

PREA Facility Audit Report: Final

Name of Facility: HOPE Transitional Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/25/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darren Lanier Bryant	Date of Signature: 07/25/ 2023

AUDITOR INFORMATION	
Auditor name:	Bryant, Darren
Email:	dbryant357@msn.com
Start Date of On-Site Audit:	05/30/2023
End Date of On-Site Audit:	06/01/2023

FACILITY INFORMATION	
Facility name:	HOPE Transitional Treatment Center
Facility physical address:	1000 Industrial Drive, Henderson, Texas - 75652
Facility mailing address:	

Primary Contact	
Name:	Misty Edwards
Email Address:	misty.edwards@mtctrains.com
Telephone Number:	9037229480

Facility Director	
Name:	Misty Edwards
Email Address:	misty.edwards@mtctrains.com
Telephone Number:	9037229480

Facility PREA Compliance Manager	
Name:	Misty Edwards
Email Address:	misty.edwards@mtctrains.com
Telephone Number:	O: 903-969-3176
Name:	Michele Coffin
Email Address:	michele.coffin@mtctrains.com
Telephone Number:	O: 903-655-3300

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	114
Average daily population for the past 12 months:	110
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males

Age range of population:	18-99
Facility security levels/resident custody levels:	NA
Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	8
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Management & Training Corporation, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	500 North Marketplace Drive, Centerville, Utah - 84014
Mailing Address:	
Telephone number:	8016932600

Agency Chief Executive Officer Information:	
Name:	Scott Marquardt
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Heather Manuz	Email Address:	heather.manuz@mtctrains.com

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:

0

Number of standards met:

41

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:	2023-05-30
2. End date of the onsite portion of the audit:	2023-06-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Women Center of East Texas

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	140
15. Average daily population for the past 12 months:	110
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	109
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:	0
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:	2
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:	0
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:	0
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:	1

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>47</p>
<p>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:</p>	<p>5</p>

<p>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:</p>	<p>8</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>23</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Both female and male residents interviewed from different housing unit, different ethnic groups.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	Auditor interviewed more random residents, due to the low number of targeted residents.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>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).</p>	<p>Auditor questioned the Facility Administrator, PREA Compliance Manager, and other residents.</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor learned from the Facility Administrator, and PREA Compliance Manager interview that no blind residents at the facility, during the start and end of this audit.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor interviewed Intake Staff, PREA Compliance Manager, and Facility Administrator learned no deaf, or hard of hearing residents housed at facility during audit. Auditor read the Facility PAQ.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor questioned Facility Administrator, PREA Compliance and other inmates about LEP inmates, being housed at this facility. I researched the housing roster and spoke with inmates with a Spanish last name. All those inmates spoke English and understood the PREA material.</p>
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor learned during the interview with PREA Compliance Manager and residents, no transgender or intersex residents housed at facility during audit cycle. Auditor did not see any residents identified as transgender during the interview.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor learned during the interview of Facility Administrator and investigator, that no reports of sexual abuse at this facility during audit cycle.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>Auditor interviewed Case Management, Facility Administrator, and PREA Compliance Manager. Auditor learned during this interview no residents housed at the facility during this audit that disclosed victimization during the risk screening.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>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).</p>	<p>Auditor learned no residents were placed in segregated housing from interviewing Facility Administrator, and PREA Compliance Manager. Auditor did not observe segregated housing during facility tour. Auditor questioned residents about segregated housing during the interview.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that 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):	14
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

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

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	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	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	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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	0	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	0	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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	No sexual abuse allegation made during this audit cycle. This facility during this audit cycle had one sexual harassment allegation that was substantiated.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>Corrections Management Communication Group</p>
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Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following policies:</p> <ul style="list-style-type: none"> • PREA Policy Pre-Audit Questionnaire • Agency Zero Tolerance statement • Organizational charts <p>In accordance with the review of Management & Training Corporation (MTC) Zero Tolerance policy, Sexual Abuse and Harassment Prevention and Intervention Program; Memorandum of Appointed Staff, MTC Organizational Chart it was confirmed by the auditor that Hope Transitional Treatment Center and the agency (MTC) has written policies and procedures in place to support the agency’s mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency’s approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment</p>

of offenders with sanctions for those found to have participated in these prohibited behaviors.

The MTC Policy, Sexual Abuse and Harassment Prevention and Intervention Program identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. It was confirmed by this auditor that Hope Transitional Treatment Center and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

The Agency PREA Coordinator is a position assigned by the company president to coordinate the agency's compliance with PREA. In this position, she has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all MTC facilities and reports to the president of Management & Training Corporation. During an interview with the Agency-Wide PREA Coordinator, she confirmed she has sufficient time to fulfill her obligations in the development, the implementation and maintaining oversight of the agency's compliance with PREA standards in all MTC facilities. Correspondence occurs via email, phone calls and site visits. All MTC facilities are aware of an open line of communication.

Hope Transitional Treatment Center is one of several contract facilities managed by MTC. During an interview with the Agency PREA Coordinator, she stated if she identifies an issue complying with a PREA standard, she contacts the specific area of concern and initiates a corrective action. She also reviews the policies, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with review. She continued in stating she utilizes the PREA Resource Center and network with other state PREA coordinators and DOJ contacts as needed.

In accordance with MTC Sexual Abuse and Harassment Prevention and Intervention Program; the Facility Administrator of each correctional facility shall designate a facility PREA Compliance Manager. The PREA Compliance Manager will be trained in sexual abuse crisis issues and have the knowledge, skills and abilities for program implementation and evaluation. A memorandum submitted by the Facility Administrator identifies the Chief of Security as the PREA Compliance Manager. All randomly interviewed staff identified the Chief of Security as the Facility PREA Compliance Manager. The Facility Administrator confirmed the above during the interview.

Auditor interviewed the following staff members:

- Agency PREA Coordinator
- Facility PREA Compliance Manager
- Facility Administrator

	<ul style="list-style-type: none"> • Random Staff <p>The facility has met the standard based on the review of policies, and staff interviews.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency/facility does not contract for the confinement of residents with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency’s PREA Coordinator and the Facility Administrator.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility Administrator • PREA Coordinator <p>Based on the interviews and documentation review, the facility has met the standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Staffing plan • MTC Zero Tolerance Policy • PAQ • Daily Rosters <p>The facility has developed a staffing plan to safely meet the PREA and security needs, the facility fills the mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility uses overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required as written on their annual staffing plan.</p>

The facility reported no deviations from the custody staffing plan for the past 11 months. The average daily population since and to which the staffing plan is based is 114 residents.

Unannounced rounds are conducted for all shifts and are recorded by senior management staff. The Auditor confirmed the unannounced rounds by reviewing the rounds sign in sheet by supervisors and managers.

Staff reported the resident to staff ratios are followed and sometimes overtime is implemented. Staff reported blind spots have been identified and mitigated and a staffing plan is in place.

In calculating adequate staffing levels and determining the need for video monitoring, Hope Treatment Transitional Center has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors.

Staff reported they follow the agency policies and PREA standards, take into consideration the composition of the resident population and their needs, scheduled programming, and staff placement. The Chief of Security reported, to ensure compliance with the staffing plan, they monitor during shifts, review folders, check-in sheets, documentation, resident files, thoroughly review serious incident reports, and audit sheets, as applicable. During the onsite audit, a review of the agency policy, staff interviews, and the agency's staffing plan indicated all the elements are addressed.

The agency reported no deviations with the staffing plan in place, therefore there was no documentation provided to review.

The auditor interviewed the Facility Director, who reported an ongoing challenge is keeping all positions filled and that priority is given to the critical posts as listed in the staffing plan. Based on the staff interview, there was no indication there had been any deviation from the staffing plan. During an interview with the Facility Administrator, she confirmed the facility has a staffing plan that provide adequate staffing levels to protect offenders against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor resident's activities throughout the facility. The staffing plan should be reviewed annually but the facility has been operational for ten months (10), however daily rosters are reviewed daily to ensure compliance.

Auditor interviewed the following staff members:

	<ul style="list-style-type: none"> • Facility Administrator • Chief of Security / Facility PREA Compliance Manager • Agency PREA Coordinator <p>The auditor confirmed compliance with this standard, by reviewing documentation and interviewing staff members.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Lesson Plans • Training Logs • Zero Tolerance Policy • PAQ • Facility Contract <p>The agency’s PREA Zero Tolerance policy and contractual language Searches, Urinalysis, Viewing, and Contraband address resident pat-searches, strip searches, body cavity searches, and the limits to cross gender viewing and searches. The agency and facility policies prohibit strip searches except in exigent circumstances. The facility only allows a pat search if staff believe a resident is attempting to introduce contraband to the facility and for residents returning to the facility from work, job search, or other locations outside the facility. All cross-gender pat-searches are prohibited. A staff member of the same gender will conduct the pat search. The pat-search is to be documented on the pat-search log. Female residents are not denied access to regular programming or other outside opportunities in order to comply with this provision. The facility always has male and female staff on each shift as demonstrated on the shift rosters and in the interview with the Facility Director. Resident strip and body cavity searches are prohibited. There were no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during the audit period. This was verified through the review of the agency’s policy and contractual agreement and interviews with staff and residents.</p> <p>The policies and practice allow all residents the opportunity to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Each housing area has a bathroom area that has showers and toilets with privacy doors. All residents are required to change their clothes in the bathroom, or bedroom area to ensure privacy from viewing by staff and cameras in the dorms. The opposite gender staff can’t enter a restroom area until announced and gain</p>

verbal assurance from the resident that they are fully clothed. If an opposite gender viewing occurred, the staff member must complete a written incident report describing the incident immediately and forward to the Facility Director. The incident report has to be completed by the end of the shift. This was confirmed by interviews with residents and staff. Residents felt they received a sense of privacy for these functions. Staff are also required to conduct cross gender announcements upon entering a dorm. Staff indicated they announce male/female on the floor prior to entering the dorm and bathroom area. This was observed during the audit. Residents indicated in their interviews that staff announce when arriving on the floor and again announce prior to entering the bathroom area.

The agency's Zero Tolerance policy prohibit staff from searching or physically examining transgender and intersex residents for the purpose of determining genitalia status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with staff confirmed these practices, as well as the review of the policy and training lesson plans reinforcing these policies during the initial training.

The Zero Tolerance policy states that staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner. This training was part of the initial pre-service training and covered in shift briefings. Interviews with staff confirmed these practices, as well as the review of the training lesson plans, and review of staff training records. The facility utilizes the lesson plan Prison Rape Elimination Act (PREA) In-Service for providing training on searches and the agency's lesson plan Guidance in Cross Gender and Transgender Pat Searches. A review of training records indicated that all staff had completed the training.

Auditor interviewed the following:

- Facility Administrator
- PREA Compliance Manager
- Training Staff
- Random Staff
- Random Resident

This facility has met the standard, based on the review of documentation and interviews.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Auditor reviewed the following documentation:

- Facility PAQ
- Zero Tolerance Policy

The agency has established procedures to provide disabled residents, and residents with Limited English Proficiency with equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff will provide PREA related education in formats accessible to all offenders, including those are limited English proficient, deaf, visually impaired, or otherwise disabled.

Observations during the site visit confirms Resident Handbooks are available in both English and Spanish. Auditor did not observe any non-English speaking residents or disabled. Auditor observed a list that is kept at the facility of staff that's fluent in different languages. The facility does not house blind residents. TDCJ does not refer blind residents to the facility; the facility is not equipped to house blind residents.

A review of the Zero Tolerance policy, and an interview with the PREA Compliance Manager confirmed those residents with Special Needs are getting the PREA Training. Interviews with residents confirm all residents have been provided education on PREA in a format they could understand. During the interview with the PREA Coordinator, a question was raised about disabled or non- English-speaking residents. She confirmed that residents will be provided with PREA Education and training in their language. Handicap resident will receive staff assistance during the PREA Training and throughout their stay at this facility.

The agency and facility policies state individuals in a MTC facility shall not be relied on as readers, or other type of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responders' duties, or the investigation of the individual's allegations. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The facility documented through the Facility's Director's memo that there were no occurrences requiring the use of the resident interpreters, readers, or assistants during the audit period.

Auditor interviewed the following staff members:

- PREA Compliance Manager
- Facility Administrator

The facility has met the standard, based on the above interviews and documentation review.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 948 376">The auditor reviewed the following documents:</p> <ul data-bbox="354 443 922 560" style="list-style-type: none"> • Employment & Volunteer Applications • Zero Tolerance Policy • PAQ <p data-bbox="280 600 1474 1635">The auditor reviewed agency's Zero Tolerance policy, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with residents to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The job application form requires the employee to answer the administrative adjudication questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The auditor viewed the agency's employment application and observed the three questions. These application forms are utilized for new hires and promotions. The Human Resources staff interviewed indicated this information is also checked on all applicants as part of the hiring process during the background check. Eighty-seven new employees and three volunteers were hired during this audit cycle, background checks were completed on all the individuals. The Auditor reviewed three volunteers and twenty of the newly hired employee records. All the files had the adjudication checks on the application forms. No employees were promoted during this audit cycle due to the facility being open less than a year. The files were complaint with the employees' completed Disclosure Form utilized to capture the information.</p> <p data-bbox="280 1675 1423 1917">The Zero Tolerance policy requires a background investigation and criminal background record check for all new hires to ensure the candidate is suitable for hiring. The auditor interviewed an HR staff and learned background and criminal background record checks will be repeated for all employees at least every five years. Please note, this facility has been operational for ten (10) months, so no employee received their five-year background check.</p> <p data-bbox="280 1957 1449 2074">Background checks are also conducted through TDCJ prior to an employee, contractor, and/or volunteer being approved for hire, or a volunteer approved to provide services. TDCJ utilizes the TDCJ Employment Section-Clearance Area form</p>

for employees and the Non-Employee Background Questionnaire for contractors and volunteers. The facility is notified by TDCJ when the background check is cleared and receive notification of approval for hiring stated the Human Resource staff interview. The Auditor randomly selected twenty employee files and three volunteer files to review for the criminal background checks prior to hiring; all were completed prior to the hiring date. Twenty of the employee files reviewed were current employees; none of the employees had the length of service for the five-year background checks.

Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Administrator who informs the agency and TDCJ.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. The Human Resource staff interviewed confirmed the wording on the application and that a person would not be hired or would be terminated for falsifying information. During the review of the employee personnel files, the wording was verified on the employee application forms.

The Zero Tolerance policy states the facility shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. The Human Resource staff interviewed stated all information requests, internal and external, are referred to “the work number”. This number contacts the agency’s Human Resources Section for response. The information will be provided through the corporate office. The agency’s Human Resources Section will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer.

Auditor interviewed the following staff:

- Human Resources Staff
- Facility Administrator
- Agency PREA Coordinator
- PREA Compliance Manager

Based on review of documents and staff interviews, this facility has met the standard.

115.218	Upgrades to facilities and technology
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>The agency Zero Tolerance policy indicates the facility shall take into effect any design planning, modifications or expansions to protect residents from sexual abuse. The facility was opened on June 1, 2022, with 70 new cameras installed and 8 mirrors, throughout the facility. The cameras and mirrors were confirmed through the interviews with the Facility Administrator and PREA Compliance Manager.</p> <p>The facility has met the standard, based on the above interviews and touring of facility observing all cameras.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency’s Zero Tolerance policy outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The facility begins an administrative investigation immediately following an allegation. All criminal investigations are conducted by the local law enforcement agency Henderson Police Department. The allegations are reported immediately to the TDCJ Contract Monitor and the MTC PREA Coordinator. If they are unable to immediately respond to the Facility, the on-call administrator will make the determination to contact law enforcement to investigate. If criminal, the allegation is referred to the Henderson Police Department or the Rusk County Sheriff’s Office for criminal investigation. The facility has a MOU with the Rusk County Sheriff’s Office for investigations.</p> <p>There was no sexual abuse allegation, but one (1) sexual harassment during the audit period. The investigation was completed by the Facility Investigator. A review of this case was conducted by the Auditor. The case was substantiated, and the staff member was terminated.</p> <p>The agency utilizes the Department of Justice (DOJ’s) National Protocol for Sexual Assault Medical Forensic Examinations, for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency’s Coordinated Response Plan. The Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. The Facility Administrator indicated any sexual abuse allegation would be investigated by law enforcement. The facility has one specialized trained investigator for administrative investigations.</p> <p>Random staff interviewed acknowledged the Chief of Security as the facility’s investigators. Random staff acknowledged understanding of the facility’s protocol for obtaining usable physical evidence by protecting the scene and asking the resident not to destroy evidence. The facility policy states it is the responsibility of</p>

law enforcement to conduct criminal sexual abuse investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols. The facility does not house juvenile residents.

All alleged victims of sexual assault who require a forensic exam are taken to University of Texas Henderson Hospital for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The facility has an agreement with UT Henderson Hospital. The hospital will conduct forensic exams, provide follow-up health care services, work with appropriate law enforcement agency assigned jurisdiction for the case, comply with federal, state, and local laws and certification requirements, and maintain confidentiality. Services are available through the emergency department 24 hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no allegations that required outside medical services or forensic medical exams.

Zero Tolerance policy indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has an MOU agreement with Women's Center of East Texas, Inc. The auditor interviewed a representative from the crisis center, she explained, victims of sexual abuse can request services.

This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24 hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The PREA Compliance Manager confirmed the practice for forensic exams and victim advocacy services. There were no incidents of sexual abuse, but one sexual harassment case during the audit cycle.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy. The outside law enforcement agency responsible for criminal investigations for this facility are the Henderson Police Department or the Rusk County Sheriff's Office.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Auditor reviewed the following documentation:

- PAQ
- Zero Tolerance policy
- MOU with Rusk County Sheriff's Office
- Investigation file

The agency's Zero Tolerance policy outlines the procedures for investigating and documenting incidents of sexual abuse. This policy states all allegations of sexual abuse that include penetration, touching of the genital areas are referred for investigation to an outside law enforcement agency with legal authority to conduct criminal investigations. A staff member will report the allegation to a supervisor who will make the required notifications which begins the investigation process. The facility will document all investigation referrals. The facility begins an administrative investigation immediately following an allegation. The allegations are reported immediately to the TDCJ Contract Monitor and the MTC PREA Coordinator. The Facility Investigator will investigate administrative cases. If criminal, the allegation is referred to the Henderson Police Department or the Rusk County Sheriff's Office for investigation. The facility has a MOU with the Rusk County Sheriff's Office for investigations. The PREA Compliance Manager and the Facility Investigator indicated that their roles are to assist as requested during an investigation by an outside entity. There were no sexual abuse allegations during this audit cycle, but one sexual harassment case. A review of the case was conducted by the Auditor. The administrative findings of the staff on resident sexual harassment allegations were substantiated.

A review of the TDCJ website at <https://www.tdcj.texas.gov/tbcj/prea.html> states Family and friends of inmates, and the general public, are encouraged to report allegations of sexual abuse and sexual harassment that occur in TDCJ correctional facilities to the PREA Ombudsman Office or the TDCJ Ombudsman Office. Public inquiries regarding allegations of sexual abuse or sexual harassment are referred to the PREA Ombudsman Office for investigation and response. All allegations of sexual abuse or sexual harassment received in the PREA Ombudsman Office are referred to the Office of the Inspector General for possible criminal investigation.

Facilities will document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Auditor interviewed the following staff members:

- Facility Director
- PREA Compliance Manager / Chief of Security / Facility Investigator
- Police Detective
- PREA Coordinator

This facility has met the standard based on the above interviews and review of documentation.

115.231	Employee training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 944 376">Auditor reviewed the following documentation:</p> <ul data-bbox="354 443 772 600" style="list-style-type: none"> • Training Files • PREA Zero Tolerance policy • Lesson Plan • PAQ <p data-bbox="280 640 1474 1258">Management and Training Corporation (MTC) trains all employees initially and annually, as verified by training logs and interviews, on the following matters: (1) The agency’s zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of residents to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities</p> <p data-bbox="280 1299 1474 1962">The initial training occurs at the academy, each staff member attends the academy pre-service training prior to being assigned to the facility. The pre-service training includes a four-hour section, Prison Rape Elimination Act (PREA) Pre-Service. All employees are provided at least 20 hours of annual in-service training to ensure training is refreshed each year of service; including the Prison Rape Elimination Act (PREA) In-Service refresher training. Each employee is required to attend in-service annually. Additional training occurs during staff meetings with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training and understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After interviews with the PREA Compliance Manager and staff and a review of training records, it was determined all facility staff have received training. A selection of ten staff training records was reviewed; all had completed the pre-service training. The facility opened June 2022, none of the employees have annual training. The employees will have their annual training during the next audit cycle.</p> <p data-bbox="280 2002 1458 2074">Staff document the completion of training through a signature on the Staff Training Meeting Sign-In Sheet and the completion of the individual PREA Basic Training</p>

	<p>Acknowledgement Form which is also signed by a witness. Each staff member is provided with and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Training Manager • PREA Compliance Manager • PREA Coordinator • Random Staff • Facility Administrator <p>After reviewing documentation and staff interviews, the facility has met the standard.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Volunteer Training Logs • PAQ • PREA Zero Tolerance Policy • Lesson Plan <p>All contractors and volunteers who have contact with residents receive PREA training prior to assuming their responsibilities. The agency Zero Tolerance policy states all volunteers and contractors shall receive PREA training. The training plan is reviewed annually to ensure that employee, volunteer, and contractor training is adequate and meets the requirement of contractual and regulatory agencies, as applicable. The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed of how to report such incidents. An interview was conducted with two volunteers over the phone. Both volunteers stated the training occurred at the facility in which they watched a video and had a PREA packet to review. Both had to read and acknowledge their understanding of the information. The volunteers were knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. Both indicated if they were informed of an incident, they would report to the Facility Director and a staff member immediately. Training records were reviewed and confirmed for the volunteers. The training file documented the completion of training through a signature on the PREA Basic Training Acknowledgement Form and the Contractor/</p>

	<p>Volunteer Training Record form. Auditor did not interview a contractor due to the facility being new.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Training Manager • Volunteers • PREA Coordinator • PREA Compliance Manager • Facility Administrator <p>Based on reviewing documentation and conducting interviews, this facility has met the standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Resident Handbook • Resident Training Video • Resident Educational Materials / Both Spanish and English • PREA Posters • Resident Acknowledgement Forms <p>The facility provides a comprehensive PREA education to the residents beginning at intake into the facility. The agency’s Zero Tolerance policy addresses the PREA education requirements for residents at intake. The facility provides the resident PREA information in written and verbal instruction. At intake into the facility, the residents are provided PREA information as a group after the risk screening. This information is provided verbally through a staff member who reads and explains all the PREA information to the residents. The residents watch the PREA in Texas video that covers the PREA information and staff verbally explains the information during this process. The resident is provided the facility handbook and the PREA Education Manual for Residents (available in English and Spanish), for written education materials. The PREA Educational Manual for Residents provided to the resident includes what is sexual abuse; cross gender pat-searches, examples of sexual abuse; consensual sexual relationships are not permitted; prevention; reporting and investigation; what to expect after you report; sexual abuse grievances; emergency grievances; and reporting options and resources. The resident must sign acknowledging the information received on the Acknowledgement of Receipt of PREA Educational Manual Form which also outlines the zero tolerance, how to</p>

report, how to make a confidential report via phone and/or writing, and the right to be free from retaliation. The Intake Staff interviewed stated the educational information is provided as soon as the resident arrives at the facility or the next day. It is always accomplished within 24 hours. If intakes occur over the weekend, the case manager is called in to ensure the residents receive the education within the time period. The Auditor observed the intake process of one resident (resident from TDCJ) including the PREA education training. The Auditor observed Intake Staff taking time to explain and answer questions regarding PREA.

During the audit period, 624 were admitted to the facility and noted that all residents received education. If a resident was transferred, the resident would receive the same education as any resident that is admitted per Zero Tolerance policy. The Auditor observed an intake and education with a resident that was gained from TDCJ. The resident received the same intake process as other residents including PREA education. The random residents interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls. The Auditor also reviewed twelve resident files for the education acknowledgement. All residents received their training on the day of arrival.

Staff during interviews explained the steps that would be taken to effectively communicate with disabled residents when necessary. The facility has a MOU for sign language and a telecommunication device (TTD) is available for hearing impaired residents, as well as written materials. The video is close captioned providing residents that can read access to the PREA information. For residents with visual impairments, the PREA Educational Manual for Residents is available in large print in both languages, and staff would read the information if necessary. They would also be able to listen to the PREA in Texas video. The facility does not house blind residents. TDCJ does not refer blind residents to the facility because the facility is not equipped to house blind residents. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. Extra time is spent by staff to ensure the resident understands the basics, to include definitions and reporting information. The facility has a contract with Language Line Services Inc. for translation services, as well as staff interpreters. There were no instances where interpretation services through the Language Line were utilized during this audit timeframe per memo from the Facility Director.

The residents have continuous and readily available PREA education through the facility handbook, and the PREA Educational Manual for Residents provided to each resident at admission. Information is also available through posters including the Resident Reporting Options throughout the facility. The PREA informational posters are posted in English and Spanish throughout the facility. The manual and posters are also provided in large print.

Random residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival including the handbook and watching a video. They were able to explain how to

	<p>report an incident and were aware of the zero-tolerance policy.</p> <p>Auditor interviewed the following individuals:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • PREA Coordinator • Intake Staff • Random residents <p>Based on the above documentation reviews and staff and resident interviews, this facility has met the standard.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy • Investigator Lesson Plan / Conducting a Thorough Investigation <p>The agency Zero Tolerance policy discusses investigating allegations of sexually abusive, and evidence collection state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. The facility begins an administrative investigation immediately following an allegation. The allegations are also reported to the TDCJ, who may also conduct an investigation. If determined criminal, the Henderson Police Department and/or Rusk County Sheriff's Office is contacted for the criminal investigation.</p> <p>The agency's Zero Tolerance policy and Conducting a Thorough Investigation / The Specialized Training lesson plan reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plan includes sections on identifying how trauma can affect a victim's cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain. The facility has one investigator on staff, Chief of Security. The investigator has completed the general PREA training and the required specialized training for investigators. The specialized training is a four-hour training block with a test. The Investigator interviewed stated the training is through a webinar and a test had to be completed at the end of the training. She</p>

	<p>stated the training included the process of an investigation, how to conduct interviews, Miranda and Garrity warnings, evidence collection, and how to determine if it's criminal. The specialty training was verified through the interviews with the PREA Compliance Manager and Investigator interviewed and the review of the training certificates and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • PREA Compliance Manager / Facility Investigator • PREA Coordinator • Facility Administrator <p>Based on the above documentation review and staff interviews, this facility is in compliance of the standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not employ medical staff. All medical and mental health services are referred to the local hospital, appropriate community service organization and / or Probation / Parole.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance / Intake screening • Resident Screening Forms <p>The facility has a practice to conduct screening for risk of sexual abuse victimization or sexual abusiveness toward other residents immediately upon intake. The screening process for the risk of victimization and abusiveness is outlined in the agency Zero Tolerance policy. This screening occurs at intake into the facility with the use of the PREA Risk Assessment Tool. The risk screening is to be conducted within seventy-two (72) hours per policy and the TDCJ contract. All case managers</p>

are trained to complete risk assessments. The staff interviewed indicated that the risk screening will occur within 72 hours but usually within hours of arrival. The facility had 624 residents admitted during the audit period, the PAQ indicated that risk screening was completed on all residents. The Auditor also reviewed twelve resident files for the education acknowledgement. About half of the residents were risk screened on the day of arrival and the other half the next day. The residents interviewed stated the risk screening was conducted the first day or next day. Staff interviewed stated that residents are asked about housing placement and if they have a concern for their safety. The PREA Risk Assessment Tool requires that the facility reassess 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 screening instrument includes whether the residents have a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status.

During intake, the Intake staff and case manager reviews the Pre-Sentence Investigation (PSI), and any other available records (i.e., medical records, institutional files,) and completes the PREA Risk Assessment Tool as part of the intake paperwork process. The PREA Risk Assessment Tool conforms to the above PREA standard requirements.

Information obtained during the initial assessment and reassessment is placed in the resident's file. These files are accessible to authorize staff, for example Facility Administrator, Chief of Security, Case Managers, and Supervisors.

Auditor confirmed through staff interviews, that disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The intake staff stated the resident does not have to answer questions and can refuse. The information will try to be obtained through other means and they will encourage the resident to answer by explaining it helps determine housing placement to protect them.

Staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other residents. The Intake Staff and PREA Compliance Manager interviewed indicated the Risk Assessment Tool and the Vulnerability Reassessment Questionnaire are maintained in the resident file locked in the Administration office. The Auditor observed the security of the files. Other than the Chief of Security / PREA Compliance Manager, the only other staff with access to resident files are case managers, and the facility administrator; it is a need-to-know basis for review of the file. The PREA Compliance stated the access to the information is only to those who need to know in making housing, work, and programming decisions.

	<p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • PREA Compliance Manager / Chief of Security • Case Manager • Supervisors / Intake Staff • PREA Compliance Manager <p>Based on documentation review and staff interviews, the facility has met the standard.</p>
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance policy • Screening Forms • Housing Assignments <p>A review of policy Zero Tolerance policy Offender Sexual Abuse and Harassment, PREA Risk Screening confirms the screening tool for risk of victimization or abusiveness is used to guide housing, work detail, education and program assignments. Policy requires housing assignments for transgender / intersex residents be made on a case-by-case basis, with consideration given in regard to the residents own view of their safety. When a resident self-identifies during the intake process, the resident’s views of his/her safety are given serious consideration in housing assignment.</p> <p>Auditor interviewed residents and all confirmed they were screened twice within a year time frame. Auditor conducted an interview with a resident that identified as gay, because there were no residents that identified as transgender or intersex during this PREA Audit. The resident confirmed that the facility screened her twice within a year. Auditor questioned the resident about an opportunity to shower in private. The resident informed the auditor that she can shower separately from other residents. During the site visit it was confirmed that all residents can shower separately.</p> <p>Auditor conducted an interview with the PREA Coordinator. The PREA Site Coordinator confirmed that all residents are screened twice within a year timeframe. Auditor interviewed two staff members responsible for the housing, programming, and job placement of all residents. They confirmed that they take into consideration the residents own views when making housing assignments.</p>

	<p>The agency does not place LGBTI residents in housing units solely based on their sexual orientation. Auditor confirmed this during resident interviews and by conducting walkthrough of the facility. The agency's Zero Tolerance policy indicates that LGBTI residents shall not be placed in housing units solely based on their identification as LGBTI: unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents.</p> <p>Auditor interviewed the following individuals:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager • Case Managers • Residents <p>Based on documentation review and interviews, the facility has met the standard.</p>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance policy • PREA Signage • Resident Handbook <p>The facility has established procedures allowing for multiple internal and external ways for residents to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents as supported by agency Zero Tolerance policy. PREA allegation reporting methods are shared with residents at intake through the PREA Education Manual for Residents (available in English and Spanish), Resident Reporting Options handout, the PREA in Texas Video available in English, (Spanish), and verbally explained by Intake Staff during the intake process.</p> <p>Reporting information is also available on PREA informational posters in English and Spanish throughout the facility viewed by the Auditor during the tour. Residents can report verbally and in writing to facility staff; report through the grievance process; utilize third party reporting; verbally or written to the parole officer; calling the Rape and Crisis Center toll-free hotline; calling the TDCJ Ombudsman. The resident may report outside the agency by calling Rape and Crisis Center toll-free hotline, calling the TDCJ Ombudsman, or PREA National Hotline Network, and telling the Parole Supervisor. Calling any of the toll-free numbers allows residents to remain</p>

anonymous upon request. During the formal resident interviews, the residents acknowledged receiving information on how to report at intake, in the PREA Educational Resident Manual, and on posters. They were able to identify reporting methods including telling a staff member, call the hotlines, writing a grievance, and/or telling family or a friend. Also, during the informal interviews with residents while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. Residents have accessibility to call through their own personal cell phones, or a phone located at the Monitor Station. The numbers are posted beside the phone at the Monitors Station; this phone allows for toll-free calls. The Auditor tested the phone at the Monitoring Station for reporting and accessibility to support services. The Auditor was able to contact TDCJ Ombudsman and the Rape Crisis. The reporting methods were demonstrated through a review of policies and procedures, PREA Educational Manual for Residents, posters throughout the facility, and interviews with residents and staff. There were no reported sexual abuse allegations during this audit cycle.

Staff indicated through interviews they were aware of the methods available for residents to report sexual abuse and sexual harassment. Staff were also knowledgeable on the multiple ways residents could report to staff and their responsibility in the process. They indicated they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor.

Auditor interviewed the following individuals:

- Random & Targeted Residents
- Random Staff
- PREA Compliance Manager
- PREA Coordinator
- TDCJ Contract Monitor
- PREA Ombudsman

Based on the above interviews and documentation review, the facility has met the standard.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Auditor reviewed the following documentation to determine compliance: <ul style="list-style-type: none"> • PAQ

- Zero Tolerance policy
- Resident Handbook

The agency's Zero Tolerance policy outlines the administrative procedure for resident grievances regarding sexual abuse. The facility provides the residents information of the grievance procedures at admission in PREA Education Manual for Residents and Resident Handbook. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. A resident can file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or compliant. The PREA Education Manual for Residents states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents can submit the grievance to the Chief of Security / PREA Compliance Manager or the Facility Administrator.

The policies state the residents have a right to submit grievances to someone other than the staff member who is the subject of the compliant and such grievance is also not referred to a staff member who is subject of the compliant.

A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity shall be forwarded to the Facility Director who will forward for investigation.

If the grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim. The resident will be informed in writing that due to nature of the grievance; an investigation will be conducted immediately, the report findings will be forwarded to the Facility Director and Corporate PREA Coordinator; and once the investigation is completed, a written notice of outcome will be provided.

Policies state the facility shall 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 and the computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The facility may claim an extension of time to respond, of up to 70 days, if the normal time-period for response is insufficient to make an appropriate decision; the facility shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level. Third parties on behalf of a resident may also submit grievances.

The agency Zero Tolerance policy provided written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to resident health, safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the resident, it is handled as an emergency grievance. The grievance is forwarded to the Facility Director for immediate corrective action to protect the potential victim. Emergency grievances will be given top priority and will be investigated, and an initial response provided within 48 hours of the date of receipt. A final decision will be provided within five calendar

	<p>days. The agency policy states the resident may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith.</p> <p>No grievances were filed during this audit cycle.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • Facility Administrator • PREA Compliance Manager / Chief of Security • Random Staff • Intake Staff <p>Based on the above interviews and documentation review, this facility has met the standard.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance policy • PREA Posters • Resident Handbook • MOU <p>The agency’s Zero Tolerance policy states the facility shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim’s needs. The Zero Tolerance policy indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has accomplished this with services available from the Women's Center of East Texas. This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim’s consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24 hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The calls and mail to the TDCJ PREA Ombudsman and Rape and Crisis Center are not monitored.</p>

	<p>The facility provides residents information about local and national organizations that can assist residents who have been victims of sexual abuse through the PREA Education Manual for Residents. Victim advocacy service information is provided to the residents on the Resident Reporting Options posters throughout the facility. Most residents interviewed were aware of outside support services available to them. However, the facility provides this information in multiple ways to the residents.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • Facility Director • PREA Compliance Manager / Chief of Security • PREA Coordinator • Staff member from Women's Center of East Texas <p>Based on the above interviews and documentation review, the facility has met the standard.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • PREA Posters • Resident Handbook • Zero Tolerance policy <p>The agency's Zero Tolerance policy states that third-party reporting information will be posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The website states "to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any Management & Training Corporation (MTC) facility or program, or if you were previously housed in their facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person, in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator." A phone number and address are provided. The information is displayed on The Prison Rape Elimination Act of 2003 posters in visitation area. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a resident has been sexually</p>

	<p>abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Facility Director or to the agency’s PREA Coordinator. Residents interviewed were aware of this method of reporting. There were no third-party reports this audit period.</p> <p>Residents and third-party members can contact the TDCJ PREA Ombudsman, Texas Department of Criminal Justice Inspector General's Office.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • Facility Administrator • PREA Compliance Manager / Chief of Security • PREA Coordinator • TDCJ PREA Ombudsman <p>Based on the above interviews and documentation review, the facility compliant with this standard.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy • Lessons Plans <p>The agency’s Zero Tolerance policy outlines the reporting requirements of staff which states all employees are required to report immediately in accordance with facility and corporate policy any knowledge, suspicion, or information regarding sexual abuse that occurred in the facility; retaliation against residents or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to report to designated supervisors or officials. Reporting requirements will be covered in the upcoming annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor, Chief of Security / PREA Compliance Manager, and Facility Administrator and then write an incident report. Once reported, the Facility Director makes notifications to the TDCJ Contract Monitor and the Management & Training Corporation PREA Coordinator. Staff can report privately outside the chain of command by utilizing the facility’s employee</p>

hotline, calling the corporate PREA Coordinator, and reporting to the Facility Administrator. The facility policy states employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or other facility management privately, if requested. During the interviews, most staff indicated they would report privately through the hotline or call the corporate PREA Coordinator.

The facility does not employ medical and mental health staff. All medical and mental health services are provided by outside community agencies. However, the agency's policy states unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated state or local services and agencies under applicable mandatory reporting laws. The Facility Administrator stated the facility has never had an incident with a resident under the age of 18, because they house adults. She stated, if an allegation occurs, it would be reported to law enforcement, and TDCJ for action. The agency policy states medical and mental health practitioners are also required to inform individuals in a MTC facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services.

The Zero Tolerance policy states that staff are not to reveal any information related to a sexual abuse report to anyone other than supervisors or official. Reporting requirements, including confidentiality, are covered in the pre-service training and will be covered in the upcoming annual in-service training, and staff meetings. Staff interviewed indicated information would only be shared with the supervisor and other staff on a need-to-know basis.

The agency Zero Tolerance policy states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymously reports to the designated investigators or outside agency responsible for investigating incidents. The Facility Administrator and the Facility Investigator / Chief of Security indicated that all allegations, no matter how they are reported, are investigated.

Auditor interviewed the following staff members to determine compliance:

- Facility Administrator
- Chief of Security / PREA Compliance Manager
- Random Staff
- PREA Coordinator

Based on the above interviews and documentation review, the facility has met the standard.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy • PREA Lesson Plan <p>The agency’s Zero Tolerance policy requires that if a staff member has reasonable belief that a resident is subject to substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the resident. Random Staff interviewed indicated they would take immediate action to protect the resident by separating the resident from other residents and maintain in a safe location. Then report the incident to the supervisor for further action and write an incident report. These responsibilities were covered during the pre- service, and will be covered during the annual in-service training, and discussed during staff meetings. The Facility Administrator stated an immediate corrective action would be taken which may include a housing location change or transfer to another facility if necessary. The resident would be monitored. She stated a transfer to another community facility would be the decision of TDCJ.</p> <p>All staff interviewed knew the steps to take to protect a resident at risk for sexual abuse; to immediately separate the resident from the area to keep the resident safe and separate from other residents; notify the supervisor; and write an incident report. During the audit period, no resident reported feeling at imminent risk of sexual abuse, or any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures implemented.</p> <p>This agency has policies outlining immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. The PREA Training also outlines actions to be taken when a resident with a substantial risk of sexual abuse.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Facility Administrator • Random Staff • PREA Coordinator <p>The facility has met the standard, based on the above interviews and documentation review.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy <p>The agency's Zero Tolerance Policy states, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Administrator or designee will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The notifications should take place as soon as possible, but no later than 72 hours after receiving notification. The Facility Administrator indicated that the notifications would be made immediately to the other facility and an investigation initiated. The notification will be documented and forwarded to the agency's PREA Coordinator. The Facility Administrator also indicated there were no instances of this audit period, as noted on the PAQ. The facility received no notifications of alleged abuse from another facility or received a resident alleging from another facility.</p> <p>Interviews were conducted with the PREA Compliance Manager, PREA Coordinator, and Facility Administrator both confirmed their responsibility when becoming aware of such incidents.</p> <p>The facility has met the standard, based on staff interviews and documentation review.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Lesson Plan • Zero Tolerance Policy • PREA Staff Responsibility Card <p>The agency's Zero Tolerance Policy outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The supervisory staff responding to the incident is required to separate the alleged victim and abuser; conduct a brief inquiry with each resident to ascertain if the sexual behavior was consensual or nonconsensual; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence; and ensure that the Facility Administrator and other designated individuals are notified. Through random interviews with staff, it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the</p>

	<p>alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the pre-service training. This topic was discussed during staff meetings.</p> <p>The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff. Policies outline that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member. The random non-security staff interviewed indicated they would contact a shift supervisor immediately and request the resident not to destroy any evidence. They also stated they would remain with the alleged victim until a security staff member arrived. The facility had no allegations of resident-on-resident sexual abuse reported to case managers. The PAQ indicated that there were no incidents which required implementing all first responder duties during this review period.</p> <p>A review of the Training Lesson Plan on PREA confirms it is detailed and outline steps first responders are to take if staff become aware of sexual assault. Interviews with staff, supervisors, and PREA Compliance Manager reveal staff are knowledgeable on first responder duties. One volunteer was interviewed and acknowledged his steps to follow as a first responder.</p> <p>The facility has met compliance with this standard, based on interviews and documentation review.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy • Facility Response Plan <p>The facility has created a written institutional plan to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The PREA Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The Coordinated Response Plan includes the actions to take after report of sexual abuse, the initial response, the Facility's Administrator role when assuming the control of the incident, crime scene and evidence protection, referral to the designated</p>

	<p>community facility for medical treatment, notifications required when sexual abuse is alleged, evidence protocol, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged.</p> <p>Coordination with staff is started through notifications and staff reporting to handle the appropriate activities under their responsibilities. This is supported through the Zero Tolerance policy which states the PREA Compliance Manager is a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response. The facility indicated in the Coordinated Response Plan was covered at pre-service and again during the annual in-service with staff. The Facility Administrator stated the Coordinated Response Plan assigns duties of each responsible position and notifications to be made. It is a checklist format that documents the dates and times of actions taken.</p> <p>During staff interviews, staff detailed their responsibilities in their coordinated efforts during an incident.</p> <p>The Auditor interview the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • PREA Coordinator • Random Staff <p>The facility has met compliance, based on the above interviews and documentation review.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy <p>The facility does not have a collective bargaining agreement. The agency Zero Tolerance policy, state employees, contractor, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring resident contact pending the outcome of an investigation. Any “no contact” orders shall be documented. It also states that MTC shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility’s ability to remove</p>

	<p>alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Facility Administrator stated any staff member suspected of sexual abuse will be removed from the facility and criminally prosecuted.</p> <p>Auditor interviewed the following staff to determine compliance:</p> <ul style="list-style-type: none"> • PREA Compliance Manager • Facility Administrator <p>The facility has met compliance, based on documentation review and staff interviews.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy <p>The Agency Head’s interview stated that designated staff at each facility are assigned to monitor the individual who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct the issue. The agency’s Zero Tolerance Policy states that that no employees, contractors, volunteers, and residents shall retaliate against any person, including a resident who reports, complains about or participates in an investigation into an allegation of sexual abuse. The Facility Administrator designated the PREA Compliance Manager as the staff member to monitor retaliation. Staff are informed of protection from retaliation through training in pre-service and annual in-service.</p> <p>The PREA Compliance Manager stated for employees, she would monitor if employees were being harassed, or report a hostile work environment, call offs, and discipline to determine if retaliation is occurring. For residents, she monitors discipline, mental health requests/issues, program changes, housing changes, and threats. If retaliation occurs, it is reported to the Facility Director and an investigation is started. The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for residents and employees who fear retaliation. The Facility Administrator indicated a review would consist of any changes that may have happened, discipline, job changes, and housing changes to</p>

	<p>monitor for retaliation. If retaliation is suspected or determined, protective measures would be taken immediately; and an investigation would be started, stated the Facility Administrator. The Facility Administrator stated any allegation involving a staff member, the staff member would be moved to a non-resident post during the investigation for retaliation. The emotional support services for staff would be through Employee Assistance Program (EAP) and for residents through the Rape and Crisis Center.</p> <p>The Zero Tolerance Policy outlines the monitoring timeframes. For residents, the PREA Compliance Manager shall meet weekly with them. The meetings will be documented in the resident's file along with any notes or issues discussed. The resident/alleged victim must sign a documentation form acknowledging the monitoring contact. Staff will be monitored every 30 days for at least 90 days and documented on the Employee Protection from Retaliation Log. Once completed, the log will be retained in the investigation file of the corresponding PREA incident. The retaliation monitoring will be for at least 90 days; however, the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded. The PREA Compliance Manager stated that residents are monitored once a week for 90 days and staff are monitored monthly for 90 days. If needed, monitoring will continue for, or past 90 days.</p> <p>Auditor did not review any monitoring forms, due to no sexual abuse reported during the audit period.</p> <p>Auditor interviewed the following staff members to determine compliance:</p> <ul style="list-style-type: none"> • Facility Administrator • PREA Compliance Manager / Chief of Security <p>The facility has met compliance, based on the above staff interviews and documentation review.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Police • Administrative Investigation File <p>The agency's Zero Tolerance policies states, all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal</p>

investigations, unless the allegation does not involve potentially criminal behavior. If the investigation is not conducted by an outside law enforcement agency, the facility will complete the administrative investigation by a specialized trained investigator. Upon an allegation reported, the facility will immediately begin an administrative investigation. If criminal, the allegation is referred to the Henderson Police Department or the Rusk County Sheriff's Office for criminal investigation. The Investigator stated as soon as a criminal investigation is completed, an administrative investigation will be conducted. The policy also states investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The Investigator and the Facility Administrator both stated that investigations are started immediately as soon as reported and are objectively based on evidence. Through review of an investigation file, the allegations were referred for investigation the day of the allegation reported. The report was completed in a timely manner and forwarded for review by the corporate office. The facility cannot close the report until corporate management reviews the report and makes the final determination of the investigation. The PREA Compliance Manager maintains a tracking log of all allegations including type of allegations, report number and the outcome of the investigation on the PREA Incident Tracking Log. The log was reviewed by the Auditor, and it showed one staff on resident investigation for sexual harassment.

The agency's policy and lesson plan for PREA Specialized Training Investigating Sexual Abuse in a Correctional Settings reflects that the investigator was trained in conducting sexual abuse investigations in confinement settings. The facility has two investigators on staff: the Chief of Security, and a Shift Supervisor. The facility can also utilize specialized trained investigators from TDCJ. The TDCJ investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the interviews with the PREA Compliance Manager and the Investigator and the review of the training certificates and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course.

The investigator stated in the interview that the investigation would start immediately upon receiving an allegation. If the incident occurred after hours, the investigator would report to the facility immediately. Upon initiating the investigation, the investigator will secure the area; conduct interviews with alleged victim, alleged abuser, and witnesses; review video footage; and review residents files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser. The process would also include review of the evidence collected, establishing a timeline, and write the investigation report. The investigator stated the investigative report would include a background summary, narrative of the interviews, any other reports including from outside agencies, a chronological timeframe, and the outcome findings.

The Zero Tolerance policy states, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a MTC facility or program. No agency shall require an individual in a MTC facility or program who alleges sexual abuse to submit to a

polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The investigator stated the creditability of individuals are all the same until evidence proves otherwise; there is no bias. And an alleged victim is never required to submit to a polygraph exam, it is against policy.

The Zero Tolerance Policy contains a section titled Investigative Reports that outlines all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator stated, throughout the investigation, consideration is given to whether staff actions or failures contributed to the sexual abuse by reviewing video footage, conducting interviews, and whether policy was violated. The investigator stated, the written investigative report would include a summary of allegations, findings of the investigation interview summaries, video evidence, evidence attachments, and if criminal, information about the criminal investigation. This was supported by the review of the sexual harassment investigation case by the Auditor. The written report must be submitted to the agency's PREA Coordinator within 90 days after the allegation occurred. The final determination of the investigation is determined at the agency executive level. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, which was supported through policy and the investigator's interview. All written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus ten years.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which is the Rusk County Sheriff's Office and the Henderson Police Department. The outside agencies would complete the investigation and document in a written report with an outcome of the investigation. The Investigator stated the written reports of outside agencies provide details of the incident, outcome of the investigation, and who completed the investigation. The Investigator indicated the report would be shared with the facility. The Investigator stated it would be the responsibility of the outside law enforcement agencies to refer cases for prosecution. The agency Zero Tolerance policy states, the facility shall cooperate with outside investigators and shall remain informed about the progress of the investigation. The facility shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the agency's PREA Coordinator for review and closure.

Auditor interviewed the following staff members to determine compliance:

- Facility Investigator
- Law Enforcement Investigator
- Facility Administrator

	<ul style="list-style-type: none"> • PREA Coordinator <p>This facility has met compliance of this standard, based on staff interviews and documentation review.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy <p>The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The agency Zero Tolerance policy confirms that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated. The review of the sexual harassment investigation file supported the practice.</p> <p>The facility has met compliance of this standard, based on the above interview and documentation review.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documents to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Zero Tolerance Policy <p>The agency's Zero Tolerance policy outlines the reporting of investigation outcomes to residents. The resident is notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the facility administrator or designated staff member on the Notification of Outcome of Allegation Form. The resident receives the original and a copy is maintained as part of the investigative file. The resident would be met with privately and informed of</p>

	<p>the investigative outcome. The Investigator / PREA Compliance Manager stated residents will be notified of the investigation outcome if they are still in custody.</p> <p>If the alleged abuser was an employee, the policy requires the victim to be informed of the status of the staff member to include whether the staff member is no longer posted within the resident's housing unit, the staff member is no longer employed at the facility, the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. This notification is also documented. There were no allegations involving a staff member during this audit period. If the allegation was sexual abuse by another resident, the policy requires the victim to be informed whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This notification is also documented.</p> <p>There have been no sexual abuse investigations completed by facility investigator or outside agency in the last 12 months of the PREA Audit.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Investigator / PREA Compliance Manager • Facility Administrator <p>This facility has met the standard, based on the above staff interviews and documentation review.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • PAQ • Employee Handbook • Zero Tolerance Policy • Administrative Investigation File <p>The agency's Zero Tolerance Policy and Employee Handbook covers that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Administrator stated in the interview that a staff member suspected of sexual abuse would be moved to a non-</p>

	<p>contact resident post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated and prosecuted. The agency’s policy stated the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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 policies also direct that the facility shall report all terminations and resignations for such conduct will be reported to law enforcement and licensing bodies, unless the activity was clearly not criminal.</p> <p>During the audit period, there was one violation by staff of the agency’s policies related to sexual abuse or sexual harassment. He was investigated and terminated for sexual harassment.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility Investigator • Facility Administrator <p>This facility has met compliance, based on the review of policies and staff interviews.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documentation reviewed to determine compliance:</p> <ul style="list-style-type: none"> • Facility PAQ • Zero Tolerance Policy • PREA Lesson Plan <p>The agency’s Zero Tolerance Policy details the corrective action for contractors and volunteers who have engaged in sexual abuse. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. All reasonable efforts would be made to report to any relevant licensing bodies. In the case of any other violation of Management & Training Corporation (MTC) Sexual Abuse or Sexual Harassment policy by a contractor or volunteer, the facility shall notify the Facility Administrator who will take remedial measures and</p>

	<p>shall consider whether to prohibit further contact with individuals in a MTC facility or program. The TDCJ Contract Monitor would also be notified. The Facility Administrator stated that the contractor or volunteer access to the facility would be suspended. The volunteer or contractor would not be allowed contact with any residents. If substantiated, the volunteer or contractor shall be removed from all duties and their clearance revoked permanently. The volunteers interviewed confirmed their knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of a resident. The PAQ showed there were no instances where a volunteer or contractor was removed for allegations of sexual abuse.</p> <p>Auditor interviewed the following individuals:</p> <ul style="list-style-type: none"> • Volunteers • Facility Administrator • PREA Compliance Manager <p>The facility has met compliance, based on the above documentation and interviews.</p>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation to determine compliance:</p> <ul style="list-style-type: none"> • Facility PAQ • Resident Handbook • Agency Zero Tolerance Policy <p>The agency's Zero Tolerance Policy and Resident Handbook outlines the resident disciplinary sanctions. It states a resident who is found guilty of engaging in sexual abuse involving other individuals in a MTC facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The Facility Administrator stated the TDCJ Contract Monitor and /or Parole Officer would be notified. TDCJ will determine whether to subject the resident to formal disciplinary sanctions. If the resident is subject to disciplinary sanctions, the resident would be referred to the internal disciplinary process. TDCJ may revoke parole and/or transfer the resident to another facility. The policy also notes that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the resident to conform with rules and regulations in the future. The Facility Administrator also indicated sanctions are commensurate within the disciplinary process for the level</p>

	<p>of prohibited act. The Facility Administrator indicated in the interview that disciplinary sanctions could include restrictions, extra duties, internal discipline sanctions, revoking parole, transfer to another facility, and prosecution if warranted.</p> <p>The Zero Tolerance Policy states the internal disciplinary process shall consider whether an individual’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. The Facility Administrator stated staff would look at the resident history and if the resident was on medications.</p> <p>The policy also outlines a resident shall not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying. The facility may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced, per policy. The Resident Handbook states that consensual relationships are not permitted and are against policy.</p> <p>During the audit period, no residents were referred to the internal disciplinary process for sexual abuse or sexual activity. This was documented through the PAQ.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • Facility Administrator • PREA Compliance Manager <p>The facility has met compliance, based on the above interviews and documentation review.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documents to determine compliance:</p> <ul style="list-style-type: none"> • Facility PAQ • Agency Zero Tolerance <p>The facility does not have medical or mental health services onsite. The medical and mental health services are available to the resident through community resources. The agency Zero Tolerance Policy states that community correction facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are</p>

not available. All alleged victims of sexual assault who require a forensic exam are taken to UT Henderson Hospital for a forensic exam and emergency medical healthcare with no cost to the resident. Auditor interviewed a hospital representative, she explained the hospital will conduct forensic exams, provide follow-up health care services, work with appropriate law enforcement agency, comply with all federal, state, and local laws and certification requirements, and maintain confidentiality. She further explained, services are available through the emergency department 24- hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. There was no sexual abuse allegation during this audit cycle.

All facility staff are trained first responders. During the staff interviews, they were knowledgeable in their roles as first responders to sexual abuse allegations.

The agency Zero Tolerance Policy states, victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The services would include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Following a reported PREA allegation, it will be documented, and the following information will be included in the report. The offer for offsite medical and mental health services was made to the resident victim. The staff will also document the acceptance or refusal of these services. The policies also state all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Auditor interviewed the following staff members to determine compliance:

- Hospital Representative
- Random Staff
- PREA Compliance Manager
- Facility Administrator

This facility has met compliance, based on the above interviews and documentation review.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Auditor reviewed the following documentation:

- Facility PAQ
- Agency Zero Tolerance Policy
- Inmate Screening Files

The facility does not employ medical and mental health staff. The medical and mental health services are available to the resident through community agencies. The agency Zero Tolerance Policy states that community correction facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.

All alleged victims of sexual assault who require a forensic exam are taken to UT Henderson Hospital for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The hospital will provide follow-up health care services, work with appropriate law enforcement agency assigned jurisdiction for the case, comply with federal, state, and local laws and certification requirements, and maintain confidentiality. Services are available through the emergency department 24 hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no allegations that required outside medical services or forensic medical exams.

The agency Zero Tolerance policy states each facility shall offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse. If the resident reports prior victimization or is scored as a potential abuser, the resident is referred for mental health services. The referral must take place within 48 hours and the shift supervisor must be notified prior to housing. Auditor reviewed (20) twenty inmate files and none scored to see mental health for prior victimization or abusiveness. The auditor interviewed the PREA Compliance Manager about any residents scored for victimization or abusiveness. No residents qualified or requested those services.

The agency policy outlines the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The program shall help such victims with access to medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while incarcerated shall be provided referrals for tests for sexually transmitted infections as medically appropriate. Staff will also provide residents with the requested level of support through assisting with making appointments, transportation needs, and victim advocacy or staff accompaniment. The on-treatment services shall be 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. The facility shall attempt to coordinate a mental health evaluation of all known resident-on resident abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by outside mental health practitioners. These health care services will be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable, per agency Zero Tolerance policy. All refusals for medical and mental health services shall be documented.

Residents in need of medical treatment can make appointments with local doctors and utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. Residents are allowed to have approved keep-on-person medications. Mental health, drug abuse, and sex offender treatment services are provided through local outside agencies.

Auditor interviewed the following staff members:

- Facility Administrator
- PREA Compliance Manager

Based on the above interviews and documentation review, the facility has met compliance.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Facility PAQ • Agency Zero Tolerance Policy <p>The agency Zero Tolerance policy outlines the requirement, procedures, and timeframes for sexual abuse incident reviews. Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation determined unsubstantiated and substantiated. The Facility Administrator stated the team consists of the Facility Administrator, Chief of Security/PREA Compliance Manager, Program Manager, and other staff as deemed necessary. The agency's PREA Coordinator may be consulted as part of the review. The review is completed within 30 days of the conclusion of the investigation. The</p>

review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved residents; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The form is forwarded to the agency's PREA Coordinator for their review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file. The Auditor could not review any sexual abuse investigation files, due to no allegations reported.

The Incident Review Team members stated they would review the outcome of the case, steps taken during investigation, and corrective actions. They also identified all the components reviewed in an After-Action Review. They noted they will review for motivation including gang related, sexual orientation, race, and status. For the incident physical area, they review for blind spots, barriers, and video coverage. When reviewing adequacy of staffing, they review staff failure to act, policy violations, staffing level adequate, was staff ratio maintained, are staff conducting rounds, was the incident reported immediately, and was policy and procedures followed. For monitoring technology, if additional cameras are needed in the area, do cameras need adjusted, and the placement of mirrors. Recommendations for additional cameras in the housing units have been made, stated the Facility Administrator. The incident review team interviewed stated there were no sexual abuse allegation during this audit cycle.

Auditor interviewed the following staff members:

- Facility Administrator
- PREA Compliance Manager
- PREA Coordinator

Based on the above interviews and documentation review, the facility has met compliance with this standard.

115.287	Data collection
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 944 376">Auditor reviewed the following documentation:</p> <ul data-bbox="354 443 801 560" style="list-style-type: none"> • Facility PAQ • Agency Zero Tolerance Policy • MTC Webpage <p data-bbox="280 600 1481 1263">The agency Zero Tolerance policy outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Compliance Manager stated she is responsible for compiling data collected on sexual activity and sexual abuse incidents. The Monthly PREA Incidents are forwarded monthly to the agency's PREA Coordinator that documents the facility's PREA statistical information. The PREA Compliance Manager stated she is also responsible for reporting all incidents to TDCJ through a significant incident report. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet in a secure office with restricted access as observed by the Auditor. The established retention schedule is 10 years for these files. Policy states, upon request, MTC shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="280 1303 1174 1339">The agency does not contract for the confinement of residents.</p> <p data-bbox="280 1379 1474 1617">The Zero Tolerance Policy outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2021 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on June 1, 2022. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. This report is available on the MTC website.</p> <p data-bbox="280 1657 1474 1814">The previous PREA Annual Reports were reviewed by the Auditor prior to the audit. The 2021 Annual PREA Report was posted for review on the agency's website just prior to the on-site audit and was reviewed by the Auditor. Auditor could not review the 2022 annual report, because annual report is not due until June 2023.</p> <p data-bbox="280 1854 1474 1926">This is the first audit for this facility and its information will be posted on next year's report.</p> <p data-bbox="280 1966 973 2002">Auditor interviewed the following staff members:</p>

	<ul style="list-style-type: none"> • Facility Administrator • PREA Compliance Manager / Chief of Security <p>Based on the above information, the agency/facility meets the Standard 115.287 Frequency and scope of audit requirements.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency Zero Tolerance policy outlines the procedures for data collection. The facility will collect and retain data related to sexual abuse as directed by the agency's PREA Coordinator. The data will include case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for the facility, as well as the agency as a whole, per policy. The agency's PREA Coordinator stated all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the agency's PREA Coordinator to review. Annually each facility prepares a report of their findings and recommendations from their incident reviews and these reports are reviewed by the agency's PREA Coordinator. Data collected from these reports, plus the data from all of the allegations reported each year, are contained in the secure PREA folder.</p> <p>The agency's PREA Coordinator indicated the agency has prepared an Annual Report since 2013. The reports include the total number of allegations received from all our facilities and the outcome of each allegation. The Zero Tolerance Policy outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. The Annual Report is approved and signed by the President of MTC. The Annual Reports are available on the MTC website. Agency policy notes that MTC may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes.</p>

	The previous PREA Annual Reports were reviewed by the Auditor prior to the audit.
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Auditor reviewed the following documentation:</p> <ul style="list-style-type: none"> • Facility PAQ • Zero Tolerance Policy • MTC Website <p>The PREA Compliance Manager and Facility Administrator secures all facility data in locked file cabinet in a locked office with restricted access as observed by the Auditor. The agency’s PREA Coordinator indicated that all data collected from facility reports plus the agency’s data from all of the allegations reported each year are contained in the agency’s secure PREA database. The data is aggregated and analyzed to improve the agency’s PREA program. The data is made readily available through the Annual Report which is posted on the agency’s website. Agency policy notes that the agency may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency’s PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes. The established retention schedule is 10 years for data collected or longer if required by state statute.</p> <p>The previous PREA Annual Reports were reviewed by the Auditor prior to the audit. The 2021 Annual PREA Report is available for review on the agency’s website, but not the 2022 report. The 2022 Annual Report will be completed by June 30, 2023.</p> <p>Auditor interviewed the following staff members:</p> <ul style="list-style-type: none"> • PREA Compliance Manager / Chief of Security • PREA Coordinator • Facility Administrator <p>Based on the above interviews and documentation review, the facility has met the standard.</p>

115.401	Frequency and scope of audits
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency Zero Tolerance policy states that during the three-year period starting on August 2013, and each three-year period thereafter, Management Training & Corporation (MTC) Contract Compliance Department shall ensure that each facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice. The review of the agency’s website confirms that PREA audits have been conducted on the agency’s facilities with audit dates over the last three years. According to the agency’s PREA Coordinator, during the three-year period beginning on August 20, 2013, MTC ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the first PREA audit for this facility. During the audit, the facility and agency provided the auditor full access to all areas of the facility and the Auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documents. Private interview space was provided to the Auditor for conducting staff and resident interviews. Staff interviews were held in an administrative conference room in the administrative building. Resident interviews were conducted in the program room. Posted signs advised residents they could send confidential information or correspondence to the auditor. The auditor received no correspondences.</p> <p>Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of the agency’s website MTC.com PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The auditor observed on the agency’s website final reports of the agency’s other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.</p> <p>This will be the first audit of this facility.</p>

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.)	yes
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?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	no

	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?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	no
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.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	no
	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.)	no
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