Digest), inclusive of the names of the victim, alleged perpetrator, and witnesses;

Chronological timeline of interviews/established evidence until conclusion of the incident;

Staff and resident interview findings;

Direct and circumstantial evidence findings;

Evidence credibility assessment; and

Summary.

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 FWTC substantially compliant with 115.271(f).

115.271(g)

The administrative investigative staff interviewee states criminal investigations are documented. She 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 Director asserts zero FWPD criminal investigation reports have been provided to him during the last 12 months.

The criminal investigative interviewee states that the criminal report is documented. The same includes the following general topics:

Identifying information [victim, witness(es), and perpetrator];

Overview of the allegation(s);

Overview of investigative events in chronological sequence;

Victim statement;

Witness(es) statement;

Physical evidence and credibility assessment;

Perpetrator statement; and

Conclusion.

In view of the above, the auditor finds FWTC 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 FWPD when it appears the evidentiary standard has been met.

The criminal investigative interviewee states that cases are referred for prosecution when both a violation of Texas statute(s) and probable cause are existent.

In view of the above, the auditor finds FWTC 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 FWTC 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. Pursuant 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 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 FWTC substantially compliant with 115.271(j). 115.271(l) CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 28, section O(5) addresses 115.271(l). This policy citation consists of a paraphrase of provision language. The Director/PCM asserts he would maintain telephonic and electronic contact with the FWPD investigator(s), checking on the status of criminal investigations. Contact would be attempted on a bi-weekly basis. Follow-up contact is documented. According to the administrative investigative staff interviewee, she acts as a liaison or facilitator (e.g. addresses any evidentiary needs, interview coordination/scheduling, etc.) whenever FWPD investigators investigate sexual abuse incident(s). In view of the above, the auditor finds FWTC compliant with 115.271(l). Accordingly, the auditor finds FWTC substantially compliant with 115.271.
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115.272	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.272(a) Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. CC Policy 14-2 CC entitled Sexual Abuse Prevention and Response, page 27, section N(8) addresses 115.272(a). This policy citation consists of a paraphrase of provision language. As indicated in the narrative for 115.271(a), five sexual abuse/harassment allegations were reported during the last 12 months. The administrative investigative staff interviewee states she relies on a preponderance of evidence to substantiate allegations of sexual abuse/harassment. She 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%. The criminal investigative interviewee states that probable cause is generally the 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. In view of the above, the auditor finds FWTC substantially compliant with 115.272.

115.273	Reporting to residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.273(a) 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 one criminal/ administrative sexual abuse/harassment investigation was completed during the last 12 months however, as previously indicated, the auditor has verified that five written sexual abuse/harassment investigations were completed. As previously indicated, two of the five cases involved sexual abuse investigations however, the auditor's review of five notifications associated with sexual abuse/

harassment investigations conducted during the last 12 months reveals above and beyond measures with respect to 115.273(a) notifications. Specifically, such notifications are only required in sexual abuse cases.

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.

According to the Director, the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He asserts notifications are accomplished pursuant to a Resident Notification Form and he effects such notifications.

The investigative staff interviewee concurs with the aforementioned Director/PCM's statement.

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

In view of the above, the auditor finds FWTC exceeds standard expectations 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 however, the auditor's review of the two sexual abuse investigations reveals the same were referred to FWPD as the same were categorized as sexual abuse. The criminal investigators 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 FWTC 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. The only staff-on-resident allegation that reportedly occurred within the last 12 months, involved a sexual harassment fact pattern.

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 FWTC 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 FWTC, 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.

According to the Director, zero resident perpetrators of sexual abuse at FWTC have been indicted or convicted relative to a charge of sexual abuse within the facility. In actuality, zero FWTC resident(s) were found to have committed sexual abuse against another resident(s) during the last 12 months.

In view of the above, the auditor finds FWTC 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). Documentation of requisite 115.273 notifications is noted throughout the narrative for 115.273. This policy citation consists of a paraphrase of provision language. In view of the above, the auditor finds FWTC substantially compliant with 115.273(e). Accordingly, the auditor finds that FWTC exceeds standard expectations with respect to 115.273 in view of the finding articulated in the narrative for 115.273(a).
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.276(a) Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 31, section S(2)(a) addresses 115.276(a). This policy citation consists of a paraphrase of provision language. The auditor's review of a completed 2023 document entitled CoreCivic Code of Ethics Acknowledgment Form clearly substantiates staff receipt of information regarding 115.276(b) subject-matter. In view of the above, the auditor finds FWTC substantially compliant with 115.276(a). 115.276(b) 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.

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.

In view of the above, the auditor finds FWTC substantially compliant with 115.276(b).

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.

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

Accordingly, the auditor finds FWTC substantially compliant with 115.276.

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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 were invoked or would require the same. In view of the above, the auditor finds FWTC 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 FWTC substantially compliant with 115.277(b). Accordingly, the auditor finds FWTC substantially compliant with 115.277.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.278(a) Pursuant to the PAQ, the Director self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The Director further self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, zero administrative and/or criminal findings of resident-on-resident sexual abuse were rendered at the facility. CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 30, section S(1)(a) addresses 115.278(a). This policy citation consists of a paraphrase of provision language. Pages 9-12 of the TDCJ Private Facility Contract Monitoring/Oversight Division RRC Resident Handbook, section 2.7 (A-Q) addressed 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. In view of the above, the auditor finds FWTC substantially compliant with 115.278(a).
	115.278(b) 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. According to the Director, an FWTC 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.

In regard to a sexual abuse incident, the Director 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.

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 Director 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 FWTC 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.

A discussion regarding whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, is captured in the narrative for 115.278(b) above.

In view of the above, the auditor finds FWTC 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 FWTC. 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 FWTC 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 30, 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).

In view of the above, the auditor finds FWTC substantially compliant with 115.278(e).

115.278(f)

Pursuant to the PAQ, the Director self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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

The auditor has found no evidence of deviation from the requirements of 115.278(f).

In view of the above, the auditor finds FWTC substantially compliant with 115.278(f).

115.278(g)

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. The Director further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

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

The auditor did not find any incidents of resident discipline for sexual abuse linked to consensual sex.

In view of the above, the auditor finds FWTC substantially compliant with 115.278(g).

	Accordingly, the auditor finds FWTC substantially compliant with 115.278.
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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 FWTC, 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. In view of the above, the auditor finds FWTC 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 FWTC 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. All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The responses regarding first responder duties essentially encompass evidence preservation.

Both the security and non-security staff first responder interviewees articulated the first responder steps identified at 115.264(a). Eight of 12 random staff interviewees were also able to correctly identify all four first responder (evidence preservation) tasks as cited at 115.264(a).

The auditor notes that neither of the victims in the two investigations identified as sexual abuse were removed from the facility for follow-up medical treatment.

In view of the above, the auditor finds FWTC 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 Director self reports that as medical and mental health care are not provided at FWTC, such secondary materials are maintained at the hospital.

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

As previously mentioned, zero medical/mental health staff are employed at FWTC. Additionally, the resident who reported a sexual abuse incident at FWTC refused to participate in an interview.

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.

In view of the above, the auditor finds FWTC substantially compliant with 115.282(c).

115.282(d)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 25, section M(15)(d) addresses 115.282(d). This policy citation consists of a paraphrase of provision language.

	Pursuant to the auditor's review of both 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. In view of the above, the auditor finds FWTC substantially compliant with 115.282(d). Accordingly, the auditor finds FWTC substantially compliant with 115.282.
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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. In view of the above, the auditor finds FWTC 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.

In view of the above, the auditor finds FWTC 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.

In view of the above, the auditor finds FWTC 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 reports zero 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 two sexual abuse investigations.

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.

The SANE interviewee states forensic 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.

The auditor notes that zero female residents reported a sexual abuse incident at FWTC during the last 12 months and zero forensic examinations were facilitated in response to sexual abuse allegations.

In view of the above, the auditor finds FWTC 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.

Discussion regarding sexual abuse allegations and findings are discussed throughout this report. In particular, discussion regarding sexual abuse allegation(s) from female resident(s) is addressed in the narrative for 115.283(d).

In view of the above, the auditor finds FWTC 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.

The SANE interviewee states forensic 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.

In view of the above, the auditor finds FWTC 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.

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

	115.283(h) Pursuant to the PAQ, the Director self reports the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. Pursuant to a separate on-site conversation, the Director asserts they would refer such resident-on-resident sexual abusers for a mental health evaluation within 60 days of learning of such abuse history. Additionally, treatment, as deemed appropriate by mental health practitioners, would be offered. CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 11, section G(15) addresses 115.283(h). This policy citation consists of a paraphrase of provision language. Such evaluations would generally be facilitated at a facility outside FWTC. The Director asserts that zero resident-on-resident sexual abusers have been housed at FWTC 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. In view of the above, the auditor finds FWTC substantially compliant with 115.283(h). Accordingly, the auditor finds FWTC substantially compliant with 115.283.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.286(a) Pursuant to the PAQ, the Director self reports the facility conducts a sexual abuse incident review (SAIR) at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The Director further self reports in the last 12 months, one criminal or administrative sexual abuse investigation has been facilitated at FWTC however, pursuant to the auditor's review of all investigations facilitated during the last 12 months, he finds that two sexual abuse matters were addressed.

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.

The auditor's review of the aforementioned administrative investigative packets reveals that the requisite 115.286 SAIR reviews were completed in each case. The reviews were timely pursuant to 115.286(b), 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 FWTC 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, one criminal or administrative sexual abuse investigation was facilitated at FWTC however, pursuant to the auditor's review of all investigations facilitated during the last 12 months, he finds that two sexual abuse matters were addressed..

The auditor's review of the aforementioned administrative investigative packets reveals that the requisite 115.286 SAIR reviews were completed in each case. The reviews were timely pursuant to 115.286(b), 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.

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.

In view of the above, the auditor finds FWTC 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 FWTC.

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. 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.

In view of the above, the auditor finds FWTC 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 OS was interviewed pursuant to the incident review team questionnaire and her responses paralleled the Director/PCM's responses.

In view of the above, the auditor finds FWTC substantially compliant with 115.286(d).

115.286(e)

Pursuant to the PAQ, the Director self reports the facility implements the

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

115.287(e)

FWTC 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 FWTC.

115.287(f)

According to the Director, CoreCivic has not provided sexual abuse/sexual harassment data to the U.S. Department of Justice for the 2022 SSV. Accordingly, the same is not applicable to 115.287(f).

In view of the above, the auditor finds FWTC substantially compliant with 115.287.

115.288	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.288(a) Pursuant to the PAQ, the Director self reports the agency reviews data collected and aggregated pursuant to 115.287, in order to assess and improve the effectiveness of its sexual abuse, prevention, detection, and response policies and training including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and corrective actions for each facility, as well as, the agency as a whole. CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(4 and 5) addresses 115.288(a). This policy citation consists of a paraphrase of provision language. The Agency Head interviewee asserts that a review of PREA data is made on a daily, monthly, and annual basis. Incident-based data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. On a monthly and annual basis, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with specific resident populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures and practices would minimize the risks of incidents in those areas. While the CCPC interviewee was not interviewed with respect to 115.288(a), his statement with respect to previous CC audits is noteworthy. He asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Such data is securely retained in password protected programs at both the facility and CCPC's office. Access to this information is limited. Auditor's Note: PREA investigation reports and ancillary documentation are electronically generated. In view of the above, the auditor finds FWTC exceeds compliance expectations with respect to 115.288. 115.288(b) The auditor's review of the 2020, 2021, and 2022 CC Annual Reports reveals substantial compliance with 115.288(a), (b), and (c) requirements. The CC 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 FWTC 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 as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Chief Corrections Officer for final review and signature.

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

115.288(d)

Pursuant to the PAQ, the Director self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Furthermore, the Director self reports the nature of the material redacted, is documented.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(6) addresses 115.288(d). This policy citation consists of a paraphrase of provision language.

According to the Director/PCM, personal names/identifiers and security information are typically redacted from the annual report and the agency indicates the nature of the redacted material. The report is generated by the CCPC. The auditor notes that redactions are not present in the CC 2022 Annual PREA Report.

In view of the above, the auditor finds FWTC substantially compliant with 115.288(d).

	Additionally, the auditor finds FWTC exceeds standard expectations with respect to 115.288.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.289(a) Pursuant to the PAQ, the Director self reports the agency ensures incident-based and aggregate data are securely retained. CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(11) addresses 115.289(a). Specific forms of sexual abuse documents and data are outlined in the provision. The Director/PCM asserts the agency reviews data (hard copies of sexual abuse/ harassment investigations, daily reports, daily population demographics) collected and aggregated pursuant to 115.287 in order to assess and improve effectiveness of its sexual abuse prevention, detection, and response policies, and training. Data is maintained electronically by the Director/PCM and CCPC. The data is maintained in a password protected system with access by the Director/PCM only. Hard files (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 FWTC 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. 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. CC does not contract with other agencies for housing of residents designated to CC custody and control.

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

115.289(c)

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

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(7) addresses 115.289(c). 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 FWTC 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 collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 CC entitled Sexual Abuse Prevention, page 32, section T(10) addresses 115.289(d). The auditor's review of the CC Records Retention Schedule reveals substantial compliance with 115.289(d). These policy citations consist of a paraphrase of provision language.

During the on-site audit, the auditor did not find any violations of 115.289(d) requirements.

In view of the above, the auditor finds FWTC substantially compliant with 115.289(d).

Accordingly, the auditor finds FWTC substantially compliant with 115.289.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401(a) The auditor's cursory review of the CC website reveals that each facility is audited at least once during a three-year period. In view of the above, the auditor finds CC substantially compliant with 115.401(a). 115.401(b) Pursuant to the auditor's knowledge of CC PREA audits and cursory review of the CC website, he finds that one-third of CC institutions appear to be audited each year. The instant audit was completed within a three-year period in comparison to the last audit. In view of the above, the auditor finds CCF substantially compliant with 115.401(b).
	115.401(h) During the on-site visit, the auditor completed a two hour tour of the facility, observing all units/pods/open bay dormitories and offices, day rooms, mechanical/chemical closets, classrooms, programming area(s), chapel, and bathrooms. The auditor was not denied access to any facility area. In view of the above, the auditor finds FWTC substantially compliant with 115.401(h).
	115.401(i) Throughout the pre-audit, on-site visit, and post-audit phases of this audit, FWTC officials have provided any available documentary evidence requested by the auditor. The auditor has been able to carefully dissect documentary needs, inclusive of specific documents associated with individual residents. In view of the above, the auditor finds FWTC substantially compliant with 115.401(i). 115.401(m) Throughout the on-site visit evidence gathering phase, FWTC officials provided the

	auditor private space in which to facilitate private resident interviews. In view of the above, the auditor finds FWTC substantially compliant with 115.401(m). 115.401(n) Throughout the on-site visit, the auditor noted generous posting of audit notifications throughout the facility. The audit notifications clearly reflect the auditor's P.O. Box, as well as, cell phone number. The auditor did not receive any letters from residents. In view of the above, the auditor finds CCF substantially compliant with 115.401(n). Accordingly, the auditor finds CCF substantially compliant with 115.401.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f) The auditor's review of the CC website reveals that the last FWTC Final PREA Audit report is posted on the same. A cursory check of other recent CC facility Final PREA Audit Reports reveals the same are posted on the CC website under the particular facility tab. In view of the above, the auditor finds FWTC and CC substantially compliant with 115.403.

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	na

	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).	yes

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.)	na
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
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