

PREA Facility Audit Report: Final

Name of Facility: Southeast Texas Transitional Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/30/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 05/30/2022

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	04/11/2022
End Date of On-Site Audit:	04/12/2022

FACILITY INFORMATION	
Facility name:	Southeast Texas Transitional Treatment Center
Facility physical address:	10950 Old Beaumont Hwy, Houston, Texas - 77078
Facility mailing address:	

Primary Contact	
Name:	Milton Johnson
Email Address:	mdjohnson@geogroup.com
Telephone Number:	713-351-1564

Facility Director	
Name:	Milton Johnson
Email Address:	mdjohnson@geogroup.com
Telephone Number:	713-351-1564

Facility PREA Compliance Manager	
Name:	Johnson Miltoneisha
Email Address:	miltjohnson@geogroup.com
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	500
Current population of facility:	478
Average daily population for the past 12 months:	470
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-72
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	76
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	13
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information

Name:	Trina Maso de Moya	Email Address:	tmasodemoya@geogroup.com
--------------	--------------------	-----------------------	--------------------------

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

3	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.217 - Hiring and promotion decisions • 115.288 - Data review for corrective action
---	---

Number of standards met:

38

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-04-11
2. End date of the onsite portion of the audit:	2022-04-12

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	500
15. Average daily population for the past 12 months:	470
16. Number of inmate/resident/detainee housing units:	8
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:	425
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:	1
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:	1
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:	1

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:	1
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
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:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	14
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	79
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:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input 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 type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	At Risk residents. Residents that worked during the daytime.
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Resident from all housing units were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<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:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<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 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>The auditor met with the intake staff (case managers) PREA compliance Manager and Facility Administrator prior to choosing resident to interview. The auditor also reviewed the at-risk log.</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>The auditor met with the intake staff (case managers) PREA compliance Manager and Facility Administrator prior to choosing resident to interview.</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>1</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 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>The auditor met with the intake staff (case managers) PREA compliance Manager and Facility Administrator prior to choosing resident to interview.</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>The auditor met with the intake staff (case managers) PREA compliance Manager and Facility Administrator prior to choosing resident to interview.</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>1</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>The auditor met with the intake staff (case managers) PREA compliance Manager and Facility Administrator prior to choosing resident to interview.</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>4</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>The facility does not have a segregation unit.</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>The facility identified one resident that was cognitively disabled and one resident that was hard of hearing. During the interview the cognitive resident was cooperative, understood and explained PREA reporting, how to avoid PREA incident, therefore was not interviewed utilizing the Protocol for Cognitive or Mental health concerns. One resident was identified as hard of hearing. He has recently received a new hearing aid and understood all information and was able to discuss PREA and general information with no concerns of hearing. Therefore, he was not interviewed utilizing the protocol for hard of hearing residents.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I interviewed all staff that were assigned to the facility during the audit. The center has three shifts, however each shift includes staff from the preceding shift and oncoming shift.</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):	8
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)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>There were no volunteers or contractors at the facility during the audit. The facility has contracting staff that provide insulin and pass out medication that is not allowed to be on person. During the audit there was one of these staff that have received training required to be in contact without staff being available. She was providing insulin and was not interviewed. At the time of the audit there was only one contractor that received training in the last 12 months.</p>
---	--

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 <input type="radio"/> No</p>
--	--

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

<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 <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 <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 <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 <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>During the site review, the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility Notices in English and Spanish provided to the facility during the Pre-Onsite Audit Phase were found displayed in various locations throughout the facility. PREA reporting information and other PREA posted information is in both English and Spanish and posted in all housing units and in numerous locations throughout the facility. Reminders of opposite gender announcements are stenciled near the entries of housing units.</p> <p>During the site review, the auditor spoke informally to residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Most residents were talkative and could articulate the agency polices about zero tolerance. When asked how staff would manage a resident that claims to be in imminent danger of sexual assault since there is no segregation unit, staff indicated they would stay with the resident and take him to a safe area. They would follow the protocol of not brushing his teeth, not taking a shower, not defecating, and would notify the major and medical since they would escort the resident to the observation room. All showers have curtains for privacy. All toilets had partitions and walls in front of the toilet area. Residents stated they are not seen by staff when showering or using the restroom. The residents stated that females announce their presence when entering their living unit and don't come in the area where they shower and use the toilet when that area is being utilized by residents. The intake staff was able to walk through all steps that residents would go through during intake.</p> <p>The staff provided me with a resident handbook, a resident PREA handbook and a PREA brochure. The staff provided a copy of the acknowledgment sheet residents sign after they have received the PREA orientation and comprehensive education. The staff indicated that after the video, they use the pamphlet to read to each resident. All residents interviewed stated they felt safe at the facility and were engaging with the auditor and staff accompanying the auditor.</p> <p>A review of the cameras were completed in the major's office. Each camera was reviewed to determine if it provided enhancements to safety and at the time allow residents to shower, change clothing, and use the toilet without being seen on the monitor.</p> <p>Throughout the tour of the center, residents were going out or coming in from work or job searches. Upon arrival, all residents take a urinalysis test and are searched by staff of the same gender.</p>
--	---

Documentation Sampling

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

<p>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.).

Resident Files Reviewed: Fifteen (15) resident records were reviewed. These records included the following information. • Identification Number • Date of Birth • Date of Arrival • Date of Screening • Date of Follow-up Screening • Date of Initial PREA notification • Date of PREA orientation/education: Employee Background Checks: Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) employees that had over five years tenure at the facility. All files contained background checks and annual training acknowledgement forms. Employee Training Records: Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, Investigator, PREA Compliance manager. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last six (6) months. The correctional staff indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Most staff interviewed stated they had received the questionnaire for their specific duties prior to the audit and were prepared for the audit. Investigations: The facility provided one investigation file from 0504 that was reviewed and documented on the PREA investigative work sheet provided to auditors. The file was thorough and included all information required for investigations. Unannounced Rounds: The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The auditor requested a specific date for unannounced PREA round and was provided with a PREA unannounced rounds document for that date.

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	3	0	3	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	4	0	4	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	0	0	0	0
Total	0	0	0	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	2	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	3	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	2	0	1	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	4	0	1	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	0
Total	0	0	0	0

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:	4
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE 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 abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment allegations during the last 12 months
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>113. Did your sample of STAFF-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 staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

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>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" 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 type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
---	---

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>Southeast Texas Transitional Center (STTC) Policy 0504-1-PREA Staffing and Facility Requirements</p> <p>PREA Agency Organizational Chart</p> <p>Facility Organizational Chart</p> <p>115.211 (a): The agency and center policies outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy and practices provide a zero-tolerance for all forms of sexual abuse and sexual harassment. Residents are informed orally about the zero-tolerance policy and the PREA program during in processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the resident's manual, and postings distributed throughout the center (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for residents who do not speak or read English. Both center staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The agency and center exceeds the standards with all the programs they have implemented to ensure the residents and staff understand its position on zero- tolerance.</p> <p>115.211 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. Within the GEO PREA coordinator office are additional staff that provides technical assistance to PREA compliance managers, conducts yearly PREA assessments for each facility, and provides quality control in reviewing all investigations, incident review reports and PREA audits. GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts.</p> <p>GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates PREA Compliance Manager's position within the facility. GEO and Facility policy outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director and the agency's PREA Coordinator. STTC compliance manager is extremely knowledgeable of PREA standards and has a team of staff that assist in carrying out the duties of the PREA Compliance Manager (PCM). The facility administrator interviews confirmed that the center meets on a regular basis to discuss facility's efforts to comply with PREA and to develop a culture to maintain a Safe environment for staff and residents.</p> <p>The facility exceeds expectations through the collaborative measures that operations, therapist, unit managers, PREA compliance manager, facility administrator and facility director that make STTC a sexual safe environment. The facility had developed best practices and utilizes the tools that are available through PREA to foster a sexual safe culture for staff and residents. This includes the screening instrument, rescreening instrument, videos that provide PREA orientation and training, and reviewing the standards on a regular basis to ensure all stakeholders are aware of the culture the facility has developed at the facility.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Not Applicable for GEO facilities</p> <p>Southeast Texas Transitional Center (STTC) Policy 0504-1-PREA Staffing and Facility Requirements</p> <p>STTC Contract with Texas Department of Criminal Justice</p> <p>The facility does not contract with other entities to house residents. A review of the documentation submitted substantiates that the Texas Department of Criminal Justice requires the entities which they contract for the confinement of residents (residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. Compliance was determined by review of facility contract agreement and interviews with the GEO PREA coordinator.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Corporate Policy: 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>STTC Policy 0504-1-PREA Staffing and Facility Requirements</p> <p>Approved Facility Staffing Plan</p> <p>Annual PREA Facility Assessment</p> <p>Camera Purchase Order</p> <p>PREA Unannounced Supervisor Round Log</p> <p>Security Staff Schedule Sample</p> <p>Facility diagram with cameras locations</p> <p>115.213 (a): The GEO Group has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The center is not under any Federal adjudication. The TDCJ contract does stipulate there will be a ratio of 1 to 60 during day hours.</p> <p>115.213 (b): There were no deviations from the contractually approved staffing plan during the review period. The facility maintains the required staff-to-resident ratio at all times. In the event of staff vacancies, callouts or PTO requests, the facility will use overtime as needed to ensure all shifts are covered in accordance with staffing plan.</p> <p>115.213 (c): GEO conducts an annual PREA facility assessment. PREA assessments for the last 3 years were reviewed by the auditor. The present staffing plan is based on 500 residents while the number of residents assigned to the facility during the audit was 425. The facility has a mandatory staffing plan that requires the center to provide over time, call in, and use of specialized staff to provide staff to meet the mandatory posts. All staff at the facility are provided training on providing direct care supervision of residents.</p> <p>During the tour of the facility, there were staff noted in the general areas wherever residents were located. The camera system provides additional support for providing supervision of the population. Random staff interviewed during the tour indicated they are required to be relieved from their post prior to leaving their assigned post. All staff interviewed indicated they felt safe at the facility. It was noted during the tour that residents were coming and going to work in the community at all times of the day. There were direct care staff assigned to each of the living unit.</p> <p>Compliance was determined by review of policies, documents viewed during the tour of the facility, review of the cameras and interviews with PREA compliance manger and facility administrator.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>STTC Policy 0903-1 Resident Searches, Urinalysis, and Contraband</p> <p>PREA Staff Training Curriculum (Pre-Service/In-Service)</p> <p>PREA Staff Training Acknowledgements</p> <p>Random Staff Training Files</p> <p>115.215 (a): Based on review of GEO policy 5.1.2-A, and facility policy 0903-1, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.</p> <p>15.215 (b): STTC houses male and transgender female residents. GEO policy 5.1.2-A, and facility policy 0903-1 clearly defines that transgender cannot be examined to determine their genital status. All staff interviewed acknowledge they had received training on cross gender pat down searches and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility administrator and PCM indicated that the facility would not restrict access due to a resident's gender. The facility administrator indicated that the decision to house a transgender resident would be determined by the resident's preference and the overall security and safety of the resident population. A transgender resident was interviewed and stated she was able to discuss her housing plan during intake. She indicated she had been in prison for many years and felt comfortable with her housing arrangement.</p> <p>115.215 (c): GEO policy 5.1.2-A, and facility policy 0903-1 mandate that all gross gender searches be documented. Based on interviews with PCM and facility administrator and PAQ there have been no cross-gender searches at the facility.</p> <p>115.215 (d): The agency and facility has policies and practices that allow residents to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when entering opposite-gender housing units or restroom areas. All residents are required to change their clothes in the resident bathroom area to ensure their privacy. Signs posted near the restroom area informs residents that the restroom is an authorized changing area. In the event a staff observes an opposite-gender resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the Facility Administrator. In interviews with residents, they all feel they have privacy to shower, toilet, and change clothing when opposite gender staff are in their housing area. They also reported that staff do not come into the restrooms area of the other gender and all staff advise resident they are entering the showering and toilet areas. All showers and toilets had curtains that allowed privacy for residents to shower. There are signs located in the front of each housing unit reminding staff to announce their presence when entering a housing unit. A review of the showering areas confirmed there was privacy for residents to shower, use the toilet and dress in privacy.</p> <p>115.215 (e): GEO policy 5.1.2-A, and facility policy 0903-1 clearly defines that transgender residents cannot be examined to determine their genital status. The center would determine the housing plan and genital status by interviews by medical professionals in consultation with Texas Department of Criminal Justice. All staff interviewed acknowledge they had received training on cross gender pat down searchers and were aware of the policy that forbids staff from examining a transgender person to determine their genital status. Local policy mandates that transgender residents will be offered a preference on gender to conduct pat down searches. The facility administrator and PCM indicated that the facility would not restrict access due to a resident's gender identification.</p> <p>115.215 (f): All employees of STTC receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. The Guidance in Cross-Gender and Transgender Pat Searches lesson plan was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receiving and understanding the training provided. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually through on-line training. There was one transgender or intersex resident assigned to the facility during the on-site audit. She stated she felt safe at the facility and stated that all residences are allowed to shower by themselves at the facility.</p>

Residents that were interviewed indicated they have not been searched by staff of the other gender. There are showers curtains around the showers. There are partition in the restrooms.

Compliance was determined by interviews with residents, direct care staff and review of policies and practices.

115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>STTC Policy 1702-1 PREA Intake and Orientation</p> <p>PREA Education Manual for Residents- English</p> <p>PREA Education Manual for Residents- Spanish</p> <p>PREA Education Manual for Residents- English (Large Print)</p> <p>PREA Education Manual for Residents- Spanish (Large Print)</p> <p>Photo of the Telecommunication Device for the Deaf (TDD)</p> <p>Resident Reporting Options Posters (English/Spanish)</p> <p>Language Line Contract</p> <p>PREA Posters in English and Spanish</p> <p>PREA Posters in Large Print for English and Spanish</p> <p>Statement of Fact (No resident interpreters)</p> <p>115.216 (a): GEO and STTC policies mandates that the facility shall not discriminate against residents with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Through policy and practice, the facility staff ensures that residents with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. There were no deaf or blind resident housed at the facility during this audit period. The facility has TTY telephone and hard of hearing telephones for residents. The facility population includes older residents that have vision and hearing associated with their age. However, in reviewing the population with staff and interviewing the resident population there were no resident that were blind or deaf. The PREA manual is provided in English and Spanish in Large Print. The facility unit manager's supervisor indicated that all orientation and comprehensive education is read to the residents, and they sign a statement acknowledging they understand the PREA program. She indicated that residents with learning disabilities are provided the same training program, however all of the training programs at the center are individualized and learning-disabled residents are provided training including reading documents. The facility has a Language Line Contract.</p> <p>115.216 (b): All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has access to translation services for written access in other languages. Staff also may read information to residents when necessary. Agency and facility policies prohibit residents to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. All staff interviewed indicated they would utilize staff that were bilingual or the language line if staff were not available. There were no EPL residents at the facility during the audit.</p> <p>115.216 (c): The facility administrator provided a memo of record indicating that the center has not utilized resident interpreters, resident readers, or other types of resident assistants during this accreditation period. The use of residents under these circumstances must be justified and documented in a written investigative report. Staff interviewed knew residents were not to be used for these purposes. Interviews with first responders, and monitors confirmed their awareness of the prohibition of using resident interpreters for PREA compliance functions.</p> <p>Compliance of this standard by review of policies, contracting agreement and interviews with intake staff, PREA compliance manager and facility administrator.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 1469 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 423 852 450">STTC Policy 0504-1- PREA Staffing and facility requirements</p> <p data-bbox="242 483 453 510">New Hire Application</p> <p data-bbox="242 544 632 571">GEO Background Check on New Hires</p> <p data-bbox="242 604 922 631">Annual Performance Evaluation & Disclosure (PREA Questionnaire)</p> <p data-bbox="242 665 528 692">Promotion PAF & Disclosure</p> <p data-bbox="242 725 539 752">Five Year Background Check</p> <p data-bbox="242 786 1214 813">Background Random Background Checks for new hires, promotions, and five years tenured staff.</p> <p data-bbox="242 846 1485 1187">115.217 (a): All employees, contractors and volunteers have had criminal background checks completed prior to being employed by STTC. The facility does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor or volunteer that may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other center; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with residents. The facility utilizes Accurate a private vendor to conduct background check on all applicants. TDCJ mandates that the center forwards a fingerprint to the Texas division of background check for a NCIC background check on all employees and contractors. Volunteers must submit the same information through the TDCJ Volunteer program.</p> <p data-bbox="242 1220 1485 1346">115.217 (b): GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. There is a questionnaire that all persons applying for a position or applying for a promotion must complete that ask if they have any incidents of sexual abuse or sexual harassment.</p> <p data-bbox="242 1379 1485 1603">115.217 (c) The agency requires all applicants and employees who may have contact with residents have a criminal background check. Criminal background checks for all potential employees are completed through a contract with Accurate. For those considered for promotions or who transfer from another facility, an internal background check through GEO is requested on the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer form (HR-104), and an "Accurate" background check is conducted. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested through Accurate. From information provided on the Preaudit Questionnaire, in the past 12 months, twenty-nine (29) criminal background checks were completed on employees.</p> <p data-bbox="242 1637 1485 1727">115.217 (d): The facility performs criminal background checks through Accurate before enlisting the services of any contractors. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were fourteen (14) criminal background checks conducted for volunteers or contractors.</p> <p data-bbox="242 1760 1485 1850">115.217 (e): Criminal background checks are conducted through Accurate every five years for employees. The facility provided several five-year background checks and the auditor randomly requested background check on staff that had five-year tenure at the facility.</p> <p data-bbox="242 1883 1485 2040">115.217 (f): The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions – PREA Related Positions form (PREA-102). Annually at the time of performance evaluations, employees sign a PREA Disclosure and Authorization – Annual Performance Evaluations form (PREA-101).</p> <p data-bbox="242 2074 1485 2163">115.217 (g): GEO and the facility policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct. This was verified by interviews with the administrative staff.</p>

115.217 (h): Unless prohibited by law, GEO's Reentry Services Corporate Human Resource Department will 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 the individual has applied for work.

Exceed compliance was determined by thorough background check complete utilizing Accurate and additional background check are conducted by the TDCJ background check division. A review of random files confirmed exceed compliance with this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="244 331 1469 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="244 423 847 450">STTC Policy 0504-1 PREA Staffing and facility requirements</p> <p data-bbox="244 483 780 510">PREA Annual Facility Assessment for last three years</p> <p data-bbox="244 544 1091 571">115.218 (a): The facility has not made any major modifications in the last three years.</p> <p data-bbox="244 604 1398 663">115.218 (b): The facility has an annual PREA assessment that includes noted no needs for cameras and monitoring upgrades. The facility had a major upgrade in cameras and monitoring equipment during the last five years.</p> <p data-bbox="244 696 1453 754">Compliance was determined by review of the camera mapping program, review of camera placement, and interviews with facility administrator.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)

STTC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)

MOU with Harris Health Center – Ben Taub Hospital for SAFE/SANE Provider Information

MOU Montrose Center Victim Advocate

Statement of Fact (No request for victim advocacy services)

115.221 (a): GEO policy 5.1.2-E, facility policy 0803-1, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. Per contract agreement it shall be the responsibility of and TDCJ-Office of Inspector General (OIG) and/or other local law enforcement to conduct all investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the TDCJ OIG investigator or an alternative source. Facility Director/designee shall make notification to the TDCJ Contract Monitor and GEO Reentry Services Regional Director in accordance with Southeast Texas Transitional Center policy regarding the reporting of Serious or Unusual Incidents. OIG is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The OIG may request that the facility conduct administrative investigations. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.221 (b): The agency and the facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Compliance was determined by interview with Facility investigator.

115.221 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. The center has an MOU with the Harris Health Center – Ben Taub Hospital where resident victims of sexual abuse are referred for forensic exams. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no residents referred for a forensic exam. SANE staff were interviewed and indicated they have staff on call to conduct SANE for any person that suffers from sexual abuse/assault.

115.221 (d): The facility has a MOU with Montrose Center. The MOU states the Montrose Center will provide trained specialist to help identify and prioritize the needs of the victim, and connect them with helpful resources; provide information informing the victim of their rights under the law, and referrals for legal consultation and representation when ready; provide the victim with a support advocate to accompany them during medical exams, legal and or court appointments; and provide confidential emotional support services related to sexual abuse consistent with those that are provided to the community. The MOU was executed November 2018. The residents may also be referred to an outside local agency for services through a Victim Advocate Referral Form. 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 PREA Compliance Manager confirmed the practice for forensic exams and victim advocacy services.

115.221 (e): As requested by the victim, the victim advocate accompanies and support the victim through the forensic medical examination process and investigatory interviews.

115.221 (f): According to facility policy 0803-1, and in interviews with the hospital all forensic evidence is provided to the Houston Police Department for tagging and sending to Texas Crime Lab. It is the responsibility of the law enforcement to conduct all investigations and ensure all forensic evidence is collected and preserved. Criminal investigations are conducted by the Houston Police Department.

Residents are made aware of the victim advocate services available to them and how to access them in the PREA Education Manual for Residents and on Resident Reporting Options posters displayed throughout the facility in both English and Spanish. When interviewed, every resident knew how to access information if needed. Residents indicated that the center provides this information on an ongoing basis. A call made during the tour of the facility was answered by a staff from the Montrose Center. The facility has no SANE/SAFE during the last 12 months.

Compliance was determined by interviews with investigators from OIG office, facility investigators, staff from the Montrose Center, emergency room staff at Ben Taub Hospital and the facility administrator and PREA compliance manager

115.222	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>5.1.2-E Investigating Allegations of Sexually Abusive Behavior</p> <p>PREA Monthly Investigation Tracking Log</p> <p>GEO Website (Investigations)</p> <p>STTC Policy 0504-6 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>115.222 (a): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated y an agency with criminal authority unless the allegation is not criminal in nature. At STTC Texas Department of Criminal Justice is notified of all allegations of sexual abuse and sexual harassment. Allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR). There were 3 allegations of resident-on-resident sexual abuse (2 ongoing and 1 unsubstantiated) and 1 allegation of staff-on-resident sexual abuse (unsubstantiated). All were reported to TDCJ-OIG and referred to facility for investigation.</p> <p>115.222 (b): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior mandate that all allegations of sexual abuse will be investigated by an agency with criminal authority unless the allegation is not criminal in nature. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the Monthly PREA Tracking Log. In the past 12 months, there were 4 allegations of sexual abuse reported. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at https://www.geogroup.com/prea.</p> <p>115.222 (c): GEO Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior and GEO website provides the role and responsibility of staff in the investigative process. The center coordinated response also provides the facilities duties in the investigative process. Staff carry PREA cards that outlined their duties in cases of a sexual abuse allegation at the center. All staff were aware of their duties.</p> <p>The facility has three certified investigators at this time. All allegation or referred to TDCJ OIG. OIG can investigate or refer to local law enforcement if it is criminal in nature. If it is not criminal in nature OIG may conduct the investigations or transfer back to the facility investigator to conduct an administrative investigation. Compliance was determined by review of the policy and interviews with facility administrator, Investigator and PREA compliance manager.</p>
---------	---

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

STTC Policy 0504-1 PREA staffing and Facility Requirements

PREA Staff Training Curriculum (In-Service/Pre-Service)

PREA Staff Training Acknowledgement

Random Training Acknowledgement

115.231 (a): All staff are provided an Employee handbook that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the residents and preserving the possible crime scene. Training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- Residents and employees' rights to be free from retaliation for reporting sexual abuse and sexual harassment.

Dynamics of sexual abuse and sexual harassment in confinement.

- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Cross Gender & Pat Searches & Searches of Transgender and Intersex

Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. Yearly refresher training is required by all staff utilizing a Computer Based PREA training program and classroom instruction. All staff interviewed were aware and could explain each of the above topics.

115.231 (b) STTC houses adult male residents. The training provided is tailored to meet the needs of male residents.

115.231 (c): STTC Policy mandates that all employees, contractors, or volunteers receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to working with residents. PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies. According to the PAQ 76 staff, which is 100 % of their staff received training during the last 12 months.

115.231 (d): STTC Policy mandates that all employees shall document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received. The form shall be used to document Pre-Service and In-Service PREA training. Volunteers and Contractors shall receive annual refresher training and document through signature on the GEO issued PREA Basic Training Acknowledgement Form to verify they understand the training they have received.

The center conducts training quarterly in staff meetings, shift briefings and training flyers on a regular basis. Based on the knowledge of interviews with staff it was determined that the facility exceeded the expectations of this standard.

The facility provided samples of staff training. The auditor requested random training files for investigators, facility administrator, and 10 other files, that were reviewed. All files contained pre-service and annual in-service training.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 423 858 450">STTC Policy 0504-1 PREA staffing and Facility Requirements</p> <p data-bbox="240 483 887 510">Sexually Abusive Behavior Prevention and Intervention Program</p> <p data-bbox="240 544 655 571">Volunteer/Contractor Training Curriculum</p> <p data-bbox="240 604 424 631">Statement of Fact</p> <p data-bbox="240 665 1485 880">115.232 (a): STTC ensures all volunteers who have contact with residents are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, outline the requirements for PREA training for contractor and volunteer. This training includes their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The contractor is no longer providing services to the facility. There was a total of 1 contractor that have received training in the last 12 months. There are 0 volunteers that have received volunteer training in the last 12 months. The facility had contractor and volunteers. However, those services have been suspended during the pandemic.</p> <p data-bbox="240 913 1485 1008">115.232 (b): Volunteers complete Sexually Abusive Behavior Prevention and Intervention Program and sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the training received. Specialized staff such as medical receive additional training specific to the medical training standard</p> <p data-bbox="240 1041 1469 1099">115.232 (c): All volunteer, and contractor files from 2019 were reviewed and include background check and annual training acknowledgements.</p> <p data-bbox="240 1133 1437 1191">Compliance was determined by review of policy, training curriculum, training files and interviews with PREA compliance manager and facility administrator.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 1469 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 423 740 450">STTC Policy 1702-1 PREA intake and Orientation</p> <p data-bbox="240 483 767 510">PREA Resident Education Manual (English/Spanish)</p> <p data-bbox="240 544 512 571">Acknowledgement Receipt</p> <p data-bbox="240 604 644 631">PREA Video Acknowledgement Receipt</p> <p data-bbox="240 665 852 692">PREA Resident Reporting Options Posters (English/Spanish)</p> <p data-bbox="240 725 788 752">PREA Resident Reporting Options Posters Large Print</p> <p data-bbox="240 786 1493 1126">115.233 (a): Based on GEO policy 5.1.2-A, and facility policy 1702-1 Intake and Orientation, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In interview with the Case Managers who provides the PREA Education Manual for Residents to the residents and shows the PREA: What You Need to Know video. Resident are asked to sign an acknowledgement statement while they are still in the intake area. The Case Manager provides resident PREA education, during the intake process or the following morning. On information reported on the Pre-Audit Questionnaire, there were 2271 residents assigned to STTC in the past 12 months and all residents assigned received PREA education. All resident interviewed indicated they saw a video when they first arrived at the facility and the PREA compliance manager went over the PREA handbook. During this training the PREA compliance manager provided information of the victim support agency. Residents again sign an acknowledgement that they received and understood the PREA training program.</p> <p data-bbox="240 1160 1453 1249">115.233 (b): Residents who transfer to the facility from a different community confinement facility receive the same PREA education that all newly assigned residents receive. In the past 12 months, there were no residents who transferred to the facility from another community confinement facility,</p> <p data-bbox="240 1283 1477 1709">115.233 (c): Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all residents, including those with disabilities and those who are limited English proficient. Each resident shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of the interpreter services as appropriate. For residents who are hearing impaired, the facility has a telecommunication device for the deaf (TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For resident with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those residents who are blind, staff shall read the information to those individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training. The PREA Education Manual for Residents is provided in both English and Spanish and in large print for residents with low vision. The PREA: What You Need to Know video is available in English and Spanish. A contract with the Language Line Solutions provides translation of any languages.</p> <p data-bbox="240 1742 1469 1899">115.233 (d): The facility maintains documentation of residents' participation in PREA education sessions. Residents sign an Acknowledgement of Receipt of PREA Education Manual and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the PREA: What You Need to Know video. In review of random resident files, the facility is maintaining documentation of PREA education. This same information is uploaded on the GEO Offender Management System.</p> <p data-bbox="240 1933 1469 2159">115.233 (e): There are PREA posters located throughout the facility. Residents interviewed acknowledged receiving written PREA information upon arrival to the facility and viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment. This educational program doesn't stop at the orientation and comprehensive education program. When supervisory staff make their monthly unannounced PREA rounds, residents are interviewed about differing topics to do with PREA. The residents have continuous and readily available PREA education through the facility handbook, Sexual Assault Awareness Program brochure, and the PREA Educational Manual for Residents provided to each resident at admission. Information is also available through posters</p>

including the Resident Reporting Options and No Means No 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 acknowledged they have received PREA information upon arrival including the handbook and watching a video. They were able to explain how to report an incident and were aware of the zero-tolerance policy. Due to the knowledge of residents interviewed and to the continuous reinforcement of PREA the facility was found to meet the requirements of this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="229 318 1509 380">Corporate Policy-5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA)</p> <p data-bbox="229 380 1509 443">GEO Training Curriculum</p> <p data-bbox="229 443 1509 506">Certificate of Completion</p> <p data-bbox="229 506 1509 658">115.234 (a): GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. There are three trained facility investigators at STTC. All allegations of sexual abuse or sexual harassment that are not criminal in nature and referred back to the center for investigations are investigated by trained investigators. Based on OIG staff interviews, the OIG staff have received training beyond the requirements of the standard.</p> <p data-bbox="229 658 1509 810">115.234 (b): The GEO training programs includes Specialized training of Investigators. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training for Investigating Sexual Abuse is conducted through GEO Reentry training staff.</p> <p data-bbox="229 810 1509 904">115.234 (c): GEO maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations on the GEO training data base.</p> <p data-bbox="229 904 1509 981">Compliance was determined by reviewing training curriculum from other audits, interviews with a GEO certified auditor and interviews with PREA coordinator.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>Statement of Fact</p> <p>Policy mandates that any fulltime, part time or volunteer medical and mental health staff will receive specialized training as required by this standard. STTC does not have any medical or mental health staff assigned to the facility.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 1469 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 423 608 450">STTC Policy 1702-1 Resident Intake</p> <p data-bbox="240 483 624 510">Reentry Facility Screening Instrument</p> <p data-bbox="240 544 592 571">PREA Vulnerability Reassessment</p> <p data-bbox="240 604 293 631">PAQ</p> <p data-bbox="240 665 1485 947">115.241 (a): STTC Policy 1702-1 Resident Intake requires that every resident shall be assessed during intake and upon transfer for their risk of being sexually abused by another resident in STTC or being sexually abusive towards another individual (staff or resident) in STTC. Intake risk screening shall ordinarily take place within 24 hours of arrival at the facility. A designated intake staff or case management staff will conduct all screening of prospective residents. Persons tasked with screening shall conduct a thorough review of any available records (i.e. medical files or pre-sentence investigation reports, etc.) which can assist them with the risk assessment. A review of 15 resident files, interview with 27 residents, and interviews with the intake staff confirmed that all residents are assessed during intake and upon transfer for their risk of being sexually abused by another resident in STTC. On information provided on the Pre Audit Questionnaire, in the past 12 months 2088 residents assigned to STTC were assessed for their risk of victimization or abusiveness upon arrival.</p> <p data-bbox="240 981 1469 1070">115.241 (b): Intake screening ordinarily takes place within 24 hours of residents' arrival to the facility. The facility exceeds in this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files, intake screening is conducted within 48 hours of arrival to the facility.</p> <p data-bbox="240 1104 1469 1162">115.241 (c): Intake risk assessments are conducted by case managers using the Reentry Facilities PREA Risk Assessment, an objective screening tool.</p> <p data-bbox="240 1196 1150 1223">115.241 (d): The Screening for Risk of Victimization and Abusiveness include the following:</p> <ul data-bbox="240 1249 1406 1733" style="list-style-type: none"> · Whether the resident has a mental, physical, or developmental disability. · The age of the resident. · The physical build of the resident. · Whether the resident has previously been incarcerated. · Whether the residents' criminal history is exclusively nonviolent. · Whether the resident has prior convictions for sex offenses against an adult or child. · Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. · Whether the resident has previously experienced sexual victimization. · The resident's own perception of vulnerability; and <p data-bbox="240 1769 1453 1859">115.241 (e): The screening includes the screener's thorough review of any available records available to assist with determining the resident's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.</p> <p data-bbox="240 1892 1469 2049">115.241 (f): Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their Program Counselor for their risk for victimization and abusiveness using the PREA Vulnerability Questionnaire. On information provided on the Pre-Audit Questionnaire, in the past 12 months 1222 residents were reassessed for their risk of victimization and abusiveness within 30 days of arrival to the facility. In review of random resident files, this process is in place.</p> <p data-bbox="240 2083 1469 2141">115.241 (h): A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. The unit manager supervisor indicated that any staff that has any concerns about</p>

the resident can request he be reassessed.

115.241 (j): STTC Policy 1702-1 Resident Intake addresses this standard. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility. The Facility Administrator, PREA Compliance Manager and Case Managers have access to screening information.

In interview with the case managers, PREA compliance manager and Unit Manager Supervisor and in review of random resident files, the screening process is in place. Further the facility utilized the screening and reassessment as a tool to manage the safety of the resident at the facility. Based on review of this standard it was determined that his standard meets these expectations.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 304 1353 331">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="240 360 1473 423">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="240 452 751 479">STTC 1702-1 STTC Policy 1702-1 Resident Intake</p> <p data-bbox="240 508 624 535">Reentry Facility Screening Instrument</p> <p data-bbox="240 564 592 591">PREA Vulnerability Reassessment</p> <p data-bbox="240 620 478 647">Referral for Counseling</p> <p data-bbox="240 676 363 703">At-Risk Log</p> <p data-bbox="240 732 549 759">Transgender Preference Form</p> <p data-bbox="240 792 1489 1760">115.242 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. GEO policy and facility policy explains the use of PREA screening information. When the risk assessment indicates the resident scores as a potential victim or abuser, it is reviewed by the Case Manager Supervisor and forwarded to the PREA compliance Manager to place the resident on the at[1]risk logs. If a resident is identified at risk for victimization or abusiveness, they are placed on a At Risk Log. The PREA Compliance Manager maintains a PREA At-Risk of Being Victimized log for residents who are identified as being potential victims, a PREA At-Risk for Abusiveness Log for residents who are identified from screening to be a potential abuser, and a PREA At-Risk of Being Victimized/Abusive log for residents who are identified as being a victim and abuser. The PREA Compliance Manager stated the logs are updated daily and reviewed weekly for accuracy. The at-risk logs current housing locations and will be used to assist in making housing placements per the Case Manager Supervisor and PREA Compliance Manger. The facility has dedicated specific housing units for residents at-risk for victimization, at-risk of abusiveness, and residents that score positive for both. If the resident is identified at high risk of sexual victimization, the resident is housed in building 6. If the resident is identified as a potential sexual abuser, the resident is housed in building 3. If a resident scores for both, the resident if housed in building 5. The interviews with the Case Manager Supervisor and the PREA Compliance Manager indicated that housing and program assignments are made on a case by case basis with consideration of the PREA risk factors. In review of completed risk assessments in the resident files, the Auditor determined the facility is utilizing collected data, such as the residents physical characteristics (build and appearance), age, whether the resident has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the resident is perceived to be Lesbian/Gay/Bi-Sexual/Transgender/Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual resident regarding housing. Residents that claim victimization or history of predator sexual behavior prior to coming to the center, including prior to be incarcerated is provided a referral form and ask it they would like to talk to a mental health professional. The center utilizes the Montrose Victim Advocate program for mental health referrals. The Montrose indicated that residents are brought to the center or can call the center for counseling and mental health evaluation. A review of the at risk log noted that none of the predator resident agreed to see a mental health professional and one of the victim residents requested he be referred. He was interviewed and indicated he had called the Montrose Program when he first arrived at the center. According to policy, interviews and referrals, all referrals are within 14 days of arrival at the center.</p> <p data-bbox="240 1792 1489 1984">115.242 (b): STTC Policy 1702-1 Resident Intake and interviews with the Unit Manager and Case Manager supervisor requires that screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" is kept current and includes current housing locations. Each resident's screening is utilized along with interviews with the residents for placement on an individual basis.</p> <p data-bbox="240 2016 1461 2110">115.242 (c): The PREA Compliance Manager also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI.</p>

115.242 (d): Housing and Programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her own safety. The facility shall use the approved "GEO PREA Vulnerability Reassessment Questionnaire" to conduct the reassessment and six-month reassessment.

115.242 (e): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities mandates that all transgender or intersex residents will be allowed to shower separately from other residents.

115.242 (f): GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. Interviews with three lesbian and two gay residents confirmed that they are housed in separate housing units.

At the time of the audit there was one transgender resident assigned to the facility. She was interviewed utilizing the protocol for interviewing target residents. She indicated she had been in prison for a long time and felt safe at STTC. She is presently job hunting and is allowed to go on job seeking passes daily. She can shower by herself as are most of the residents in her building, regardless of gender identification. Interviews with the facility administrator, PREA compliance manager, unit manager supervisor, case managers and resident confirmed that the facility will reassess and based on interviews with resident and monitors will reassign residents to ensure that safety is maintained. Based on these interviews it was determined that the facility meets the expectations of this standard.

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>Employee Reporting Options Poster</p> <p>GEO Website (Staff Reporting Info)</p> <p>Resident Reporting Options Poster</p> <p>PREA Resident Education Manual (Resident Reporting Options)</p> <p>115.251 (a)(b): The facility provides provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. As stated in GEO policy 5.1.2-A, and facility policy 1702.1, the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the PREA Education Manual for Residents, and on the Resident Reporting Options poster indicates residents can Inform a Staff Member Immediately</p> <p>Contact the Facility PREA Compliance Manager.</p> <p>If you do not feel comfortable informing a staff member in person or in writing, you or a third party can report anonymously.</p> <ul style="list-style-type: none"> · RAINN National Advocacy Hotline: 1-800-656-4673 · Houston Police Department Sex Crime Unit 713-308-1180 · TDCJ Hotline 800-535-0283 · TDJC PREA Ombudsman Office P.O. Box 99- Huntsville, Texas 77432-0099 <p>The auditor contacted the RAINN National Advocacy Hotline, TDCJ Hotline and spoke with the TDJC Ombudsman's Office. The TDJC will accept written allegations of sexual abuse from residents and telephone calls from third party stakeholder to make a report. RAINN Hotline provided two options. One was to report an allegation as a third party or second to refer resident to a local advocacy program for emotional support.</p> <p>115.251 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner. When interviewed all staff indicated they would accept all calls, verbal reports and third-party reports and would document and immediately report to their supervisor. GEO training includes staff responsibilities to report all allegations of sexual abuse, sexual harassment, staff neglect, or retaliation for making a report.</p> <p>115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for resident and staff reporting was found on the GEO website (https://www.geogroup.com/prea). Third-Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting.</p> <p>Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.</p> <p>All resident interviewed were aware of the multiple ways to make reports of allegations of sexual abuse or sexual harassment. The majority of the residents stated they would tell staff. Each resident stated they had received information on how to report an allegation and knew they were able to contact a third party to make a report on their behalf.</p> <p>Compliance was determined by testing the telephone system, interviews with residents, staff, unit managers, victim advocates, PREA compliance manager, and facility administrator. The center provides multiple ways residents can make allegations of sexual abuse or sexual harassment.</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 1473 389">Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p data-bbox="242 418 753 448">STTC Policy 0805 -1-- Resident Grievance System</p> <p data-bbox="242 477 632 506">PREA Education Manual for Residents</p> <p data-bbox="242 535 443 564">Resident Handbook</p> <p data-bbox="242 593 293 622">PAQ</p> <p data-bbox="242 651 1473 779">115.252 (a): GEO policy 5.1.2-A, Sexual Abuse Grievances section and STTC Policy 0805 -1-- Resident Grievance System provides a procedure for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to residents on PREA Education Manual for Residents, Resident Handbook and PREA posters.</p> <p data-bbox="242 808 1485 1039">115.252 (b): There is no time limit when a resident can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.</p> <p data-bbox="242 1068 1490 1196">115.252 (c): Based on agency and facility policies, residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. Residents may submit grievances to the Facility Administrator or to GEO's PREA Coordinator. If a third-party file a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p data-bbox="242 1225 1493 1420">115.252 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level.</p> <p data-bbox="242 1449 1485 1644">115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.</p> <p data-bbox="242 1673 1485 1899">115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for residents to file emergency grievances is found in GEO policy 5.1.2-A. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.</p> <p data-bbox="242 1928 1445 1995">115.252 (g): A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith. There have been no disciplinary action due to filing a grievance in bad faith.</p> <p data-bbox="242 2024 1409 2085">Compliance was determined by review of the policies, interview with the PREA compliance managers, residents, and presence of grievance forms and grievance boxes.</p>

115.253	Resident access to outside confidential support services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1353 300">The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 762 358">GEO Corporate Policy 5.1.2-A Contract for Services</p> <p data-bbox="242 387 572 416">Resident Orientation PowerPoint</p> <p data-bbox="242 445 676 474">Acknowledgement of Receipt of Orientation</p> <p data-bbox="242 504 521 533">Residents PREA Handbook</p> <p data-bbox="242 562 355 591">PREA flyer</p> <p data-bbox="242 620 510 649">Resident PREA Handbook</p> <p data-bbox="242 678 536 707">MOU with Ben Taub Hospital</p> <p data-bbox="242 736 727 766">Acknowledgement of Receipt of Handbook/Flyer</p> <p data-bbox="242 795 437 824">TDCJ Ombudsman</p> <p data-bbox="242 853 458 882">The Montrose Center</p> <p data-bbox="242 911 1461 999">115.253 (a): GEO Corporate Policy 5.1.2-A addresses the agency/facility's policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. The Southeast Texas Transitional Center enables reasonable communication between the residents and these agencies in a confidential manner.</p> <p data-bbox="242 1028 1490 1491">115.253 (b): STTC has a MOU with The Montrose Center for emotional support. The information is posted on the resident bulletin board. The resident handbook contains the telephone number of the rape crisis center hotline which would also provide emotional support. TDCJ Ombudsman provides and address for resident to write and request emotional support. When contacted she indicated her office provides emotional support and reporting of sexual abuse. Residents are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. Telephone calls to the advocacy group are not routinely monitored but will be reviewed if there is suspected misuse of the service. Residents PREA Handbook provides a phone number of the advocacy program. The resident may also contact the TDCJ Ombudsman for emotional support by writing them. This information is also posted on the resident bulletin board. The information is posted on the wall and found in the resident PREA handbook. The facility also provides a telephone number and address of RAINN a national victim advocate and emotional support network. They indicated that they would provide the service free of charge for the resident population. If requested, they would set up a time for the residents to have a private consultation with one of their trained staff. The faciity PREA compliance manager indicated she would arrange for the meeting or phone call and showed the auditor private offices that could be utilized by residents and victim emotional support staff.</p> <p data-bbox="242 1520 1485 1615">115.253 (c): STTC contracts with Ben Taub Hospital to provide emergency medical services and SAFE/SANE examinations. Staff at the hospital indicated the hospital had a SART team that includes and emotional support network if a resident is sexually assaulted.</p> <p data-bbox="242 1644 1490 1709">Compliance was determined by review of the handbook, and interviews with staff at Rape Crisis Center and the facility PREA compliance manager.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="231 324 1508 369">GEO Policy 5.1.2-A</p> <p data-bbox="231 369 1508 414">Third Party Posters</p> <p data-bbox="231 414 1508 459">Employee PREA cards</p> <p data-bbox="231 459 1508 504">GEO website</p> <p data-bbox="231 504 1508 548">TDCJ Ombudsman Information</p> <p data-bbox="231 548 1508 593">Texas Department of Criminal Justice Website</p> <p data-bbox="231 593 1508 795">115.254 (a) Based on GEO policy 5.1.2-A the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Residents are informed of third party reporting on PREA posters displayed in both English and Spanish.</p> <p data-bbox="231 795 1508 952">The method for third party reporting procedures is made available on the GEO website at http://www.geogroup.com/prea and on Third Party Reporting posters posted in areas visible to visitors and staff. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Resident can provide family members with the telephone number of the TDCJ Ombudsman to make a third party report.</p> <p data-bbox="231 952 1508 1066">In interview with the PREA Compliance Manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Residents and staff interviewed were aware of this method of reporting and their requirements to notify and investigate all allegations of sexual abuse or sexual harassment.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 260 300">T</p> <p data-bbox="242 329 432 358">Auditor Discussion</p> <p data-bbox="242 360 1351 389">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="242 418 547 448">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 477 1404 539">STTC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA) Staff training Contractor training</p> <p data-bbox="242 568 467 598">Anonymous Reporting</p> <p data-bbox="242 627 542 656">Third Party Reporting Posters</p> <p data-bbox="242 685 373 714">PREA Cards</p> <p data-bbox="242 743 509 772">Texas Vulnerable Persons</p> <p data-bbox="242 801 293 831">PAQ</p> <p data-bbox="242 860 1484 1084">115.261 (a): GEO policy 5.1.2-A mandates staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff knew their reporting duties. Staff, contractors, volunteer, interns receive training on reporting allegations of sexual abuse or sexual harassment prior to be allowed to be in contact with residents.</p> <p data-bbox="242 1113 1479 1207">115.261 (b): STTC Policy 0803-1 and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations.</p> <p data-bbox="242 1236 1489 1330">115.261 (c)(d): The facility does not have medical or mental health staff. The facility does not house residents under the age of 18. Based on interview with the PREA compliance manager, the facility presently houses vulnerable elderly residents. The PREA compliance manager was aware of the Texas vulnerable persons reporting responsibilities.</p> <p data-bbox="242 1359 1445 1487">115.261 (e): In interview with the facility administrator and his executive team, the STTC reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to facility investigators and to the Texas Department of Criminal Justice Office of Inspector General. There are staff reporting posters located facility. Staff carry a PREA card with this information for easy reference in making reports.</p> <p data-bbox="242 1516 1477 1680">According to statement of fact there have been no reports from third parties, contractors or volunteers in the last 12 months. There have been no reports of a vulnerable resident in the past 12 months. Compliance was determined by review of the policies, training curriculum and interviews with random staff, PREA compliance manager, and facility administrator. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all sections of this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">T</p> <p data-bbox="229 318 1509 380">The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="229 380 1509 443">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="229 443 1509 506">STTC Policy 0803-1 Sexual Abusive Behavior Prevention and Intervention Program (PREA)</p> <p data-bbox="229 506 1509 568">Customer Notification</p> <p data-bbox="229 568 1509 631">Statement of Fact</p> <p data-bbox="229 631 1509 766">115.262 (a): GEO Corporate Policy 5.1.2-A and STTC Policy 0803-1 mandates when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental.</p> <p data-bbox="229 766 1509 1079">The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding a resident being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected a resident was at substantial risk of sexual abuse, he would immediately move the resident and investigate. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. Random staff and shift supervisor indicated the resident that was in imminent danger would be separated from the accuser and would be moved a safe area until it could be investigated and determine if the resident can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility administrator indicated this decision would be made in concert with TDCJ. There has been no incident when a resident was moved to another facility for sexual abuse or sexual harassment due substantial risk.</p> <p data-bbox="229 1079 1509 1173">Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, random staff, and Major.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1366 297">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 331 549 358">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 389 448 416">STTC Policy 0803-1</p> <p data-bbox="242 448 293 474">PAQ</p> <p data-bbox="242 506 424 533">Statement of Fact</p> <p data-bbox="242 564 1477 752">115.263 (a)-(c): GEO Corporate Policy 5.1.2-A and STTC Policy 0504-6 mandates on receiving an allegation that a resident was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The Facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the GEO PREA Coordinator.</p> <p data-bbox="242 784 1485 913">115.263 (d): Interview with the facility administrator and PREA compliance manager they indicated along with notification to the sending facility director the facility administrator will notify TDCJ investigative division and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the facility investigator during the investigative process.</p> <p data-bbox="242 945 1490 1070">According to the PAQ and statement of fact there have been no allegation of resident being sexually abused while confined at another facility. There was one allegation that a resident was sexually abused while at STTC in 2017 or 2018. The incident was forwarded to OIG for investigation. Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA coordinator and facility administrator.</p>

115.264	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 547 358">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 387 446 416">STTC Policy 0803-1</p> <p data-bbox="242 445 528 474">PREA First Responder Card</p> <p data-bbox="242 504 379 533">Staff Training</p> <p data-bbox="242 562 293 591">PAQ</p> <p data-bbox="242 620 424 649">Statement of Fact</p> <p data-bbox="242 728 1481 792">115.264 (a): GEO Corporate Policy 5.1.2-A, STTC Policy 0504-6, and staff training requires that correction staff that are the first responders of a sexual assault shall:</p> <p data-bbox="242 822 639 851">Separate the alleged victim and abuser,</p> <p data-bbox="242 880 1490 1008">Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence,</p> <p data-bbox="242 1037 1474 1133">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.</p> <p data-bbox="242 1162 1445 1227">Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities.</p> <p data-bbox="242 1256 1382 1321">Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.</p> <p data-bbox="242 1350 1490 1447">115.264 (b): GEO Corporate Policy 5.1.2-A, STTC Policy 0803-1 and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="242 1476 1490 1603">Several administrative staff with little contact were interviewed and knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. There have been no allegations of sexual abuse that has been made in the last 12 months that was notified in time of the facility to protect the scene and complete a SANE with the resident.</p> <p data-bbox="242 1632 1490 1760">Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour the administrative areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if a resident came to you and said he was sexual assaulted". All staff were able to articulate they would follow the above requirements.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1366 295">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 547 353">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 387 592 412">STTC Coordinated Response Plan</p> <p data-bbox="242 445 1469 602">115.265 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. STTC Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Coordinated Response Plan includes action required after report of sexual abuse</p> <p data-bbox="242 636 397 660">Initial response</p> <p data-bbox="242 694 557 719">Shift supervisors Responsibility</p> <p data-bbox="242 752 451 777">Facility Crime Scene</p> <p data-bbox="242 810 764 835">Notification required when a sexual abuse is alleged</p> <p data-bbox="242 869 427 893">Evidence Protocol</p> <p data-bbox="242 927 430 952">Medical Response</p> <p data-bbox="242 985 491 1010">Mental Health Response</p> <p data-bbox="242 1043 533 1068">Investigative Responsibilities</p> <p data-bbox="242 1102 759 1126">Responsibilities when sexual harassment is alleged</p> <p data-bbox="242 1160 710 1184">Responsibilities when sexual activity is alleged</p> <p data-bbox="242 1218 1417 1267">Each of the above responses includes but not limited to staff, contractors, victim advocates, TDCJ investigator, facility investigator, facility administrator and GEO Coordinator.</p> <p data-bbox="242 1301 1461 1458">A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, the PREA Compliance Manager, the Lead Investigator, and members of the PREA Committee are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="231 324 1508 380">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="231 380 1508 436">STTC Policy 0803-1</p> <p data-bbox="231 436 1508 492">Statement of Fact</p> <p data-bbox="231 492 1508 649">115.266 (a): GEO policy and facility policy 803-1, verify that. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation. On information provided for review, Southeast Texas Transitional Center does not have a collective bargaining agreement.</p> <p data-bbox="231 649 1508 772">115.266 (b): In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. The staff member will be reassigned to a post with no resident contact or placed on administrative leave pending completion of the investigation.</p> <p data-bbox="231 772 1508 893">In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated that no collective bargaining agreements for any of GEO's reentry facilities would limit the agency's ability to remove an alleged staff sexual abuser from contact with any resident pending the outcome of an investigation.</p>

115.267	<p>Agency protection against retaliation</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>STTC Policy 0803-1</p> <p>Protection from Retaliation Logs</p> <p>Statement of Fact</p> <p>115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The policy provides procedures to protect individual in GEO facilities. The PREA compliance manager has been appointed with the responsibility to carry out these procedures.</p> <p>115.267 (b): The GEO procedure states the agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p>115.267 (c): Residents who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents is documented on the Protection from Retaliation Log. There were 2 monitoring logs reviewed by the auditor.</p> <p>115.267 (d): GEO procedure also requires Monitoring of residents includes periodic status checks. The PREA compliance manager was interviewed and indicated she would review the monitoring logs on the data base on an ongoing basis and randomly will see the resident during tour to check on his/her status.</p> <p>115.267 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official monitoring would officially end, she would continue to check on the resident for retaliation for making a report.</p> <p>In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.</p> <p>Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitor, agency head, and facility administrator.</p>
---------	---

115.271	Criminal and administrative agency investigations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1358 300">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="244 331 863 358">GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p data-bbox="244 389 507 416">STTC PREA Tracking Log</p> <p data-bbox="244 448 469 474">Report of Investigation</p> <p data-bbox="244 506 979 533">Attachment B-Notice of GEO Administrative PREA Investigation Template</p> <p data-bbox="244 564 746 591">NOTIFICATION OF OUTCOME OF ALLEGATION</p> <p data-bbox="244 622 293 649">PAQ</p> <p data-bbox="244 680 1485 869">115.71 (a): GEO Corporate Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Southeast Texas Transitional Center, promptly, thoroughly, and objectively, including third party and anonymous reports. All allegation of sexual abuse or sexual harassment or immediately referred to TDCJ Office of Inspector General for determination of appropriate staff to conduct the investigations. Criminal investigations are transferred to Houston Police Sexual Crime Unit for investigations. The OIG will investigate or referred back to the center any allegations that are not criminal in nature.</p> <p data-bbox="244 900 1474 1025">115.71 (b): The facility has three trained investigators that have completed specialized training in the investigation of sexual abuse allegations. The facility provided documentation of completion of specialized investigative training completed by facility investigators. Two of the investigators were interviewed and were extremely knowledgeable regarding conduct investigations in a confinement setting.</p> <p data-bbox="244 1057 1437 1151">115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="244 1182 1465 1240">115.71 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.</p> <p data-bbox="244 1272 1474 1366">115.71 (e): 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 a resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination.</p> <p data-bbox="244 1397 1493 1514">115.71 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="244 1545 1465 1603">115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the TDCJ.</p> <p data-bbox="244 1635 751 1662">Allegations are tracked on the PREA Tracking Log.</p> <p data-bbox="244 1693 1485 1881">115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred to Houston Police for investigations and criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with facility investigators, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the Houston Police Sexual abuse investigators. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There was no case that has been referred for criminal investigation since the last 12 months.</p> <p data-bbox="244 1912 1485 1971">115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="244 2002 1485 2060">115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation</p> <p data-bbox="244 2132 1474 2159">115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will</p>

try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, she reported that facilities are required to check in with outside investigators at a minimum of every 30 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. GEO has developed a template for monthly request from Law Enforcement that are conducting investigations to obtain information on the investigations and to provide assistance as requested.

In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation. The facility utilizes facility investigators and TDCJ OIG to conduct investigations.

Compliance was determined by review of investigations and interviews with agency head, PREA coordinator, Facility Administrator, OIG staff and facility investigators.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>Report of Investigation</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on GEO policy and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.</p> <p>Compliance was determined by review of policy, training curriculum, and interview with trained investigators.</p>

115.273	<p>Reporting to residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>STTC Policy 0803-1</p> <p>Notice of Outcome of Investigations</p> <p>115.73 (a): GEO policy 5.1.2-E, and STTC Policy 0803-1 indicate that following an investigation of sexual abuse of a resident, the resident shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The resident receives a copy of the form, and a copy is forwarded to the PREA Coordinator office.</p> <p>115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>115.73 (c): GEO policy requires following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (d): GEO policy and procedure requires following a resident's allegation that he has been sexually abused by another resident, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (e): All Notification of Outcome of Allegation or attempted notifications are documented and filed in the corresponding investigative file. There were 3 notifications during the last 12 months.</p> <p>Compliance was determined by review of the agency and facility policy and interviews with PREA compliance managers, investigators, PAQ and facility administrator.</p>
---------	--

115.276	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Employee Handbook</p> <p>Staff Discipline SOF</p> <p>Reports to Law Enforcement SOF</p> <p>115.276 (a): GEO Corporate Policy 5.1.2-A establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.276 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.276 (c): Based on GEO policy and facility administrator and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.276 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.</p> <p>In interview with the facility administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, no staff member was terminated or received any adverse action due regarding a PREA violation. There were no substantiated cases of staff-on-resident sexual abuse. Staff training includes personnel policies involving violation of PREA standards or having any sexual activity with residents. In interviews with staff at STTC it was obvious that staff training includes setting appropriate boundaries with residents and to provide an atmosphere that foster respect and support to staff. Resident interviewed discussed they feel safe and supportive by staff. When asked how they would report and allegation of sexual abuse or sexual harassment most stated they would tell a staff member.</p>
---------	---

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Statement of Fact</p> <p>115.277 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.277 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents.</p> <p>During the previous audit cycle, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at STTC. Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with PREA compliance manger and facility administrator confirm compliance with this standard.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1353 300">The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 547 358">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="240 389 547 416">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 479 644 506">STTC Policy 0504 - 6 Statement of Fact</p> <p data-bbox="240 537 443 564">Resident Handbook</p> <p data-bbox="240 595 620 622">Posters located throughout the facility</p> <p data-bbox="240 654 1490 779">115.278 (a): According to GEO policy 5.1.2-E, and facility policy 0504-6, if a resident is found guilty of engaging in sexual abuse involving another resident, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The Resident Program Handbook outlines violations a resident will be disciplined for and the sanctions to be imposed.</p> <p data-bbox="240 810 1430 869">115.278 (b): Sanctions will be 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.</p> <p data-bbox="240 900 1469 958">115.278 (c): Based on GEO policy 5.1.2-E, the disciplinary process may 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.</p> <p data-bbox="240 990 1461 1115">115.278 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The Texas Department of Criminal Justice will determine if the resident will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse.</p> <p data-bbox="240 1146 1481 1205">115.278 (e): Disciplining a resident for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.</p> <p data-bbox="240 1236 1461 1330">115.278 (f): 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, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 1361 1477 1518">115.278 (g): The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced. In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse policies. There was one allegation that was determined to be consensual and was determined that it was not a PREA violation.</p> <p data-bbox="240 1550 1458 1612">Compliance was determined by review of the facility and GEO policy, review of the conduct of sexual activity, review of an incident report and interviews with the investigator, PREA compliance manager and facility administrator.</p>

115.282	Access to emergency medical and mental health services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 547 358">GEO Corporate Policy 5.1.2-E</p> <p data-bbox="240 389 547 416">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 479 464 506">STTC Policy 0803 – 1</p> <p data-bbox="240 537 424 564">Statement of Fact</p> <p data-bbox="240 595 400 622">Posters located</p> <p data-bbox="240 654 528 680">Coordinated Response Plan</p> <p data-bbox="240 712 667 739">Victim Advocacy Posting English/ Spanish</p> <p data-bbox="240 770 491 797">MOU Ben Taub Hospital</p> <p data-bbox="240 828 1485 1249">115.282 (a): GEO Corporate Policy 5.1.2-A, and STTC coordinated response plan provide a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Following a reported PREA allegation, resident would be transported to Ben Taub Hospital for medical treatment and a SANE provided by a trained SANE staff. The Ben Taub has a SART program, and the resident would be provided the services of the Sexual Abuse Response Team. A Resident Referral Verification form will be utilized to document the offer that onsite or offsite mental health services was made to the resident victim. The referral forms are forwarded to TDCJ who approves the referral, except in emergency situations. The facility has a MOU with Montrose Center. The MOU states the Montrose Center will provide trained specialist to help identify and prioritize the needs of the victim, and connect them with helpful resources; provide information informing the victim of their rights under the law, and referrals for legal consultation and representation when ready; provide the victim with a support advocate to accompany them during medical exams, legal and or court appointments; and provide confidential emotional support services related to sexual abuse consistent with those that are provided to the community. There was documentation of residents that reported referred for counseling services through the Victim Advocate Referral form and the Emergency Activity Sheet</p> <p data-bbox="240 1281 1477 1406">115.282 (b): All staff first responders are trained to take preliminary steps to protect the victim. Security staff first responders are to take preliminary steps to protect the victim and notify facility medical and mental health staff immediately. The Mental Health Provider would present a Consent to Evaluate: Sexual Abuse Allegation form to the alleged victim prior seeking their consent to conduct a mental health evaluation of an alleged victim of sexual abuse.</p> <p data-bbox="240 1438 1465 1532">115.282 (c): Resident victims are offered prophylactics for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate by staff at the Ben Taub Hospital. Medical staff at the hospital indicated that is part of the SANE process and she would follow up when the resident returns to the facility.</p> <p data-bbox="240 1563 1461 1657">115.282 (d): Based on review of GEO policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1688 1485 1814">Compliance was determined by review of the coordinated response plan, MOU with Ben Taub Hospital, and agreement with the Montrose Center. Compliance was also determined by interviews with first responders, random staff, PREA compliance manager and facility administrator. The facility provided a statement of fact that there has been no sexual assault that required a SANE during the last PREA cycle.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>STTC Policy 0803-1</p> <p>Healthcare Charges SOF</p> <p>Resident Handbook</p> <p>MOU Ben Taub</p> <p>MOU with Montrose Center</p> <p>115.283 (a): 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. Medications are stored and given to residents by the Resident Medical Advocate that reports to the facility. Residents are allowed to have approved keep-on-person medications. Mental health, drug abuse, and sex resident treatment services are provided through local outside agencies.</p> <p>115.283 (b): According to GEO policy 5.1.2-and facility policy 0504-6, page 8, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.</p> <p>115.283 (c): According to the Montrose Center and Ben Taub Medical staff mental health care provided is consistent with the community level of care.</p> <p>115.283 (d): The facility does not house female residents.</p> <p>115.283 (e): The facility does not house female residents.115.283 (f): Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.283 (g): All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.283 (h): The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate.</p> <p>On information provided by the PREA Compliance Manager, in the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse. Compliance was determined by review of the GEO policy, interviews with medical and mental health staff at Ben Taub hospital and the Montrose Center.</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 329 547 358">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="242 387 446 416">STTC Policy 0803-1</p> <p data-bbox="242 445 470 474">Report of Investigation</p> <p data-bbox="242 504 451 533">After Action Reviews</p> <p data-bbox="242 562 293 591">PAQ</p> <p data-bbox="242 620 1493 745">115.286 (a-b): GEO policy 5.1.2-A, requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated within 30 days of the conclusion of the investigation. At the time of the PAQ there was one allegation of sexual abuse in the twelve months that required a Incident Review Team Meeting.</p> <p data-bbox="242 775 1469 869">115.286 (c): The Incident Review Committee consists of the facility administrator, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor and the nurse, and the PREA Coordinator may attend via telephone or in person.</p> <p data-bbox="242 898 1474 1023">115.286 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.</p> <p data-bbox="242 1052 1461 1081">115.286 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so.</p> <p data-bbox="242 1111 1174 1140">The facility provided an after-action report. It contained all of the components of this standard.</p> <p data-bbox="242 1169 1477 1232">When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on Sexual harassment when substantiated.</p> <p data-bbox="242 1261 1418 1323">Compliance was determined by agency and facility policies, GEO investigative data base which mandates after action reports on all allegations of sexual abuse or sexual harassment except when they are unfounded.</p>

115.287	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1366 300">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="240 331 552 358">GEO Corporate Annual Report</p> <p data-bbox="240 389 507 416">STTC PREA Tracking Log</p> <p data-bbox="240 448 547 474">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="240 506 1481 631">115.287 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collects uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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.</p> <p data-bbox="240 663 1474 721">115.287 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the</p> <p data-bbox="240 752 1469 846">PREA Compliance Manager ensures that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.</p> <p data-bbox="240 878 1425 936">115.287 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).</p> <p data-bbox="240 967 1445 1025">115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 1057 1485 1115">115.287 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of residents.</p> <p data-bbox="240 1146 1445 1205">115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="240 1236 1465 1330">The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy. The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p>

115.288	Data review for corrective action
	<p data-bbox="242 147 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 327 1366 353">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="242 385 660 412">GEO Corporate PREA Procedure 5.1.2-A</p> <p data-bbox="242 443 568 470">GEO Annual PREA Data Report</p> <p data-bbox="242 501 577 528">TDCJ Annual PREA Data Report</p> <p data-bbox="242 560 446 586">STTC Policy 0803-1</p> <p data-bbox="242 618 1458 743">115.288 (a): GEO reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. This information is provided in the annual report.</p> <p data-bbox="242 775 1458 869">115.288 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="242 900 1471 994">115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at https://www.geogroup.com/prea.</p> <p data-bbox="242 1025 1458 1084">115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.</p> <p data-bbox="242 1115 1458 1173">Texas Department of Criminal Justice annual reports and GEO annual reports were reviewed. It had recommendation in 2018, however, there were no recommendations for improvement in 2019-2022 when the last PREA audit was completed.</p> <p data-bbox="242 1182 1474 1272">The auditor GEO data from 2020 report. There was one allegation of resident on resident that was substantiated and 8 allegations of Staff on resident abuse that were unsubstantiated at STTC. It was found that in 2020 there were no allegation of sexual abuse that were substantiated.</p> <p data-bbox="242 1303 1474 1429">Exceed compliance of this standards was determined by reviewing annual reports for TDCJ and GEO, review the facility policy and interviews with the PREA coordinator and PREA compliance manager. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 302">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="231 302 1508 347">GEO Corporate PREA Procedure 5.1.2-A</p> <p data-bbox="231 347 1508 392">STTC Policy 0803-1</p> <p data-bbox="231 392 1508 436">GEO Annual PREA Data Report</p> <p data-bbox="231 436 1508 481">TDCJ Annual PREA Data Report</p> <p data-bbox="231 481 1508 526">115.289 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A</p> <p data-bbox="231 526 1508 571">115.289 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2021 uploaded in the above website.</p> <p data-bbox="231 571 1508 616">115.289 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.</p> <p data-bbox="231 616 1508 660">115.289 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.</p> <p data-bbox="231 660 1508 705">Compliance was determined by review of three (3) annual report, corporate policy and interview with the Agency PREA Coordinator.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO policy 5.1.2-C</p> <p>PREA Audit Postings</p> <p>115.401 (a): GEO policy 5.1.2- require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. The initial PREA audit of STTC was conducted May 2016 by a DOJ certified PREA auditor. The second audit was conducted in June 2019 by a DOJ Certified auditor. This is the third audit of this facility and is being conducted by a certified PREA auditor. This auditor's recertification was effective January 1, 2022. This is the third certification or recertification of this auditor.</p> <p>115.401 (b): According to GEO's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each faciity was audited during the last 3 year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of Southeast Texas Transitional Center. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p>115.401 (m): I interviewed all staff on duty on the for the first 24 hours of the audit. and random sample of resident during the onsite audit. No resident declined to be interviewed and the facility did not prohibit me from interviewing residents selected for interview. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on March 9, 2022.</p>
---------	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency maintains all PREA related Policies on its website including third party reporting, staff reporting, investigation of allegations and all previous PREA audits. The audit reviewed the reports for 2016 and 2019.

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 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.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
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, 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 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
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 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)).	yes
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 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.)	na
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: Whether the resident's criminal history is exclusively nonviolent?	yes
	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 (f)	Use of screening information	
	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.	no
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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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 alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	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, 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
	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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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 (h)	Criminal and administrative agency investigations	
	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 request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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 condition of access to programming and other benefits?	yes
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
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.)	na

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 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.)	na
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 (c)	Data collection	
	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.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
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