

**PREA AUDIT REPORT**  Interim  Final  
**COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** 1-29-17

<b>Auditor Information</b>			
<b>Auditor name:</b> Ana T. Aguirre, ATA3 Consulting, LLC			
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<b>Email:</b> a-aguirre@prodigy.net			
<b>Telephone number:</b> 512-708-0647			
<b>Date of facility visit:</b> May 30 - June 3, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> The Summit, Alvarez House and Hall House			
<b>Facility physical address:</b> 301 Yucca, San Antonio, TX 78203			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 210-225-0864			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Kevin J. Downey, Ph.D.			
<b>Number of staff assigned to the facility in the last 12 months:</b> 68 RRC and 8 non RRC			
<b>Designed facility capacity:</b> 147			
<b>Current population of facility:</b> 93 In House; 31 Home Detention			
<b>Facility security levels/inmate custody levels:</b> Low / Low			
<b>Age range of the population:</b> 18+			
<b>Name of PREA Compliance Manager:</b> Angel Garcia, Summit House; Jessica Sotello, Alvarez House; and Antonia Sosa, Hall House		<b>Title:</b> N/A	
<b>Email address:</b> N/A		<b>Telephone number:</b> N/A	
<b>Agency Information</b>			
<b>Name of agency:</b> Crosspoint, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 301 Yucca, San Antonio, TX 78203			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 210-225-0864			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Kevin J. Downey, Ph.D.		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> kevin.downey@crosspointinc.us		<b>Telephone number:</b> 210-225-0864, Ext. 2020	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Rose Santillan		<b>Title:</b> Quality Assurance Administrator	
<b>Email address:</b> rose.santillan@crosspoint.us		<b>Telephone number:</b> 210-508-2617	

## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) onsite audit of the The Summit, Alvarez House and Hall House Facility in San Antonio, Texas, was conducted on May 30 - June 3, 2016, by Ana T. Aguirre, ATA3 Consulting, LLC. The facility is under the jurisdiction of Crosspoint, Inc., a private not-for-profit agency overseen by a board.

Crosspoint, Inc., operates a Residential Reentry Center (RRC) Program whose purpose is to help criminal justice system involved residents reintegrate into the community. The agency's primary referral source is the Federal Bureau of Prisons (BOP), which makes up 85% of the RRC population; and the United States Probation Office, which makes up 12% of the RRC population; and the United States Pretrial Services, which makes up 3% of the RRC population. The community confinement facility consists of three facilities: Summit House - all male facility with a RRC capacity of 70; Hall House - all male facility with a RRC capacity of 48; and Alvarez House - all female facility with a RRC capacity of 29.

In determining how the audit would be applied to the agency, the following elements were considered: location and proximity of sites; dedicated supervision (the operation/buildings have shared agency administration); dedicated staff (staff may be assigned to any facility, although female staff are primarily dedicated to Alvarez House); shared policies and procedures; nature of programming (shared goals), and resident population (BOP clients). Based on this information and guidance from the PREA Resource Center (PRC), the auditor conducted a 'one facility' audit. During the onsite audit, the auditor toured each facility, and interviewed residents and staff at each facility in order to maintain the integrity of the audit.

At the conclusion of the initial onsite audit, a subsequent onsite audit was conducted on December 21, 2016, to assess and verify the implementation of certain PREA policies and procedures. The second onsite review reflected the proper measures had been taken and implemented. During the initial weeklong onsite audit, Ms. Aguirre toured all three facilities and the operational areas, including common areas in each facility (dayroom and dining areas) and visited each facility at each shift (each facility has three shifts) and interviewed staff members from each shift at each facility.

The pre-audit preparation phase included a review of all documentation, materials, and data submitted by the facility in the completed Pre-Audit Questionnaire (PAQ). The documentation reviewed included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; training documentation for staff, volunteers and contractors; and interagency collaborative agreements. The auditor also contacted Just Detention International (JDI) to ensure this facility had no reports with their agency. JDI reported there were no reports regarding this agency.

In preparation for the onsite audit, the facility posted the required PREA Audit Notices on April 12, 2016, which met the required six-week posting prior to the first day of the onsite audit. The agency provided emailed documentation, including pictures, to demonstrate the notices were posted at each facility in accordance with PREA Audit requirements. During the onsite audit, the auditor noted the notices were posted in the following areas: SUMMIT HOUSE - Entrance, Reception Area, Hallways, Elevator Entrance, Bulletin Boards, Kitchens, Workout Room, Community Rooms, Board Room, Hallways, Water Cooler, Offices, and Library; HALL HOUSE - Meeting Rooms, Hallways, Kitchen, Offices, TV Rooms, and Hallways; ALVAREZ HOUSE - Entrance, Community Room, Stairwell, Kitchen, TV Room, and Offices. The notices were printed in orange colored paper to ensure the notices stood out from the regular posted information throughout the facility. The agency agreed to maintain the posted notices a minimum of six weeks after the onsite audit. The auditor did not receive any correspondence as a result of the posted notices at any time during the pre-audit or post-audit phases.

An entrance interview with key staff, including Kevin Downey, Ph.D., Chief Executive Officer; Elisa Lopez-Canseco, Facility Director; Rose Santillan, PREA Coordinator; and PREA Compliance Managers - Angel Garcia, Alvarez House; Daniele Gutierrez, Summit House; and Charles Daniels, Hall House; was held on Monday, May 30, 2016. The audit process was explained with the staff. An exit interview was conducted on Friday, June 3, 2016.

During the onsite audit phase, the auditor was provided a meeting space to conduct confidential interviews with staff. The auditor was provided with private office space at each facility to conduct confidential interviews with residents. Formal interviews were conducted with facility staff, residents, contractors, volunteers, and interns. The auditor formally interviewed 15 residents from all of the occupied housing units, and over 27 staff, of which 24 were specialized staff and included contractors and volunteers. The auditor interviewed the Chief Executive Officer, Facility Director, PREA Coordinator, and the PREA Compliance Managers at each facility. Specialized staff interviewed included the mental health staff, administrative (human resources) staff, SAFE and SANE staff, volunteers and contractors, investigative staff, staff that perform screening for risk of victimization and abusiveness, incident review team staff, designated staff member charged with monitoring retaliation, first responders, and intake staff. The auditor conducted 10 random staff interviews, but due to the small size of the agency, several staff were interviewed on more than one interview protocol based on their roles and responsibilities. Staff from all three shifts (7:00 AM - 3:00 PM, 3:00 PM - 11:00 PM; and 11:00 PM - 7:00 AM) were interviewed. The auditor interviewed randomly selected residents, and a minimum of one from each occupied housing unit. The auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and residents. Staff interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirements, including reporting mechanisms available to residents and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response/first responder protocols. Resident interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline; PREA related education received; their knowledge on reporting options available to them; proper protection and response to allegations of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency; and access to services.

The auditor toured the facilities and observed the following: the facility's configuration; location of cameras; staff to resident ratios; housing unit layout including the shower areas; placement of PREA related information; resident intake, admission; resident programming; and areas designated for staff support/operational areas. The auditor noted that shower areas allow residents to shower privately. The auditor also conducted informal interviews of staff and residents while conducting the tour and arranged her schedule to allow for onsite observation of each shift.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Summit House is located at 301 Yucca in San Antonio, Texas. The agency's main administrative offices are located at the Summit House. Hall House is located approximately four (4) miles from Summit House and Alvarez House is located approximately seven (7) miles from Summit House. Both Hall House and Alvarez House include offices for administrative and security staff. The agency provides staff secure, short-term housing and care for residents over 18 years of age. The facility reported it contains five buildings. The 147-bed facility has 7 housing units with a total of 43 multi-occupancy rooms. Each facility is equipped with a day room. One of the facilities, Alvarez House, is solely designated to house female residents. The facility offers mental health counselors onsite, but does not offer medical care.

During the onsite audit, the current population stood at 21 female residents at Alvarez House; 28 male residents at Hall House; and 43 male residents and 1 female transgender resident at Summit House. The agency reported 472 residents had been admitted to the facility in the past 12 months, with 396 residents whose length of stay in the facility was for 30 or more days, and 549 residents admitted to the facility whose length of stay in the facility was for 72 or more hours. The agency reported 76 employed staff at the facility during the past 12 months. The agency reported three (3) contracts with contractors who may have contact with residents, and 16 volunteers and individual contractors who may have contact with residents.

## **SUMMARY OF AUDIT FINDINGS**

During the past 12 months, the The Summit, Alvarez House and Hall House Facility reported four allegation of sexual harassment, which resulted in administrative investigations. No allegation was referred to law enforcement.

The agency is policy driven and, although not required, has developed and implemented a policy for nearly every provision of each standard. The auditor made an effort to accurately reflect the applicable agency policy(ies) for each provision of each standard. In reviewing each provision and the applicable policy, the auditor reviewed applicable documentation and/or interviewed staff to confirm the policy had been implemented.

Overall, the interviews of residents reflected they were aware of PREA, and acknowledged familiarity with how they could report allegations of sexual abuse and sexual harassment. All residents interviewed reported feeling safe at the facility. The auditor noted that residents receive the PREA information verbally, in written format (Orientation Packet, Resident Handbook, PREA Brochures) during intake and orientation, as well as monthly via Town Hall Meetings conducted by the PREA Compliance Managers. All staff, including specialized and contract staff, and volunteers interviewed indicated they were knowledgeable of PREA and of their roles and responsibilities related to reporting requirements as well as awareness of the procedures to follow if they are the first responders to any PREA related allegation. Documentation reviewed reflected the efforts the agency has made to develop and implement policies and procedures to meet the PREA standards.

Number of standards exceeded: 2

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**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(a)  
POLICY AND DOCUMENT REVIEW:  
Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Pgs. 1-43.

FINDINGS  
Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 addresses the overall PREA Standards, Pgs. 1-43  
Agency policy states, "Crosspoint has a zero-tolerance policy towards all forms of sexual misconduct within Crosspoint facilities and program activities. Per agency policy, Definition No. 17, pg. 3, states, "Sexual Misconduct: This manual uses the term 'sexual misconduct' as an umbrella term covering 'sexual harassment', 'sexual abuse', and 'sexual assault'. Each of these is defined by specific features and criteria and to avoid confusion, when all three forms of sexual behavior are being referred to 'sexual misconduct' will be used." Although, it is not required that the agency use the PREA terms verbatim, while interviewing staff, the auditor noted most staff interpreted 'sexual misconduct' as sexual abuse and not sexual harassment. It was recommended either the policy be revised to give 'sexual harassment' equal importance or training, including subsequent training/literature, be modified to ensure staff and residents recognize sexual abuse and sexual harassment carry equal weight in the PREA Standards and to facilitate a sexually safe environment. This would also be consistent with the Bureau of Prisons (BOP) policy. The agency responded by giving the term "sexual harassment" greater attention in the agency's policies, providing PREA training (completed training sign-in forms were provided as supporting documentation), and PREA materials. The agency determined it will continue to use the term "Sexual Misconduct" to encompass 'sexual harassment,' 'sexual abuse,' and 'sexual assault.' The agency policies address preventing, detecting and responding to PREA incidents as follows: Section I - Prevention Planning; Section II - Responsive Planning; Section III - Training and Education; Section IV - Screening for Risk of Victimization and Abusiveness; Section V - Reporting and Response; Section VI - Agency Response; Section VII - Investigations; Section VIII - Discipline; Section IX - Medical and Mental Health Care; and Section X - Data Collection.

115.211(b)  
POLICY AND DOCUMENT REVIEW:  
Agency Policy Chapter 20, Section I, B(1-2), Pg. 6. Agency's Organizational Chart.

INTERVIEWS:  
PREA Coordinator

FINDINGS  
Although not required, agency policy Chapter 20, Section I, B(1-2), Pg. 6, address this provision.  
The agency reported the Quality Assurance and Facilities Management Position is also the PREA Coordinator. Additionally, and although not required, the Unit Manager at each facility and the Substance Abuse Program Manager are designated as PREA Compliance Managers. The initial organizational chart reflected the Quality Assurance and Facilities Management position, the Unit Manager at each facility, and the Substance Abuse Program Manager positions, but do not reflect that these same positions are also the PREA Coordinator or PREA Compliance Managers. It was recommended the organizational chart be revised to reflect these added titles. The agency policy reflects the responsibilities of the PREA Coordinator and PREA Compliance Managers at Alvarez House, Summit House, Hall House, Recovery Support Home, Veterans Program and the Substance Abuse Program, which exceed this provision. Staff interviewed reported as the Quality Assurance Administrator, she is responsible for complying with the PREA standards as well as maintenance, training, and referrals from other agencies. She has three staff to which she delegates responsibilities. She reported each of the facilities has a PREA Compliance Manager that would refer/report any PREA related incidents for investigative purposes. To some degree, the PREA Compliance Managers assist with ensuring the PREA Postings are maintained, conduct monthly "town hall meetings" with the residents during which time residents are reminded and provided PREA related education. The PREA Coordinator reported she works with staff and networks with others in order to comply with the PREA standards. Any issues that may arise are brought to the attention of the Agency Head or Director of Operations, and if needing assistance, also seek the input from staff from the PREA Resource Center (PRC). She added that she relies and uses the PRC Staff as the main resource in order to better understand the PREA standards.

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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

115.212(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.C, Pg. 6. The agency reported in the PAQ, that it does not contract with other entities for the confinement of residents.

**FINDINGS**

Agency Policy Chapter 20, Section I.C, Pg. 6, addresses this provision and states, "Crosspoint does not contract with other entities for the confinement of residents. Residents referred for residential reentry services by the BOP may be transferred to another federal facility at the discretion of the BOP Residential Reentry Manager, but Crosspoint staff does not exercise any discretion in this process (see OM Ch. 9, Discipline). The agency reported it does not contract with other entities for the confinement of residents. The auditor determined this standard is not applicable.

115.212(b)

**POLICY AND DOCUMENT REVIEW:**

No contracts were required to be reviewed, as the agency does not contract with other entities for the confinement of residents.

**INTERVIEWS:**

No interviews were required or conducted specific to this provision, as the agency does not contract with other entities for the confinement of residents.

**FINDINGS**

The agency reported Crosspoint, Inc., does not contract with other entities for the confinement of residents. The auditor determined this standard is not applicable.

115.212(c)

**POLICY AND DOCUMENT REVIEW:**

The agency reported in the Pre-Audit Questionnaire, that it does not contract with other entities for the confinement of residents.

**FINDINGS**

The agency reported Crosspoint, Inc., does not contract with other entities for the confinement of residents. The auditor determined this standard is not applicable.

**Standard 115.213 Supervision and monitoring**

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

**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.**

115.213(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.1, Pgs. 6-7, addresses this provision. Agency staffing plans.

**INTERVIEWS:**

Facility Director and PREA Coordinator

FINDINGS

Agency Policy Chapter 20, Section I.D.1, Pgs. 6-7, addresses this provision. Although the auditor conducted one audit to encompass the main facility which includes the administrative offices, as well as each satellite facility, to ensure the spirit of this standard was met, the auditor recommended the agency develop a more comprehensive staffing plan in response to each element of this provision for the main facility and each of the two satellite facilities. The auditor recommended the staff view the Staffing Plan Webinar/Video and access related literature from the PREA Resource Center (PRC) as a guide in developing the Staffing Plan to meet each element of this provision. Staff interviewed reported the staffing plan includes and addresses each element of this provision. Staff reported the plan would be reviewed on an annual basis and will include the Agency Head, Director, and the PREA Coordinator. Staff reported, based on city ordinance, they are required to maintain a 1:30 staff to resident ratio. Staff reported a camera system is in place at each facility and enhancements to technology are considered. A review of the revised staffing plans reflected the provisions are addressed.

115.213(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.1, Pg. 7. The agency reported in the PAQ that there had been no deviations from the staffing plan.

INTERVIEWS:

Facility Director

FINDINGS

Agency Policy Chapter 20, Section I.D.1, Pg. 7, addresses this provision. Staff interviewed reported there had been no deviations from the staffing plan as presented.

115.213(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.1, Pg. 7.

INTERVIEWS:

PREA Coordinator

FINDINGS

Agency Policy Chapter 20, Section I.D.1, Pg. 7, addresses this provision. This is the agency's first year of implementing the PREA Standards, therefore there was no opportunity or documentation to review specific to this provision. Agency policy does require an annual review of the staffing plan and the consideration of element required in this provision. Staff reported they are consulted regarding any necessary adjustments to the staffing plans.

**Standard 115.215 Limits to cross-gender viewing and searches**

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

**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.**

115.215(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.3.h, Pgs. 8-9. The agency reported in the PAQ there had been no cross-gender strip, or cross-gender visual body cavity searches of female residents conducted by male staff in the past 12 months.

INTERVIEWS:

There were no non-medical staff that had been involved in any cross-gender strip or cross-gender visual searches in the past 12 months to interview.

FINDINGS

Agency Policy Chapter 20, Section I.D.3.h, Pgs. 8-9, addresses this provision. Agency policy prohibits strip searches except in emergency situations, and prohibits body cavity searches at all times. All random staff interviewed regarding searches reported only pat-down searches are allowed.

115.215(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.3.d, Pg. 8. The agency reported in the PAQ there had been no pat-down searches of female residents conducted by male staff in the past 12 months.

**INTERVIEWS:**

Random Sample of Staff and Random Sample of Female Residents

**FINDINGS**

Agency Policy Chapter 20, Section I.D.3.d, Pg. 8, addresses this provision. All female residents are housed at Alvarez house and nearly all staff at Alvarez House are female staff. Random staff interviewed reported only female staff conduct pat-down searches on female residents. Residents interviewed reported they had not been unable to participate in outside activities or programs because female staff was unavailable to conduct pat-down searches.

115.215(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.h, Pgs. 8-9. The agency reported in the PAQ there had been no cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of female residents conducted by male staff in the past 12 months.)

**FINDINGS**

Agency Policy Chapter 20, Section I.D.h, Pgs. 8-9, addresses this provision. Since there were no cross-gender searches, there was no documentation to review specific to this provision.

115.215(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.2.a-b, Pg. 7.

**INTERVIEWS:**

Random Sample of Residents and Random Sample of Staff

**ONSITE REVIEW (TOUR OBSERVATIONS):**

During the tour, the auditor noted female staff in Summit House did not consistently announce themselves, whereas staff in Hall House and Alvarez House did.

**FINDINGS**

Agency Policy Chapter 20, Section I.D.2.a-b, Pg. 7, addresses this provision. The auditor noted female residents are housed at Alvarez house. Nearly all staff at Alvarez House are female staff. Staff interviewed reported they announce themselves when entering an area where residents are of the opposite gender and when entering areas where residents may be showering, performing bodily functions, or changing clothing. Residents in Alvarez House and Hall House reported staff consistently announcing themselves. Residents in Summit House reported mixed responses: staff would consistently post a sign indicating female staff were in the housing unit but would not always announce themselves. This same outcome was observed while touring the Summit House. The auditor recommended for Summit House female staff that they announce their presence when entering the resident housing unit. The agency responded that corrective action had been implemented and they will continue to emphasize staff announcement protocols during staff initial and annual training. During the subsequent on-site tour, the auditor noted female staff announce themselves in Summit House.

115.215(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.3.g, Pg. 8.

**INTERVIEWS:**

Random Sample of Staff and Transgender/Intersex Resident

**FINDINGS**

Agency Policy Chapter 20, Section I.D.3.g, Pg. 8, addresses this provision. Staff reported they are prohibited from searching transgender residents for the sole purpose of determining the resident's genital status and would rely on documentation provided by the BOP. The resident interviewed reported he had no complaints and had been assigned to a room to himself.

115.215(f)

**POLICY AND DOCUMENT REVIEW:**

The agency reported in the Pre-Audit Questionnaire that no staff had been trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

**INTERVIEWS:**

Random Sample of Staff

**FINDINGS**

Staff interviews indicated some staff had received training on the PRC Video pertaining to cross-gender pat-down searches. The auditor recommended the agency train all staff in accordance with this provision. The agency provided corrective action by enhancing Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.D.3.g, Pg. 8, in response to this provision. Training documentation was subsequently provided to reflect staff had participated and completed this training. The agency reported cross-gender pat-down search training is now a part of annual training.



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

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

**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.**

115.216(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.E, Pg. 9. Resident Handbook and PREA Brochure - Spanish version.

**INTERVIEWS:**

Agency Head and Residents (with disabilities or who are limited English proficient)

**ONSITE REVIEW (TOUR OBSERVATIONS):**

During the tour of all facilities, it was noted that the Resident Handbooks were only available in English.

**FINDINGS**

Agency Policy Chapter 20, Section I.E, Pg. 9, addresses this provision. Staff interviewed reported they respond to language barriers by utilizing bilingual staff and dual language written materials, securing sign language resources, and through the TDD line. Residents with limited English proficiency that were interviewed reported having access to Spanish language staff if translation was needed. One resident reported he could speak English but preferred the written materials in Spanish. It was recommended the facility ensure all residents are provided PREA related information based on their needs. It was agreed that the implementation of this practice would be reviewed in a subsequent on-site visit. During the subsequent onsite visit, the auditor verified Spanish language written materials were available for the residents at each facility.

115.216(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.E.2-3, Pg. 9, addresses this provision.

**INTERVIEWS:**

Residents (with disabilities or who are limited English proficient)

**FINDINGS**

Agency Policy Chapter 20, Section I.E.2-3, Pg. 9, addresses this provision. Residents interviewed reported having access to Spanish language staff if translation was needed.

115.216(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.E.4, Pg. 9. The agency reported in the PAQ that there were no instances where resident interpreters, readers, or other types of resident assistants had been used in the past 12 months.

**INTERVIEWS:**

Random Sample of Staff and Residents (with disabilities or who are limited English proficient)

**FINDINGS**

Agency Policy Chapter 20, Section I.E.4, Pg. 9, addresses this provision. Staff interviewed reported they would rely on staff and not residents to interpret. Residents reported having access to Spanish language staff if translation was needed.

**Standard 115.217 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

115.217(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.2, Pg. 10. Personnel Files - Agency and Contract Staff. Supplemental Employment Application Information Part II. Background Form, and Employee Background Review Form.

FINDINGS

During the review of 13 randomly selected staff personnel files, it was noted that not every provision was addressed during the hiring or promotion process. The auditor recommended the agency modify policy and the forms to address and demonstrate compliance with all three elements of this provision as it applies to the hiring, promotion or enlisting the services of any contractor who may come into contact with residents. It was agreed that the auditor would review the implementation of this provision in a subsequent on-site visit. During the initial onsite audit visit, the agency took immediate corrective action by modifying forms in response to this provision. Additionally, the agency responded by modifying Agency Policy Chapter 20, Section I.F.2, Pg. 10, in response to this provision. A review of randomly selected files during the subsequent onsite visit reflected the policy had been implemented.

115.217(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.2, Pg. 10.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

Agency Policy Chapter 20, Section I.F.2, Pg. 10, addresses this provision. Staff interviewed reported this provision was currently in place for staff but not for contractors. The agency implemented corrective action by modifying Agency Policy Chapter 20, Section I.F.2, Pg. 10, in response to this provision.

115.217(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3, Pg. 10, addresses this provision. The agency reported in the PAQ that they had conducted criminal background checks on 31 persons hired in the past 12 months.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3, Pg. 10, addresses this provision. Agency policy requires reference checks on all prior employers for information on substantiated allegations of sexual misconduct or any resignation during a pending investigation of an allegation of sexual misconduct, not just prior institutional employers; additionally, volunteer background checks are conducted and documentation is retained, which exceeds this provision. Staff interviewed outlined in detail the interview process as well as the background check process.

115.217(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3, Pg. 10. Personnel Files - Two Contract Staff.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3, Pg. 10. A review of two randomly selected contract staff personnel files reflected criminal background checks were conducted. Staff interviewed reported the BOP conducts background checks on all contract staff.

115.217(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3.d, Pg. 10, addresses this provision. Personnel Files - Agency

and Contract Staff.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

Agency Policy Chapter 20, Section I.F.3.d, Pg. 10, addresses this provision. Staff interviewed reported the BOP conducts criminal background checks on all staff and contractors. A review of 18 randomly selected employee, contractor and volunteer personnel files reflected criminal background checks had been completed within the five-year requirement. Background checks on volunteers exceed the requirements of this provision.

115.217(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3.e, Pg. 10.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

During the onsite audit, it was noted neither agency forms or policies addressed all the required elements of this provision. Staff interviewed reported all provisions, except instances of promotions, are addressed. The agency modified Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3.e, Pg. 10 in response to this provision and modified its forms. The agency provided supporting documentation reflected this provision had been implemented.

115.217(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.3.f, Pg. 10. Supplemental Employment Application Information Part II. Background Form, and Employee Background Review Form.

FINDINGS

Agency Policy Chapter 20, Section I.F.3.f, Pg. 10, and the revised forms address this provision.

115.217(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.4, Pg. 10, addresses this provision.

INTERVIEWS:

Administrative (Human Resources) Staff

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.F.4, Pg. 10, addresses this provision. Staff interviewed reported these inquires would be referred to the Agency Head for follow-up.

### Standard 115.218 Upgrades to facilities and technologies

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

**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.**

115.218(a)

POLICY AND DOCUMENT REVIEW:

The agency reported in the PAQ there has been no newly acquired facility, substantial expansion, or modification of existing facilities since August 20, 2012. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.G.4, Pg. 11.

INTERVIEWS:

Agency Head and Director

FINDINGS

The agency reported there has been no newly acquired facility, substantial expansion, or modification of existing facilities since August 20, 2012. Agency Policy Chapter 20, Section I.G.4, Pg. 11, addresses this provision. Staff interviewed also reported there had been no upgrades to the facilities or technology since August 20, 2012. The auditor determined this standard was not applicable.

115.218(b)

POLICY AND DOCUMENT REVIEW:

The agency reported in the PAQ there has been no newly acquired facility, substantial expansion, or modification of existing facilities since August 20, 2012. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section I.G.4, Pg. 11.

INTERVIEWS:

Agency Head and Director

FINDINGS

The agency reported there has been no newly acquired facility, substantial expansion or modification of existing facilities since August 20, 2012. Agency Policy Chapter 20, Section I.G.4, Pg. 11, addresses this provision. Staff interviewed also reported there had been no upgrades to the facilities or technology since August 20, 2012. The auditor determined this standard was not applicable.

**Standard 115.221 Evidence protocol and forensic medical examinations**

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

**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.**

115.221(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.A.1, Pg. 12, and B.1.c, Pg. 13. The agency reported in the PAQ that they conduct only administrative investigations and that all criminal investigations are conducted by the San Antonio Police Department (SAPD) and that the agency does not conduct any administrative investigations. Letter to the SAPD dated 10-27-15; Memorandum of Understanding (MOU) Forensic Nurse Examiner Services dated 10-26-16; MOUs with Rape Crisis Center dated 3-2-16 and 12-16-16.

INTERVIEWS:

Random Sample of Staff

FINDINGS

During the onsite audit, some agency staff reported all criminal investigations are conducted by the San Antonio Police Department and that the agency does not conduct any administrative investigations. Random staff interviewed reported they would secure the scene where a reported alleged incident occurred until SAPD arrived. Staff reported allegations of sexual abuse would be reported to the SAPD, the PREA Coordinator and/or PREA Managers or supervisors. In discussing investigative protocols and reviewing agency policy, it was noted the agency policy did not initially address administrative investigations. Administrative investigations are referred to as "Fact Finding" by staff. It was recommended the agency modify policy and address administrative investigations and implement the uniform evidence protocols in collaboration with the SAPD. The agency modified Agency Policy Chapter 20, Section II.A.1, Pg. 12, and B.1.c, Pg. 13, in response to this provision. The initial MOU Forensic Nurse Examiner Services was not signed/dated, and it is recommended the MOU be finalized, signed and dated. A subsequent MOU Forensic Nurse Examiner Services was presented that was signed and dated 10-26-16.

115.221(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.A.1, Pg. 12. The agency reported all criminal investigations are conducted by the SAPD and that the agency does not conduct any administrative investigations. SAPD letter dated 10-27-15. MOU Forensic Nurse Examiner Services dated 10-26-16

FINDINGS

The agency reported all criminal investigations are conducted by the SAPD and the SAPD will also liaison with Sexual Assault Nurse Examiners (SANE) to complete all necessary forensic exams. It was recommended the agency modify policy and implement 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 in collaboration with the SAPD and Methodist Healthcare System of San Antonio, Ltd, L.L.P. d/b/a Methodist Hospital (Methodist Specialty & Transplant Hospital campus). The agency responded by modifying Agency Policy Chapter 20, Section II.A.1, Pg. 12, in response to this provision. The initial MOU Forensic Nurse Examiner Services was not signed/dated, and it was recommended the MOU be finalized, signed and dated. A subsequent MOU Forensic Nurse Examiner Services was presented that was signed and dated 10-26-16.

115.221(c)

**POLICY AND DOCUMENT REVIEW:**

The agency reported in the Pre-Audit Questionnaire there have been no forensic medical exams conducted in the past 12 months. MOU Forensic Nurse Examiner Services dated 10-26-16

**INTERVIEWS:**

SAFE/SANE Staff

**FINDINGS**

The initial MOU Forensic Nurse Examiner Services was not signed/dated, and it was recommended the MOU be finalized, signed and dated. A subsequent MOU Forensic Nurse Examiner Services was presented that was signed and dated 10-26-16. The MOU requires that services will be provided at no cost to the alleged victim and that costs will be billed to the agency. Staff interviewed reported there was a current MOU in place and did not believe their services have ever been needed in the past.

115.221(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.A.1 and 3, Pg. 12. MOU with The Rape Crisis Center, signed and dated 3-2-16.

**INTERVIEWS:**

PREA Coordinator. At the time of the audit, there were no residents who had reported a sexual abuse to interview specific to this provision.

**FINDINGS**

Agency Policy Chapter 20, Section II.A.1 and 3, Pg. 12, addresses this provision. The agency has an MOU with The Rape Crisis Center, signed and dated 3-2-16. Staff interviewed reported that in coordinating the MOU with the Rape Crisis Center, she referred to the PREA standards. She reported the Rape Crisis Center staff are familiar with the PREA standard requirements.

115.221(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.A.3.d, Pg. 13. MOU with The Rape Crisis Center, signed and dated 3-2-16.

**INTERVIEWS:**

PREA Coordinator. At the time of the audit, there were no residents who had reported a sexual abuse to interview specific to this provision.

**FINDINGS**

Agency Policy Chapter 20, Section II.A.3.d, Pg. 13, addresses this provision. The agency had an MOU with The Rape Crisis Center, dated 3-2-16. Staff interviewed reported the Rape Crisis Center would provide a qualified and trained victim advocate. Additionally, she reported that she assigned qualified and trained staff to serve as the staff advocate to accompany the victim to the hospital. The agency's mental health staff and other qualified staff have been requested to assist as victim advocates and have been thoroughly trained.

115.221(f)

**POLICY AND DOCUMENT REVIEW:**

Letter to the SAPD dated 12-15-16

**FINDINGS**

At the time of the onsite audit, a letter to the SAPD, dated 10-27-15, was presented. The letter did not indicate the agency has requested the SAPD follow 115.221(a-e). It was recommended the agency request the SAPD follow 115.221(a-e). Subsequently, the agency provided a copy of a letter to the SAPD requesting the investigating agency (SAPD) follow the PREA standards. The letter was dated 12-15-16.

115.221(g)

This provision is not applicable, as the agency is not required to respond to this provision.

115.221(h)

This provision is not applicable, as the agency is not required to respond to this provision.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

115.222(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.B.2, Pg. 13. The agency reported in the PAQ that four (4) allegations of sexual abuse and sexual harassment had been received in the past 12 months and all resulted in administrative investigations. The agency reported all criminal investigations are conducted by the SAPD and that the agency does not conduct any administrative investigations. The agency also reported there were four allegations of sexual abuse and sexual harassment that were received in the past 12 months and that all four resulted in administrative investigations. Review of all four (4) investigative files.

INTERVIEWS:

Agency Head

FINDINGS

In discussing investigative protocols and reviewing agency policy, it was noted the agency policy did not initially address administrative investigations. Administrative investigations are referred to as "Fact Finding" by staff. A review of the investigative files reflected missing elements that needed to be properly documented. Staff interviewed reported criminal investigations are handled by the SAPD and administrative investigations are handled by the Assistant Unit Manager or upper management. Any incident involving a BOP resident would result in the BOP being automatically notified. It is recommended the agency policy be enhanced to ensure all administrative and criminal investigations of sexual abuse and sexual harassment allegations are completed. Although no allegations were referred for criminal investigation, it was recommended for future purposes that the agency coordinate with SAPD to ensure criminal investigations are tracked and completed. The policy needs to be implemented once investigative staff are properly trained, particularly as it pertains to administrative investigations. The agency modified Agency Policy Chapter 20, Section II.B.2, Pg. 13, in response to this provision. Additionally, the agency provided training documentation reflecting staff had participated in PREA Investigations training. During a subsequent onsite audit, staff reported there had been no new allegations received since the previous onsite audit.

115.222(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.B.1, Pg. 13. The agency reported all criminal investigations are referred and conducted by the SAPD. Webpage documentation.

INTERVIEWS:

Investigative Staff

FINDINGS

Agency Policy Chapter 20, Section II.B.1, Pg. 13, addresses this provision. The agency policy requires, plus staff confirmed, all criminal investigations are referred and conducted by the SAPD. It was recommended the agency publish such policy on its website or make the policy available through other means. The agency needs to develop a process to document all referrals. The agency provided supporting documentation and the auditor verified the agency published its policy on the agency's website.

115.222(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section II.B.1.e, Pg. 13.

FINDINGS

Agency Policy Chapter 20, Section II.B.1.e, Pg. 13, addresses this provision. The agency reported all criminal investigations are conducted by the San Antonio Police Department and that the agency does not conduct any investigations. It was recommended the agency create a publication that describes the responsibilities of both the agency and the investigating entity. The agency provided supporting documentation and the auditor verified the agency published its policy on the agency's website.

115.222(d)

This provision is not applicable, as the agency is not required to respond to this provision.

115.222(e)

This provision is not applicable, as the agency is not required to respond to this provision.

## Standard 115.231 Employee training

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

**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.**

115.231(a)

### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.A.2, Pg. 14. Training curriculum and training attendance records.

### INTERVIEWS:

Random Sample of Staff

### FINDINGS

Staff interviewed reported receiving the required training on all PREA topics. Agency policy states, "Crosspoint has a zero-tolerance policy towards all forms of sexual misconduct within Crosspoint facilities and program activities. Per agency policy, #15, pg. 3, Sexual Misconduct is defined as "This manual uses the term 'sexual misconduct' as an umbrella term covering 'sexual harassment', 'sexual abuse', and 'sexual assault'. Each of these is defined by specific features and criteria and to avoid confusion, when all three forms of sexual behavior are being referred to 'sexual misconduct' will be used. Although, it is not required that the agency use the PREA terms verbatim, while interviewing staff, the auditor noted most staff interpreted 'sexual misconduct' to sexual abuse and not sexual harassment. Some staff, when defining sexual misconduct, did not include sexual harassment as part of the definition. It is recommended either the policy be revised to give 'sexual harassment' equal importance or training, including subsequent training/literature, be modified to ensure staff and residents recognize sexual abuse and sexual harassment carry equal weight in the PREA Standards and to facilitate a sexually safe environment. It was also recommended all the PREA topics be included in the agency policy. The agency modified Agency Policy Chapter 20, Section III.A.2, Pg. 14, in response to this provision and provided refresher training to include all topics required by this provision. The agency also responded to the concerns that staff did not give equal importance to sexual harassment. Staff reported they will emphasize the components of sexual harassment, sexual abuse and sexual assault in all training materials. The Zero Tolerance Policy posting and the Orientation and Acknowledgement form was also revised to emphasize sexual harassment.

115.231(b)

### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.A.4-5, Pg. 14. Training attendance records

### FINDINGS

Agency Policy Chapter 20, Section III.A. 4-5, Pg. 14, addresses this provision. Staff reported male and female staff are assigned to both male occupied facilities and primarily female staff are assigned to the female facility. Male staff assigned to the female facility are trained in accordance with this provision.

115.231(c)

### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.A.6, Pg. 14. The agency reported in the PAQ that they had trained or retrained 71 staff that have contact with residents. Random selection of staff training records.

### FINDINGS

Agency Policy Chapter 20, Section III.A.6, Pg. 14, addresses this provision. The agency reported and agency policy states, "In addition to annual training requirements, if deemed necessary employees involved in an incident requiring PREA reporting will participate in an incident review and refresher training after all investigation and fact finding has been completed." Prior to the onsite audit, all but two randomly selected staff files indicated staff had received PREA training during January - May 2016. In response to provision 115.231(a), follow-up training records provided reflected staff, including the two that had previously not completed the PREA training, had received and completed the PREA refresher training by December 12, 2016.

115.231(d)

### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.A.7, Pg. 15. Training forms and training attendance records.

### FINDINGS

Agency Policy Chapter 20, Section III.A.7, Pg. 15, addresses this provision. Documentation provided did not reflect the employees understand the training they have received. During the onsite audit, the agency immediately implemented corrective action by modifying the employee acknowledgment

form to reflect the employee understand they training they have received upon signing the form. A review of completed training attendance records reflected staff signatures with the proper acknowledgement statement required by this provision.

### Standard 115.232 Volunteer and contractor training

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

**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.**

115.232(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.B, Pgs. 15-16. Training Records. Visitor Tiers Appendix. The agency reported in the Pre-Audit Questionnaire that no volunteers or contract staff had received PREA training.

#### INTERVIEWS:

Volunteers and Contractors Who may have Contact with Residents

#### FINDINGS

Agency Policy Chapter 20, Section III.B, Pgs. 15-16, addresses this provision. During the onsite audit, a random selection of volunteer and contract staff reflected they had completed the PREA training. Randomly selected volunteer and contract staff interviewed reported receiving the required PREA training. Follow-up training records provided reflected volunteers and contractors had received and completed the PREA refresher training by December 12, 2016.

115.232(b)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.B.1-2, Pg. 15. Training Records. Visitor Tiers Appendix

#### INTERVIEWS:

Volunteers and Contractors Who may have Contact with Residents

#### FINDINGS

Agency Policy Chapter 20, Section III.B.1-2, Pg. 15, addresses this provision. Staff utilize a tier system that outlines the required training based on the level of access contractors/volunteers have to residents. Volunteers and contractors interviewed reported receiving PREA training and the reporting requirements. Acknowledgement forms are signed.

115.232(c)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.B.2.e-f, Pg. 16. Training Records.

#### FINDINGS

Agency Policy Chapter 20, Section III.B.2.e-f, Pg. 16, addresses this provision. Documentation provided does not reflect the employees understand the training they have received. The agency immediately implemented corrective action by modifying the volunteer/contractor acknowledgment form to reflect the employee understand they training they have received upon signing the form. A review of completed training attendance records reflected staff signatures with the proper acknowledgement statement required by this provision.

### Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



Does Not Meet Standard (requires corrective action)

**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.**

115.233(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.C, Pgs. 16-17. Resident Intake Records: 16 records reviewed during the initial onsite audit; eight (8) reviewed during the post-audit onsite review. Resident Handbook. PREA Brochure. The agency reported 472 residents were provided with inmate education in the past 12 months.

**INTERVIEWS:**

Intake Staff and Random Sample of Residents

**FINDINGS**

Agency Policy Chapter 20, Section III.C, Pgs. 16-17, addresses this provision. Staff interviewed reported residents were provided the resident education required during intake. Most residents interviewed reported receiving the required PREA education during intake. The PREA Coordinator reported the PREA resident education process was implemented April 2016. Some of the resident records, in which the intake process occurred prior to April 2016, reflected the residents did not receive the appropriate PREA information as required by this provision. Similar as with agency staff, it is recommended all resident education materials/information give equal consideration to sexual abuse and sexual harassment. This would also be consistent with the BOP policy. The auditor noted the PREA Brochure is much more thorough than the Resident Handbook. The resident handbook does not specify how a resident may make a report of sexual abuse or sexual harassment (verbally, in writing, call hotline, grievance process). The auditor recommended the agency consider attaching the brochure to the resident handbook as part of the education materials provided to residents. In doing so, when the resident acknowledges receipt of the handbook by signing, and because the brochure is incorporated into the handbook, there would be supporting documentation the resident was admonished of the required PREA related information. In response to the corrective action, staff reported continued emphasis on sexual harassment will become standard for residents, and the brochure will be included in the Center Policies and Procedures as an appendix. Staff reported residents receive a copy of the brochure and the Center Policies Handbook is provided as a reference copy. The auditor observed the Handbook is posted on the bulletin board in order to afford continued access to all residents. During the follow-up onsite audit, a review of eight randomly selected resident records reflected all residents were provided the required PREA education during intake.

115.233(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.C.1, Pg. 16. Resident Intake Records.

**INTERVIEWS:**

Intake Staff and Random Sample of Residents

**FINDINGS**

Agency Policy Chapter 20, Section III.C.1, Pg. 16, addresses this provision. Agency policy (Section III.C(2)(a) requires residents receive information during intake, including when residents transfer from another RRC. Residents interviewed reported being transferred from a BOP facility. Staff interviewed reported all residents are provided with the required information during intake, with most providing the information within hours, and at the most within 72 hours. During the follow-up onsite audit, a review of eight randomly selected resident records reflected all residents were provided the required PREA education during intake, and all within two days.

115.233(c)

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.C.1.c, Pg. 16 and 3, Pg. 17. Resident education materials. The resident handbooks were available in English and Spanish.

**FINDINGS**

Initially, there was no agency policy for this provision. It is recommended the agency develop and implement agency policy in response to this provision. Agency Policy Chapter 20, Section III.C.1.c, Pg. 16 and 3, Pg. 17, addresses this provision. During the initial onsite audit, resident handbooks were only available in English. It was recommended resident education materials (handbooks) be available in other language(s) (Spanish, etc.), or otherwise disabled materials, as needed. It was noted, due to program design and the agency's mission to reintegrate residents back into the community, residents with serious disabilities would not be eligible to participate in this program. One resident reported he could speak English but preferred the written materials in Spanish. It was recommended the facility ensure all residents are provided PREA related information based on their needs. It was agreed that the implementation of this practice would be reviewed in a subsequent on-site visit. During the subsequent onsite visit, the auditor verified Spanish language written materials were available for the residents at each facility. The PREA Zero Tolerance translation is included in the Resident Handbook.

115.233(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.C.1.c-d, Pgs. 16-17. Resident participation records.

**FINDINGS**

Agency Policy Chapter 20, Section III.C.1.c-d, Pgs. 16-17, addresses this provision. The PREA Resident Education process was implemented April 2016. Most resident records, in which the intake process occurred prior to April 2016, reflected the residents did not receive the appropriate PREA information as required by this provision. It was agreed the auditor would verify implementation during follow-up onsite audit. Agency policy requires the Compliance Manager review issues related to sexual misconduct with residents every 30 days. Documentation reflecting resident participation in these monthly sessions was provided.

115.233(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.C.1.e, Pg. 17. PREA Poster, PREA Brochures

ONSITE REVIEW (TOUR OBSERVATIONS):

On-site observation tour of the Summit House, Alvarez House and Hall House. The auditor noted PREA Posters and PREA Brochures were readily and continuously available.

FINDINGS

Agency Policy Chapter 20, Section III.C.1.e, Pg. 17, addresses this provision. During the on-site observation tour of the Summit House, Alvarez House and Hall House, the auditor noted PREA Posters and PREA Brochures were readily and continuously available. The auditor observed the Handbook was posted on the bulletin board at Hall House in order to afford continued access to all residents.

**Standard 115.234 Specialized training: Investigations**

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

**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.**

115.234(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.D, Pg. 17. The agency reported in the PAQ that no staff had received the required training. Investigative Files. Staff Training Records.

INTERVIEWS:

Investigative Staff

FINDINGS

Staff interviewed reported receiving training on Fact Finding Investigations. A review of the curriculum reflected the required topics were not addressed in accordance with this provision. The investigation files reflected the investigators involved in the investigations had not received the training in conducting such investigations in confinement settings. It was recommended agency policy be developed and implemented in response to this provision. Training curriculum needs to be developed and all investigative staff receive training in conducting such investigations in confinement settings. It was agreed the auditor would verify the implementation of this provision during a follow-up onsite audit. Agency Policy Chapter 20, Section III.D, Pg. 17, was modified in response to this provision and requires annual training. The training was provided by University of Texas at San Antonio and San Antonio Police Department trainers. The training attendance records reflect the training was completed on September 30, 2016.

115.234(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.D.2, Pg. 17. Investigative Files. Training Curriculum.

INTERVIEWS:

Investigative Staff

FINDINGS

Staff interviewed reported receiving training on Fact Finding Investigations, but not all could confirm they received training on each of the required topics in this provision. A review of the investigation files reflected the investigators involved in the investigations had not received the training on all the elements required by this provision. It was recommended agency policy be developed, to include all topics noted in this provision, and be implemented in response to this provision. Training curriculum must be developed and all investigative staff receive training on all the elements required by this provision. It was agreed the auditor will verify implementation during a follow-up onsite audit. Agency Policy Chapter 20, Section III.D.2, Pg. 17, was

modified in response to this provision. The training curriculum addresses the required topics.

115.234(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.D.3, Pg. 17. There was no supporting documentation available for review.

FINDINGS

There was no supporting documentation available for review indicating the investigative staff had participated in and completed the required specialized training in conducting sexual abuse investigations. It was recommended the agency develop a documentation form/technique and document investigative staff participation and completion in specialized training in conducting sexual abuse investigations. Corrective action was verified during a follow-up onsite audit. Agency Policy Chapter 20, Section III.D.3, Pg. 17, addresses this provision. Training attendance records reflect investigative staff completed the required training on September 30, 2016.

115.234(d)

This provision is not applicable, as the agency is not required to respond to this provision.

**Standard 115.235 Specialized training: Medical and mental health care**

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

**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.**

115.235(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section III.E, Pg. 17. The agency reported in the PAQ that no medical and mental healthcare staff had received the training. Staff Training Records.

INTERVIEWS:

Medical and Mental Health Staff. There are no agency medical staff.

FINDINGS

The agency reported no mental health staff had received the specialized training. Mental health staff interviewed reported receiving PREA training. A review of the training curriculum reflected most of the topic required had been addressed. It was recommended the agency policy be modified to include the requirement the medical and mental health staff also received training on the topics listed in this provision. Agency Policy Chapter 20, Section III.E, Pg. 17, was modified in response to this provision. Staff provided supplemental training documentation reflecting training on the required topics was provided by the end of September 2016.

115.235(b)

POLICY AND DOCUMENT REVIEW:

There are no agency medical staff, therefore no facility staff conduct forensic exams.

INTERVIEWS:

Medical and Mental Health Staff. The agency does not have any medical staff, therefore no medical staff were interviewed specific to this provision.

FINDINGS

There are no agency medical staff, therefore no facility staff conduct forensic exams. The auditor determined this provision was not applicable as no facility staff conduct forensic exams.

115.235(c)

POLICY AND DOCUMENT REVIEW:

Staff Training Records.

FINDINGS

There are no medical staff at the facility. Mental health staff training records reflected there was no supporting documentation reflecting mental health

staff had received training on the specialized training for mental health staff. It was recommended agency policy include the required topics listed in this provision and that mental health staff participate and complete the training. The training must be documented. During the follow-up onsite audit, staff provided training attendance records indicating mental health staff had completed the required training on September 2016.

115.235(d)  
POLICY AND DOCUMENT REVIEW:  
Mental Health Staff Training Records

FINDINGS

A review of mental health staff training records reflected the required training, per 115.231 was completed and documented.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

**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.**

115.241(a)  
POLICY AND DOCUMENT REVIEW:  
Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A, Pg. 18, and A.6.c., Pg. 21.

INTERVIEWS:  
Staff Responsible for Risk Screening (at each housing facility) and Random Sample of Residents

ONSITE REVIEW (TOUR OBSERVATIONS):  
On-site observations at Summit House, Alvarez House and Hall House. Upon arrival, residents are initially screened at Summit House then moved to their permanently assigned housing facility: Summit House, Hall House, or Alvarez House (female resident unit). Once at assigned housing facility, the resident is screened again and previously collected information is reassessed.

FINDINGS  
Agency Policy Chapter 20, Section IV.A, Pg. 18. addresses this provision. Staff interviewed at each housing site reported they do screen and assess residents in accordance with this provision. Residents interviewed reported being asked the required questions. The PREA Coordinator reported the program design does not allow convicted sex offenders to participate in the program.

115.241(b)  
POLICY AND DOCUMENT REVIEW:  
Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.3-4. Pgs. 19-20. The agency reported in the PAQ that 472 residents were screened within 72 hours of their entry into the facility. OM Appendix L. Resident Intake Records.

INTERVIEWS:  
Staff Responsible for Risk Screening and Random Sample of Residents

FINDINGS  
Agency Policy Chapter 20, Section IV.A.3-4. Pgs. 19-20, addresses this provision. Staff interviewed reported they have up to 72 hours to complete the screening process but that they complete this process upon the resident's arrival or within the same shift that the resident arrives. Residents interviewed reported being asked the required questions, with some stating they were asked these questions upon arrival. All residents interviewed had transferred in from a BOP facility. The intake screening process begins prior to arrival at the facility when the resident is referred by the BOP; upon arrival at the reception facility (Summit House), staff open an Initial Intake Form; after transfer to the resident's assigned facility, policy requires staff must review and complete the Risk Assessment portion of the CP #33 within 8 hours of arrival. A review of 16 randomly selected resident files reflected a majority of the resident records in which the intake process occurred prior to April 2016, the residents did not receive the appropriate PREA screening as required by this provision. The PREA Resident Screening process was implemented April 2016. It was agreed the auditor would verify continued implementation during a follow-up onsite audit. A review of eight resident files during the follow-up onsite audit visit, reflected all residents were screened within two days of arrival at the facility. The protocol outlined in the OM Appendix L document requires the orientation and assessment process begins prior to the resident's arrival at the facility (directs initial protective measures be initiated, if indicted); upon arrival and within eight hours, the assigned facility staff completes the Initial Risk Assessment; the Unit Manager reviews the Referral and Initial Risk Assessment to verify appropriate response to risk issues the next

business day; and the Case Manager completes the Orientation Assessment within 72 hours. This protocol exceeds the requirements of this provision.

115.241(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.4.d, Pg. 19-20. Initial Intake Form CP #33; Record of Action by Program Review Team CP #69; and Orientation Assessment Interview CP #269

**FINDINGS**

Agency Policy Chapter 20, Section IV.A.4.d, Pg. 19-20, addresses this provision. Assessments appear to be conducted using objective screening instruments.

115.241(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.1.c, Pg. 18. Initial Intake Form CP #33; Record of Action by Program Review Team CP #69; and Orientation Assessment Interview CP #269

**INTERVIEWS:**

Staff Responsible for Risk Screening

**FINDINGS**

Agency Policy Chapter 20, Section IV.A.1.c, Pg. 18, addresses each element of this provision. The forms appear to be objective, but did not reflect the full application of element #7 (Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.). Staff interviewed reported screening residents within the required time frames and the protocol followed. It was noted that staff perception of the resident is not an element considered. Although agency policy reflects full compliance, the application of the full policy is not reflected in the forms used. It is recommended the intake screening process include, at a minimum, the full application of all the elements of this provision. Element #7 (Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.) needs to be incorporated into the intake screening process and implemented. A follow-up onsite audit will be conducted to verify implementation of all the requirements of this provision. The follow-up onsite audit reflected the Orientation Assessment Interview Form (CP #269) was modified to include element #7 of this provision. Supporting documentation was provided and reviewed reflecting the policy had been implemented in accordance with this provision.

115.241(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.2.d-e, Pgs. 18-19. Record of Action by Program Review Team CP #69

**INTERVIEWS:**

Staff Responsible for Risk Screening

**FINDINGS**

Agency Policy Chapter 20, Section IV.A.2.d-e, Pgs. 18-19, addresses this provision. Staff interviewed reported the outcome of the screening is reviewed by the supervisor and the Program Review Team. The agency provided supporting documentation reflecting the Program Review Team reviews the information.

115.241(f)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.6, Pg. 21. The agency reported in the PAQ that no resident had been reassessed in the past 12 months due to the practice being implemented in April 2016. Resident Records.

**INTERVIEWS:**

Staff Responsible for Risk Screening and Random Sample of Residents

**FINDINGS**

Agency Policy Chapter 20, Section IV.A.6, Pg. 21, addresses this provision. Staff interviewed reported the Program Review Team reassesses the resident's risk on a case by case basis and that reassessments may occur within two weeks and every 30 days. A majority of the residents interviewed reported not being asked followup questions as required by this provision. A review of the resident files reflected reassessments were not conducted. The PREA Resident Screening process was implemented April 2016. A majority of the resident records in which the reassessment process occurred prior to April 2016, reflected the residents did not receive the appropriate PREA reassessment as required by this provision. It was agreed the auditor would conduct a follow-up onsite audit to verify continued implementation. A review of randomly selected resident files during the follow-up onsite audit reflected the practice had been implemented. The agency implements the Individual Program Planning Process (IPP) and provided supporting documentation reflecting program goal reassessments every two weeks. Additionally, the Reentry Capital Risk and Responsibility Inventory Dynamic Planning Tool is conducted on residents on a monthly basis and addresses the risk factors.

115.241(g)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.6, Pg. 21. Reentry Capital Risk and Responsibility Inventory Dynamic Planning Tool. Resident Records

**INTERVIEWS:**

PREA Audit Report

Staff Responsible for Risk Screening and Random Sample of Residents

FINDINGS

Staff interviewed reported the Program Review Team reassesses the resident's risk on a case-by-case basis and that reassessments may occur within two weeks and every 30 days. A majority of the residents interviewed reported not being asked follow-up questions as required by this provision. A review of the resident files reflected reassessments were not conducted. The PREA Resident Screening process was implemented April 2016. A majority of the resident records in which the reassessment process occurred prior to April 2016, reflected the residents did not receive the appropriate PREA reassessment as required by this provision. It was recommended agency policy be modified to include each element of this provision. It was agreed the auditor would conduct a follow-up onsite audit to verify continued implementation. Agency Policy Chapter 20, Section IV.A.6.c, was modified in response to this provision. A review of randomly selected resident files during the follow-up onsite audit reflected the practice had been implemented. The agency implements the Reentry Capital Risk and Responsibility Inventory Dynamic Planning Tool is conducted on residents on a monthly basis and addresses the risk factors. Additional supporting documentation reflecting the implementation of this provision was provided. This process and the use of the tool ensure resident information is reviewed on an ongoing basis to ensure a sexually safe environment. This new process appears to exceed the requirements of this provision.

115.241(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.7, Pg. 21.

INTERVIEWS:

Staff Responsible for Risk Screening

FINDINGS

Agency Policy Chapter 20, Section IV.A.7, Pg. 21, addresses this provision. Staff interviewed reported residents are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pertaining to this standard.

115.241(i)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.8, Pg. 21.

INTERVIEWS:

PREA Coordinator and Staff Responsible for Risk Screening

FINDINGS

Agency Policy Chapter 20, Section IV.A.8, Pg. 21, addresses this provision. Staff interviewed reported policy limits access to certain staff, files are maintained in the in the mental health staff offices and electronic files are password protected.

**Standard 115.242 Use of screening information**

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

**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.**

115.242(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5, Pg. 20. Record of Action by Program Review Team CP #69 Form.

INTERVIEWS:

PREA Coordinator and Staff Responsible for Risk Screening

FINDINGS

Staff interviewed reported the prescreening process begins prior to the arrival of the resident. Upon arrival, the screening process continues and is completed. If any risk factors are identified, the resident is referred to mental health staff. Staff reported the Unified Code, per City Ordinance, would not

allow the facility to accept residents with a history of murder or a sex offense. Offenders with this criminal history would not be eligible to participate in this program. Staff reported on strategies utilized to ensure residents at high risk of being sexually victimized are monitored and supervised. It was recommended agency policy be modified to include each element (housing, bed, work, education, and program assignments) required in this provision and make the policy applicable to all residents. Agency Policy Chapter 20, Section IV.A.5, Pg. 20, was modified in response to this provision. The form utilized address all the elements required by this provision.

115.242(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5, Pg. 20.

**INTERVIEWS:**

Staff Responsible for Risk Screening

**FINDINGS**

Agency Policy Chapter 20, Section IV.A.5, Pg. 20, addresses this provision. Staff interviewed reported transgender and intersex resident's own view of his or her own safety would be given serious consideration.

115.242(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.b, Pg. 20.

**INTERVIEWS:**

PREA Coordinator and Transgender/Intersex Residents

**FINDINGS**

Staff interviewed reported housing and program assignments are made on a case-by-case basis. Staff reported mental health staff become involved in the process immediately and that the resident's health and safety, as well as management or security problems are considered. The resident interviewed reported she self identified as transgender and, when offered, she requested a room to herself, which included a personal bathroom with shower, in the male housing facility. The resident reported feeling safe and having no complaints. Staff reported that in 2015, a transgender female was placed in Alvarez House. The auditor requested supporting documentation on the facility's response specific to the 2015 case. It was recommended agency policy be modified to include each element (health and safety, and management or security problems) required in this provision. Agency Policy Chapter 20, Section IV.A.5.b, Pg. 20, was modified in response to this provision. During the follow-up onsite audit, staff provided supplemental information on the 2015 case. The transgender female requested she be housed in the female housing facility instead of one of the male housing facilities. The facility staff responded to her request and placed her in Alvarez House. Being that this was the first request of this nature ever received, the agency staff went to great lengths in accommodating this request by consulting with the BOP staff, the PREA Resource Center staff, and inviting the San Antonio Gender Association to come in and work with their staff. The resident was also a military veteran and the facility noted the Department of Veteran Affairs supported her transition. The resident was no longer at the facility at the time of the audit. These efforts reflect the facility exceeds this provision.

115.242(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5, Pg. 20.

**INTERVIEWS:**

PREA Coordinator, Staff Responsible for Risk Screening, and Transgender/Intersex Residents

**FINDINGS**

Staff interviewed reported the resident's own views with respect to his or her own safety are given serious consideration. The resident interviewed reported she self identified as transgender and feeling safe and voiced no complaints. It was recommended the agency develop and implement policy specific to this provision. Agency Policy Chapter 20, Section IV.A.5.c, Pg. 20, was modified in response to this provision. The supplemental information regarding the 2015 case (115.242(c), reflected the transgender female resident requested she be placed in the female housing unit and noted her views in a letter. The facility's response to the resident's request demonstrated the agency seriously considered her views.

115.242(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.d, Pg. 20.

**INTERVIEWS:**

PREA Coordinator, Staff Responsible for Risk Screening, and Transgender/Intersex Residents

**ONSITE REVIEW (TOUR OBSERVATIONS):**

On-site observations made by the auditor noted the level of privacy afforded to transgender females who choose to remain in the male housing facility. The resident interviewed had a separate room with a private bath/shower room, which afforded her privacy.

**FINDINGS**

Staff interviewed reported transgender residents are given the opportunity to shower separately and are provided a private room that includes a private bath and shower. Staff at Alvarez House reported the facility design and policy allow for no shared showers. Any violation would be considered a major rule violation. The resident interviewed confirmed she has a private room with a private bath and shower. It was recommended the agency develop and implement policy specific to this provision. Agency Policy Chapter 20, Section IV.A.5.d, Pg. 20, was modified in response to this provision.

115.242(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.e, Pg. 20.

INTERVIEWS:

PREA Coordinator and Transgender/Intersex/Gay/Lesbian Residents

FINDINGS

Staff interviewed reported there is no dedicated unit for lesbian, gay, bisexual, transgender, or intersex residents. Staff reported residents are placed in rooms with private showers/restroom for their safety and with input from the resident. Residents interviewed reported there is no unit or wing dedicated solely for lesbian, gay, bisexual, transgender, or intersex residents. The auditor noted Summit House, Alvarez House or Hall House are not designated or dedicated facilities for LGBTI residents. It was recommended the agency develop and implement policy specific to this provision. Agency Policy Chapter 20, Section IV.A.5.e, Pg. 20, was modified in response to this provision.

**Standard 115.251 Resident reporting**

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

**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.**

115.251(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.A.1, Pg. 22. Zero Tolerance Posters. Resident Handbook. PREA Brochure.

INTERVIEWS:

Random Sample of Staff and Random Sample of Residents

ONSITE REVIEW (TOUR OBSERVATIONS):

During the tour, the auditor noted PREA posters were prominently posted throughout the facility. Residents have the privilege of having their own personal cell phones and phones are also available within the facility.

FINDINGS

Staff and residents interviewed reported residents have several options to make a report: in writing, telling staff or a supervisor, call the hotline, call the SAPD, or use a third-party. The auditor noted the PREA Resident Education process was implemented April 2016. Most resident records, in which the intake process occurred prior to April 2016, reflected the residents did not receive the appropriate PREA information as required by this provision. A review of a random selection of resident files reflected the resident education process had been implemented.

115.251(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.A.3, Pg. 22. MOU with The Rape Crisis Center (RCC), signed and dated 3-2-16, and a renewed MOU with the RCC dated 12-16-16.

INTERVIEWS:

PREA Coordinator and Random Sample of Residents

ONSITE REVIEW (TOUR OBSERVATIONS):

During the tour, the auditor noted the Zero Tolerance Poster contained the hotline number to the Rape Crisis Center.

FINDINGS

Staff interviewed reported the agency has entered into an MOU with the local Rape Crisis Center, allows for third-party reporting and the Zero Tolerance Poster includes the RCC hotline. Residents interviewed reported they could call the RCC, and some reported they would make the report anonymously. It was recommended the agency develop and implement policy specific to this provision. It appears this provision has been implemented. Agency Policy Chapter 20, Section V.A.3, Pg. 22, was modified in response to this provision. In regards to the MOU with The Rape Crisis Center, signed and dated 3-2-



16, it was recommended the agency clarify with the RCC how it will immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. A review of the renewed MOU with the RCC, the auditor noted the language was amended to include how the RCC will notify the agency while allowing a resident to remain anonymous upon request.

115.251(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B, Pgs. 22-24. Resident Handbook.

INTERVIEWS:

Random Sample of Staff and Random Sample of Residents

FINDINGS

Staff interviewed reported they could receive reports in writing, verbally, anonymously, via third party, and that any verbal notification received would be immediately documented or before the end of their shift. Residents interviewed reported they would tell staff directly, have a third-party make a report for them, call the hotline, or email someone.

115.251(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.4.c, Pg. 24.

INTERVIEWS:

Random Sample of Staff

FINDINGS

Agency Policy Chapter 20, Section V.B.4.c, Pg. 24, addresses this provision. Staff interviewed reported they could make reports verbally, in writing, and confidentially. Staff were aware they could not make the anonymously, since they could be included as part of the investigation. The auditor noted, although staff were aware they could make a report confidentially, there was no indication any staff were familiar with the CP #60 Form as no one mentioned or reference the use of the form. In response to this observation, during the subsequent onsite audit, the agency reported training was enhanced and that the CP #60 form is a basic reporting form that all staff is familiar with.

### Standard 115.252 Exhaustion of administrative remedies

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

**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.**

115.252(a)

POLICY AND DOCUMENT REVIEW:

The agency is not exempt from this standard as the agency's policy does have administrative procedures to address resident grievances regarding sexual abuse: Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C, Pgs. 25-27.

115.252(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.1, Pgs. 25-26. Resident Handbook.

FINDINGS

Agency Policy Chapter 20, Section V.C.1, Pgs. 25-26, addresses this provision. It was recommended the agency modify the resident handbook to include the grievance process specific to this standard. The resident handbook grievance process was modified in response to this provision.

115.252(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.1, Pgs. 26. Resident Handbook.

FINDINGS

It was recommended the agency modify agency policy to include and implement this provision and modify the resident handbook to include this

provision. Agency Policy Chapter 20, Section V.C.1, Pgs. 26 and the resident handbook, Pg. 20, were modified in response to this provision.

115.252(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.4, Pg. 26-27. The agency reported in the PAQ, there have been no grievances filed that alleged sexual abuse in the past 12 months.

**INTERVIEWS:**

There were no residents who had reported sexual abuse available to interview specific to this provision.

**FINDINGS**

It was recommended the agency modify the policy to mirror this provision to ensure all elements are complied with and create a tracking mechanism when grievances are filed by the residents alleging sexual abuse. It was recommended the agency modify the resident handbook to include the grievance process specific to this standard. Agency Policy Chapter 20, Section V.C.4, Pg. 26-27, and the resident handbook were modified in response to this provision.

115.252(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.3, Pg. 26. The agency reported in the PAQ there have been no third party reports made in the past 12 months.

**FINDINGS**

It is recommended agency policy be modified to include staff members and attorneys as third parties. It was recommended the agency modify the resident handbook to include the third parties reporting process specific to this standard. Agency Policy Chapter 20, Section V.C.3, Pg. 26, and the resident handbook were modified in response to this provision.

115.252(f)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.4.a, Pg. 26. The agency reported in the PAQ that there had been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.

**FINDINGS**

It is recommended agency policy be modified to include emergency grievances. It was recommended the agency modify the resident handbook to include the emergency grievance process specific to this standard. Agency Policy Chapter 20, Section V.C.4.a, Pg. 26, and the resident handbook were modified in response to this provision.

115.252(g)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.3, Pg. 27. The agency reported in the PAQ there have been no resident grievances received alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

**FINDINGS**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.C.3, Pg. 27, addresses this provision.

**Standard 115.253 Resident access to outside confidential support services**

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

**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.**

115.253(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.D, Pg. 27. Resident Handbook, PREA Brochure, PREA Posters

**INTERVIEWS:**

PREA Audit Report

Random Sample of Residents. There were no residents who had reported sexual abuse available to interview specific to this provision.

ONSITE REVIEW (TOUR OBSERVATIONS):

During the tour, the auditor noted the PREA Zero Tolerance posters were prominently posted throughout the facility.

FINDINGS

Agency Policy Chapter 20, Section V.D, Pg. 27, resident handbook, and the PREA brochure address this provision. Residents interviewed reported they had not reported a sexual abuse or sexual harassment incident while at the facility. It was recommended the address of the Rape Crisis Center be added to information provided to the residents. The form was modified to include the RCC address in response to this provision.

115.253(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.D.2, Pg. 27.

INTERVIEWS:

Random Sample of Residents. There were no residents who had reported sexual abuse available to interview specific to this provision.

FINDINGS

Residents interviewed reported they had not reported a sexual abuse or sexual harassment incident while at the facility. It was recommended agency policy be modified to include and address this provision. Agency Policy Chapter 20, Section V.D.2, Pg. 27, was modified in response to this provision.

115.253(c)

POLICY AND DOCUMENT REVIEW:

MOU with The Rape Crisis Center signed and dated 3-2-16.

FINDINGS

A MOU with The Rape Crisis Center was signed and dated on 3-2-16 and subsequently renewed on 12-16-16.

**Standard 115.254 Third-party reporting**

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

**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.**

115.254(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.E, Pgs. 27-28. Agency Website. Third Party Report Form CP #268.

FINDINGS

Agency Policy Chapter 20, Section V.E, Pgs. 27-28, addresses this provision. The Third Party Form is available on the agency's website: <http://www.crosspointinc.us/PREA.php>

**Standard 115.261 Staff and agency reporting duties**

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

**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.**

115.261(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.3.a, Pg. 24.

INTERVIEWS:

Random Sample of Staff

FINDINGS

Agency Policy Chapter 20, Section V.B.3.a, Pg. 24, addresses this provision. Staff interviewed reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, including any retaliation against residents or staff who reported such incidents and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.261(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B, Pgs. 22-23.

INTERVIEWS:

Random Sample of Staff

FINDINGS

Agency Policy Chapter 20, Section V.B, Pgs. 22-23, addresses this provision. Staff interviewed reported they would report allegations to their supervisors, duty officer, management, or the SAPD. Staff reported they would use the CP #60 Reporting Form to document the incident.

115.261(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.3.c, Pg. 24.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS

Staff interviewed reported they use the Consent Form with residents and are required to follow the reporting requirements. Staff reported not being aware of any PREA incident. It was recommended the agency develop and implement policy in response to this provision. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.3.c, Pg. 24, was modified in response to this provision.

115.261(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.3.d, Pg. 24. The agency reported in the PAQ that they house residents over 18 years of age.

INTERVIEWS:

Facility Director and PREA Coordinator

FINDINGS

Agency Policy Chapter 20, Section V.B.3.d, Pg. 24, addresses this provision. Staff interviewed reported they do not have any residents younger than 18 years of age.

115.261(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.4, Pg. 24.

INTERVIEWS:

Facility Director

FINDINGS

Staff interviewed reported all allegations are reported to the PREA Unit Managers, the facility's designated investigators. It was recommended the agency develop and implement policy in response to this provision. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.4, Pg. 24, was modified in response to this provision.

### Standard 115.262 Agency protection duties

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

**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.**

115.262(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.B.1, Pg. 23. The agency reported in the PAQ that there were no instances in which the agency determined that a resident was subject to a substantial risk of imminent sexual abuse.

#### INTERVIEWS:

Agency Head, Facility Director, and Random Sample of Staff

#### FINDINGS

Agency Policy Chapter 20, Section V.B.1, Pg. 23, addresses this provision. Staff interviewed reported on the protocols that would be followed if the agency learns a resident is subject to substantial risk of imminent sexual abuse. All reported immediate action would be taken to protect the resident. Staff reported there had been no reported incidents in the past 12 months.

### Standard 115.263 Reporting to other confinement facilities

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

**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.**

115.263(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.G.1.b, Pg. 28. The agency reported in the PAQ there was one allegation the facility received that a resident was abused while confined at another facility.

#### FINDINGS

The agency provided documentation reflecting the notification process followed for an allegation reported in July 2015. The documentation indicated the allegation was reported to the head of the contractor agency. Staff reported not being aware of the PREA requirements in response to the reported allegation at that time and acknowledged now being aware of the PREA reporting requirements. Since then, Agency Policy Chapter 20, Section V.G.1.b, Pg. 28, was developed in response to this provision.

115.263(b)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.G.1.c, Pg. 29.

#### FINDINGS

The agency provided documentation reflecting the notification process followed for an allegation reported in July 2015. The documentation indicated the allegation was reported outside of the 72-hour requirement. Staff reported not being aware of the PREA requirements in response to the reported allegation at that time and acknowledged now being aware of the PREA reporting requirements. Since then, Agency Policy Chapter 20, Section V.G.1.c,

Pg. 29, was developed in response to this provision.

115.263(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.G.1.d, Pg. 29.

**FINDINGS**

The agency provided documentation reflecting the notification process followed for an allegation reported in July 2015. Agency Policy Chapter 20, Section V.G.1.d, Pg. 29, was developed in response to this provision.

115.263(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.G.3, Pg. 29. The agency reported in the PAQ they had not received any allegation of sexual abuse from other facilities.

**INTERVIEWS:**

Agency Head and Facility Director

**FINDINGS**

Staff interviewed reported no allegations had been reported in the past 12 months. Staff reported the allegation would be referred to the proper staff for a follow-up investigation. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.G.3, Pg. 29, was modified in response to this provision.

**Standard 115.264 Staff first responder duties**

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

**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.**

115.264(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.I.a, d and e, Pg. 30. The agency reported in the PAQ there were no allegations received that a resident was sexually abused in the past 12 months.

**INTERVIEWS:**

Security Staff and Non-Security Staff First Responders. There were no residents who had reported sexual abuse available to interview specific to this provision.

**FINDINGS**

Staff interviewed reported they would secure information; separate the alleged victim from the alleged perpetrator; protect, and calm the alleged victim; instruct the victim on what actions to take in order to preserve any evidence; secure the scene; notify the Unit Manager/Duty Officer, and SAPD if it is a serious incident; and maintain confidentiality. It was recommended the agency modify policy to include 'brushing teeth and changing clothes' for both the alleged victim and the alleged perpetrator in accordance with this provision. Agency Policy Chapter 20, Section V.I.a, d and e, Pg. 30, was modified in response to this provision. It was recommended the agency create a 1<sup>st</sup> Responder Checklist to ensure all PREA related protocols are followed. This would be part of the Coordinated Response - 115.265. The agency created the Crosspoint Staff First Responder Checklist, Form CP #275, in response to this provision. Supporting documentation was also provided reflecting staff training completed during December 2016.

115.264(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.I.f, Pg. 30. The agency reported in the PAQ there were no incidents in which a non-security staff member was the first responder in the past 12 months.

**INTERVIEWS:**

Security Staff and Non-Security Staff First Responders and Random Sample of Staff

FINDINGS

Staff interviewed were security staff and reported they would instruct the alleged victim not to take any actions that could destroy evidence. It was recommended the agency develop and implement policy in response to this provision. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section V.I.f, Pg. 30, was modified in response to this provision.

**Standard 115.265 Coordinated response**

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

**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.**

115.265(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.B, Pgs. 31-32. There was no institutional plan presented for review during the initial onsite audit.

INTERVIEWS:

Facility Director

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.B, Pgs. 31-32, was modified and addresses this standard. Staff interviewed outlined the protocols that would be followed through the coordinated response protocol. It was recommended the agency develop a written institutional plan for each facility: Summit House, Alvarez House and Hall House. The agency created OM Appendix K Institutional Plan which outlines the protocol staff are to follow at each housing facility in response to an incident.

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

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

**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.**

115.266(a)

POLICY AND DOCUMENT REVIEW:

This standard is not-applicable. The agency reported Texas is an At-Will-Employment State.

INTERVIEWS:

Agency Head

FINDINGS

The agency head reported Texas is an At-Will-Employment State, therefore this standard is not applicable.

115.266(b)

This provision is not applicable, as the agency is not required to respond to this provision.

### Standard 115.267 Agency protection against retaliation

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

**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.**

115.267(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.1, and 2.a, Pg. 32.

FINDINGS

Agency Policy Chapter 20, Section VI.C.1, and 2.a, Pg. 32, addresses this provision. Agency policy designates the Program Administrator to monitor any retaliation or fear of retaliation.

115.267(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.2, Pg. 32. Investigative Files.

INTERVIEWS:

Agency Head, Facility Director, and Designated Staff Member Charged with Monitoring Retaliation. There were no residents who had reported sexual abuse available to interview specific to this provision.

FINDINGS

Staff interviewed reported options they would utilize for residents would include informing the resident of the policy to protect him/her from retaliation, moving the resident to another floor or facility, increase the level of supervision or monitoring (increase number of rounds); if a resident is retaliating, the resident could be moved to another floor or facility, face adjusted disciplinary accountability efforts, or removal from the program by the BOP. Options that would be utilized for staff would include touching base with the staff often, changing shifts, or moving to another facility; if a staff member is retaliating, that individual could be transferred to another facility, placed on investigatory suspension, or be terminated. It was recommended the agency consider additional options (some listed in this provision) other than just removing the alleged perpetrator. The additional options should be added to the agency policy and new protocols implemented and monitored. Agency Policy Chapter 20, Section VI.C.2, Pg. 32, was modified in response to this provision.

115.267(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.3.a-b, Pgs. 32-33. The agency reported in the PAQ they would monitor the conduct or treatment of residents or staff for 90 days and that there had been no reported incidents of retaliation in the past 12 months. Investigative Files

INTERVIEWS:

Facility Director and Designated Staff Member Charged with Monitoring Retaliation

FINDINGS

Staff interviewed reported on the various items monitored for residents and staff to detect retaliation. Staff provided varying responses on the duration of the monitoring (for some time, 60 days, and 90 days), but all reported if there was any indication of possible on-going retaliation, the monitoring efforts would continue even up to the time the resident is released. It was recommended the agency policy be modified to include the items the agency should monitor as listed in the provision, as well as any additional items. The agency policy and new protocols are to be implemented and monitored. Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.3.a-b, Pgs. 32-33, was modified in response to this provision.

115.267(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.3.c, Pgs. 33.

INTERVIEWS:

PREA Audit Report



## Designated Staff Member Charged with Monitoring Retaliation

### FINDINGS

Staff interviewed reported on the strategies they would use while conducting periodic status checks. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VI.C.3.c, Pgs. 33, was modified in response to this provision.

115.267(e)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VI.C.3.c, Pgs. 33.

#### INTERVIEWS:

Agency Head and Facility Director

### FINDINGS

Staff interviewed reported on the measures they would take in response to an individual who fears retaliation for cooperating in an investigation. The measures taken would be specific to the individual: resident or staff. The auditor reviewed the investigative files, and one of the files reflected an indication of possible retaliation by other residents against a resident who reported an allegation. The resident was no longer at the facility at the time of the onsite audit. It was recommended the forms be enhanced and staff document all monitoring efforts in response to any potential retaliation by residents or staff. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VI.C.3.c, Pgs. 33, was modified in response to this provision.

115.267(f)

This provision is not applicable, as the agency is not required to respond to this provision.

## Standard 115.271 Criminal and administrative agency investigations

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

**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.**

115.271(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2, Pg. 34. The agency reported all criminal investigations are conducted by the San Antonio Police Department and that the agency does not conduct any administrative investigations. Investigative Files

#### INTERVIEWS:

Investigative Staff

### FINDINGS

Staff interviewed reported an investigation would be initiated immediately and that third party and anonymous reports are investigated the same as any other investigations. The agency reported all criminal investigations are conducted by the San Antonio Police Department and that the agency does not conduct any administrative investigations. After further discussion it was determined administrative investigations are referred to as "Fact Finding" and are conducted. A review of four investigative files (all appeared to be related to sexual harassment) reflected not all the activity is consistently documented. All residents involved in these incidents were no longer at the facility at the time of the onsite audit. The Unit Managers (UMs) are the designated investigators. The auditor noted the UMs conduct investigations for allegations made within their respective assigned facility. It was recommended UMs be assigned to investigate allegations made in a facility they were not assigned to ensure objectivity. The agency agreed with the recommendation and implemented the practice on 5-6-16. It was recommended agency policy be modified and require administrative investigations are conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The policy must be implemented. Agency Policy Chapter 20, Section VII.A.2, Pg. 34, was modified in response to this provision. During the subsequent onsite audit, staff reported there had been no new allegations or investigations.

115.271(b)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.c, Pg. 34. Training Records.

INTERVIEWS:  
Investigative Staff

FINDINGS

Staff interviewed reported receiving training on "Fact Finding." A review of the staff training records reflected the staff had not received the specialized training required under 115.234. It was recommended the agency develop and implement policy in response to this provision and immediately train all investigative staff in accordance with 115.234 and 115.271. Agency Policy Chapter 20, Section VII.A.2.c, Pg. 34, was modified in response to this provision. Subsequent training documentation submitted reflected all designated investigative staff received and completed the required training in September 2016.

115.271(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.d, Pg. 34. Investigative Files

INTERVIEWS:  
Investigative Staff

FINDINGS

Staff interviewed reported they would secure and protect the alleged victim, secure the scene for the SAPD investigators, and interview all parties. Any allegation involving a BOP resident would require they notify the BOP prior to proceeding. A review of the investigative files reflected not all the activity is consistently documented. The agency policy partially addressed this provision. It was recommended the agency modify and implement policy in response to this provision. Agency Policy Chapter 20, Section VII.A.2.d, Pg. 34, was modified in response to this provision.

115.271(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.d, Pg. 34. Investigative Files

INTERVIEWS:  
Investigative Staff

FINDINGS

Staff reported they would not conduct these interviews, and would refer the case to the SAPD. A review of the investigative files reflected not all the activity is consistently documented. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VII.A.2.d, Pg. 34, was modified in response to this provision.

115.271(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.d, Pg. 34, and e, Pg. 35.

INTERVIEWS:  
Investigative Staff. There were no residents who had reported sexual abuse available to interview, specific to this provision.

FINDINGS

Staff interviewed reported they would take all allegations seriously and would investigate. Staff reported they would not require a resident submit to a polygraph examination or other truth-telling device. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VII.A.2.d, Pg. 34, and e, Pg. 35, was modified in response to this provision.

115.271(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.g and j, Pg. 35. Investigative Files

INTERVIEWS:  
Investigative Staff

FINDINGS

Staff interviewed reported they would conduct interviews of staff and residents and would report any ethical violations with a recommendation to the Program Administrator. All reported they prepare a written report, which includes a description of what happened, parties involved, supporting documentation, findings, and recommendations. A review of the investigative files reflected not all the activity is consistently documented. Agency policy partially addresses this provision. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VII.A.2.g and j, Pg. 35, was modified in response to this provision.

115.271(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.1, Pg. 34.

INTERVIEWS:  
Investigative Staff

FINDINGS

Agency Policy Chapter 20, Section VII.A.1, Pg. 34, addresses this provision. Staff reported there had been no criminal investigations in past 12 months. Staff interviewed reported criminal investigations would be conducted by the SAPD. It was recommended the agency request SAPD comply with the PREA standards and document the request. The agency submitted a written request to the SAPD on 12-15-16.

115.271(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.1, Pg. 34. The agency reported in the PAQ that there had been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 2012.

INTERVIEWS:

Investigative Staff

FINDINGS

Agency Policy Chapter 20, Section VII.A.1, Pg. 34, addresses this provision. Staff interviewed reported criminal cases are referred to the SAPD for investigation. It was recommended the agency request SAPD comply with the PREA standards and document the request. The agency submitted a written request to the SAPD on 12-15-16.

115.271(i)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.4, Pg. 35.

FINDINGS

Agency Policy Chapter 20, Section VII.A.4, Pg. 35, addresses this provision.

115.271(j)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.i, Pg. 35.

INTERVIEWS:

Investigative Staff

FINDINGS

Staff interviewed reported the investigation would still proceed until completed, and that law enforcement would be notified. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VII.A.2.i, Pg. 35, was modified in response to this provision.

115.271(k)

This provision is not applicable, as the agency is not required to respond to this provision.

115.271(l)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.i, Pg. 35.

INTERVIEWS:

Facility Director, PREA Coordinator, and Investigative Staff

FINDINGS

Agency Policy Chapter 20, Section VII.A.2.i, Pg. 35, addresses this provision. Staff interviewed reported the no incident has occurred requiring a status check on a criminal investigation and that the agency had a good working relationship with the SAPD. If the need should arise, the PREA Coordinator would stay in communication with the SAPD. Staff reported they would assist the SAPD with the investigation as needed. It was recommended the agency ensure cooperation with the SAPD in response to this provision. The agency submitted a written request to the SAPD on 12-15-16.

**Standard 115.272 Evidentiary standard for administrative investigations**

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

**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.**

115.272(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.A.3.b, Pg. 35.

INTERVIEWS:

Investigative Staff

FINDINGS

Agency Policy Chapter 20, Section VII.A.3.b, Pg. 35, addresses this provision. Based on interviews, there was an indication the investigative staff were not familiar with the term, "Preponderance of the Evidence." It was highly recommended all staff assigned with investigative duties be properly trained as soon as possible. Subsequent training documentation submitted reflected all designated investigative staff received and completed the required training in September 2016.

**Standard 115.273 Reporting to residents**

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

**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.**

115.273(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.1, Pgs. 35. The agency reported in the PAQ there had been no criminal or administrative investigations of alleged resident sexual abuse completed in the past 12 months. Fact Finding Investigation Cover Sheet CP #271 Form; PREA Response Form, CP #270.

INTERVIEWS:

Director and Investigative Staff. There were no residents who had reported sexual abuse available to interview specific to this provision.

FINDINGS

Staff interviewed reported procedures require residents be informed as to whether the allegation was substantiated, unsubstantiated, or unfounded. It is recommended the agency inform residents as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and such notifications be documented. It was recommended agency policy and the notification form be modified to reflect only the required information the resident is to be notified of in accordance with this provision. Agency Policy Chapter 20, Section VII.B.1, Pgs. 35, and the form were modified in response to this provision.

115.273(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.2, Pg. 36. The agency reported in the PAQ there had been no criminal or administrative investigations of alleged resident sexual abuse completed in the past 12 months.

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.2, Pg. 36, addresses this provision. It was recommended the agency request SAPD comply with the PREA standards and document the request. The agency submitted a written request to the SAPD on 12-15-16.

115.273(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.3, Pg. 36. PREA Response Form, CP #270.

INTERVIEWS:

There were no residents who had reported sexual abuse available to interview specific to this provision.

FINDINGS

It was recommended agency policy and the notification form be modified to reflect only the required information the resident is to be notified of in accordance with this provision. Agency Policy Chapter 20, Section VII.B.3, Pg. 36, and the form were modified in response to this provision.

115.273(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.4, Pg. 36. PREA Response Form, CP #270.

INTERVIEWS:

There were no residents who had reported sexual abuse available to interview

FINDINGS

It was recommended agency policy and the notification form be modified to reflect only the required information the resident is to be notified of in accordance with this provision. Agency Policy Chapter 20, Section VII.B.4, Pg. 36, and the form were modified in response to this provision.

115.273(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VII.B.6, Pg. 36. The agency reported in the PAQ there were no notifications made to residents. It was noted there were no sexual abuse investigations in the past 12 months, therefore there were no notification requirements. Fact Finding Investigation Cover Sheet CP #271 Form. PREA Response Form, CP #270.

FINDINGS

It was recommended agency policy be modified to include attempted notifications shall also be documented. Agency Policy Chapter 20, Section VII.B.6, Pg. 36, and the form were modified in response to this provision.

115.273(f)

This provision is not applicable, as the agency is not required to respond to this provision.

**Standard 115.276 Disciplinary sanctions for staff**

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

**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.**

115.276(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.A.1, Pg. 37.

FINDINGS

Agency Policy Chapter 20, Section VIII.A.1, Pg. 37, addresses this provision.

115.276(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.A.1, Pg. 37. The agency reported in the PAQ there were no staff that had violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS

It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VIII.A.1, Pg. 37, addresses this provision.

115.276(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.A.3, Pg. 37. The agency reported in the PAQ there were no staff that had violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS

It was recommended agency policy be modified to include: "(other than actually engaging in sexual abuse)" as stated in this provision. Agency Policy Chapter 20, Section VIII.A.3, Pg. 37, was modified in response to this provision.

115.276(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.A.4, Pg. 37. The agency reported in the PAQ there were no staff that had violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS

Agency Policy Chapter 20, Section VIII.A.4, Pg. 37, addresses this provision.

**Standard 115.277 Corrective action for contractors and volunteers**

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

**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.**

115.277(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.B, Pg. 37. The agency reported in the PAQ there had been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

FINDINGS

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.B, Pg. 37, addresses this provision.

115.277(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.B, Pg. 37.

INTERVIEWS:

Facility Director

FINDINGS

Staff interviewed reported contractors and volunteers would be removed from the facility swiftly if there were a violation of sexual abuse or sexual harassment policies. Agency Policy Chapter 20, Section VIII.B, Pg. 37, addresses this provision.

**Standard 115.278 Disciplinary sanctions for residents**

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

**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.**

115.278(a)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1, Pgs. 37-38. The agency reported in the PAQ there were no administrative or criminal findings of resident-on-resident sexual abuse that had occurred at the facility in the past 12 months.

### **FINDINGS**

Agency Policy Chapter 20, Section VIII.C.1, Pgs. 37-38, addresses this provision.

115.278(b)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1, Pgs. 37-38.

### **INTERVIEWS:**

Facility Director

### **FINDINGS**

Staff interviewed reported residents are subject to disciplinary sanctions, that sanctions are proportionate to the nature and circumstance of the abuses committed, the resident's disciplinary history, and sanctions imposed for similar offenses. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VIII.C.1, Pgs. 37-38, was modified in response to this provision.

115.278(c)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1, Pgs. 37-38.

### **INTERVIEWS:**

Facility Director

### **FINDINGS**

Staff reported mental disability or mental illness are also consider when determining the sanction. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VIII.C.1, Pgs. 37-38, was modified in response to this provision.

115.278(d)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.2, Pgs. 38.

### **INTERVIEWS:**

Medical and Mental Health Staff

### **FINDINGS**

Staff interviewed reported services would be provided to the resident, and the resident would not be required to participate as a condition of access to programming or other benefits. It was recommended the agency develop and implement policy in response to this provision. Agency Policy Chapter 20, Section VIII.C.2, Pgs. 38, was modified in response to this provision.

115.278(e)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.3, Pg. 38.

### **FINDINGS**

Documentation in one investigative file involved a sexual harassment allegation against a resident. The resident made an inappropriate comment towards a staff member. This incident resulted in the immediate removal of resident by BOP when the incident was reported to the BOP. This was a decision made by the BOP and not the facility staff. Agency Policy Chapter 20, Section VIII.C.3, Pg. 38, addresses this provision.

115.278(f)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.4, Pg. 38. Resident Handbook.

### **FINDINGS**

Agency Policy Chapter 20, Section VIII.C.4, Pg. 38, addresses this provision. It was recommended this information be included in the resident education materials and include all the language in the provision. The resident handbook was revised to include information pertaining to this provision.

115.278(g)

### **POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1.c, Pg. 38.

### **FINDINGS**

Agency Policy Chapter 20, Section VIII.C.1.c, Pg. 38, addresses this provision.

**Standard 115.282 Access to emergency medical and mental health services**

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

**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.**

115.282(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A, Pg. 39.

**INTERVIEWS:**

Medical and Mental Health Staff. There were no residents who had reported sexual abuse available to interview specific to this provision.

**ONSITE REVIEW (TOUR OBSERVATIONS):**

There are no medical staff or services onsite. Mental health staff are available onsite.

**FINDINGS**

Staff interviewed reported crisis intervention services would be provided immediately and the nature and scope of these services are determined according to their professional judgment. Emergency medical services would be provided by the Methodist Hospital. Agency Policy Chapter 20, Section IX.A, Pg. 39, addresses this provision.

115.282(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.2, Pg. 39. First Responder Checklist Form CP #275.

**INTERVIEWS:**

Security Staff and Non-Security Staff First Responders

**FINDINGS**

Agency Policy Chapter 20, Section IX.A.2, Pg. 39, addresses this provision. Staff interviewed reported they would take actions to protect the alleged victim and would immediately notify their Unit Manager or Duty Officer. There was no indication the appropriate mental health staff would be immediately notified. It was recommended the agency create a First Responder Checklist to ensure all PREA related protocols are followed. This checklist could be part of the Coordinated Response - 115.265. The facility created a First Responder Checklist in response to this provision.

115.282(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.3, Pg. 39.

**INTERVIEWS:**

Medical and Mental Health Staff. There are no medical staff onsite. There were no residents who had reported sexual abuse available to interview

**FINDINGS**

It was recommended agency policy be modified to include information referenced in this provision is provided in a "timely" manner and resident victims are provided "timely access" to emergency contraception. Agency Policy Chapter 20, Section IX.A.3, Pg. 39, was modified in response to this provision.

115.282(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.4, Pg. 39.

**FINDINGS**

Agency Policy Chapter 20, Section IX.A.4, Pg. 39, addresses this provision.



**Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**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.**

115.283(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.B, Pg. 39-40.

**ONSITE REVIEW (TOUR OBSERVATIONS):**

On-site medical services are not provided. Mental health counselors are available onsite to provide crisis intervention and mental health assessments to all residents.

**FINDINGS**

Agency Policy Chapter 20, Section IX.B, Pg. 39-40, addresses this provision.

115.283(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.B, Pg. 39-40. MOU with The Rape Crisis Center

**INTERVIEWS:**

Medical and Mental Health Staff. There are no medical staff onsite. There were no residents who had reported sexual abuse available to interview

**FINDINGS**

Staff interviewed outlined the mental health counseling services that would be provided to the alleged victim. There is no indication victims of sexual abuse would receive follow-up services following their transfer to, or placement in, other facilities, or their release from custody. It was suggested follow-up services be offered upon transfer or release. Agency Policy Chapter 20, Section IX.B, Pg. 39-40, was modified in response to this provision. The agency's case managers will refer residents to follow-up services, as appropriate.

115.283(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.B, Pg. 39-40.

**INTERVIEWS:**

Medical and Mental Health Staff. There are no medical staff onsite.

**FINDINGS**

Staff interviewed reported mental health services offered are consistent community level of care. Agency Policy Chapter 20, Section IX.B, Pg. 39-40, addresses this provision.

115.283(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.3, Pg. 39.

**INTERVIEWS:**

There were no residents who had reported sexual abuse available to interview specific to this provision.

**FINDINGS**

Alvarez House is designated for female residents. Agency Policy Chapter 20, Section IX.A.3, Pg. 39, addresses this provision.

115.283(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.3.a, Pg. 39.

INTERVIEWS:

Medical and Mental Health Staff. There are no medical staff onsite. There were no residents who had reported sexual abuse available to interview

FINDINGS

Alvarez House is designated for female residents. It was recommended agency policy be modified to include, "such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services." Agency Policy Chapter 20, Section IX.A.3.a, Pg. 39, was modified in response to this provision.

115.283(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.3.b, Pg. 39.

INTERVIEWS:

There were no residents who had reported sexual abuse available to interview

FINDINGS

Agency Policy Chapter 20, Section IX.A.3.b, Pg. 39, addresses this provision.

115.283(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.4, Pg. 39.

INTERVIEWS:

There were no residents who had reported sexual abuse available to interview

FINDINGS

Agency Policy Chapter 20, Section IX.A.4, Pg. 39, addresses this provision.

115.283(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section IX.A.5, Pg. 39.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS

Staff interviewed reported mental health evaluations would be conducted immediately and offer treatment. Agency Policy Chapter 20, Section IX.A.5, Pg. 39, addresses this provision.

**Standard 115.286 Sexual abuse incident reviews**

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

**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.**

115.286(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.A.1-2, Pg. 41. The agency reported in the PAQ there were four criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the past 12 months. Investigative Files. OM Appendix K.

FINDINGS

Policy indicates CP #271 is to be completed by the fact-finding investigator and the PREA Coordinator and OLT will review the report findings. This provision requires the incident is reviewed, not just the findings. The agency reported there were four investigations, but the file review indicates only one 'Incident Review' was conducted. A review of four investigative files (all appeared to be related to sexual harassment) reflected not all the activity is

consistently documented. All residents involved in these incidents were no longer at the facility at the time of the onsite audit. It is recommended agency policy be modified to reflect the incident is reviewed and policy be implemented. It is recommended the facility conduct sexual abuse incident reviews as required by this provision. The policy indicates all Sexual Misconduct incidents, which include sexual harassment, are reviewed. Agency Policy Chapter 20, Section X.A.1-2, Pg. 41, was modified in response to this provision. The policy was updated to include incident and report review of ALL substantiated or unsubstantiated incidents. This policy EXCEEDS the requirements of this provision as it includes sexual harassment investigations.

115.286(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.A.2, Pg. 41. The agency reported there was one criminal and/or administrative investigation of alleged sexual abuse completed at the facility that was followed by a sexual abuse incident review within 30 days. Investigative Files.

**FINDINGS**

The agency reported there were four investigations (all appear to be sexual harassment), but the file review indicates only one 'Incident Review' was conducted within 30 days. It was recommended the facility conduct sexual abuse incident reviews within 30 days of the conclusion of the investigation as required by this provision. Agency Policy Chapter 20, Section X.A.2, Pg. 41, was modified in response to this provision.

115.286(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.A.2, and 3.f, Pg. 41. Fact Finding Investigation Cover Sheet CP #271.

**INTERVIEWS:**

Facility Director

**FINDINGS**

Staff interviewed reported upper management officials participate in the review team. The review is made by the Operations Leadership Team (OLT). It was recommended the review team receive input from line supervisors, investigators, and medical or mental health practitioners. It was also recommended documentation of review team minutes or reports be maintained. Agency Policy Chapter 20, Section X.A.2, and 3.f, Pg. 41, and the form were modified in response to this provision.

115.286(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.A.3, Pg. 41.

**INTERVIEWS:**

Facility Director, PREA Coordinator, and Incident Review Team

**FINDINGS**

Staff interviewed reported information resulting from the incident review team is used to determine training needs, needed modifications to the physical plant, changing agency policies/procedures, address staffing levels, and resident housing changes. Staff referenced some of the required elements listed in this provision. Staff reported the Incident Review Report is referred to the PREA Coordinator. There was no documentation available to review indicating the six elements in this provision are addressed. It was recommended incident review reports reflect all six elements listed are addressed. Agency Policy Chapter 20, Section X.A.3, Pg. 41, was modified in response to this provision.

115.286(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.A.6, Pg. 42. Fact Finding Investigation Cover Sheet CP #271.

**FINDINGS**

Policy addresses actions to be taken regarding staff, volunteers, vendors, and contractors. It was recommended the facility implement the recommendations for improvement (additional staff, review classification, etc.). The CP #271 includes items not stated in the policy. Agency Policy Chapter 20, Section X.A.6, Pg. 42, and Form CP #271, were modified in response to this provision.

**Standard 115.287 Data collection**

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

**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.**

115.287(a)/(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B, Pg. 42. CP #272

FINDINGS

It was noted the definitions might not match the PREA definitions. It was recommended the agency definitions match the PREA definitions to ensure the accurate collection of data. It is recommended data collected is based on the most recent version of the Survey of Sexual Violence:

<http://www.bjs.gov/index.cfm?ty=dcdetail&iid=406>. Agency Policy Chapter 20, Section X.B, Pg. 42, was modified in response to this provision.

115.287(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.1, Pg. 42.

FINDINGS

Agency Policy Chapter 20, Section X.B.1, Pg. 42, was modified in response to this provision. An annual report was provided during the subsequent onsite audit.

115.287(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.1.b, Pg. 42.

FINDINGS

It is recommended agency policy be modified and implemented to reflect data maintained, reviewed and collected is based from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Agency Policy Chapter 20, Section X.B.1.b, Pg. 42, was modified in response to this provision.

115.287(e)

POLICY AND DOCUMENT REVIEW:

The agency reported it does not contract for the confinement of its residents.

FINDINGS

The agency reported it does not contract for the confinement of its residents. This provision is not applicable.

115.287(f)

FINDINGS

The agency reported the DOJ has not requested such data.

### **Standard 115.288 Data review for corrective action**

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

**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.**

115.288(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B, Pg. 42.

INTERVIEWS:

Agency Head and PREA Coordinator

FINDINGS

Agency Policy Chapter 20, Section X.B, Pg. 42, addresses this provision. Staff interviewed reported the data is reviewed annually at the end of the year to assess and improve on the agency's effectiveness of its sexual abuse prevention, detection, and response policies and training. The report is prepared and presented to the board for its February meeting. At the time of the initial onsite audit, there was no annual report to review. The auditor requested and the agency prepared its first annual report and submitted it during the subsequent onsite audit.

115.288(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.2, Pg. 42. 2016 Annual Report.

FINDINGS

Agency Policy Chapter 20, Section X.B.2, Pg. 42, addresses this provision. Agency policy requires the report be reviewed and approved by the CEO by January 31. At the time of the initial onsite audit, there was no annual report to review. The auditor requested and the agency prepared its first annual report and submitted it during the subsequent onsite audit.

115.288(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.2, Pg. 42, and 4, Pg. 43. 2016 Annual Report.

INTERVIEWS:

Agency Head

FINDINGS

Staff interviewed reported he reviews and approves the report prior to submitting it to the board. At the time of the initial onsite audit, there was no annual report to review. The auditor requested and the agency prepared its first annual report and submitted it during the subsequent onsite audit. The report submitted reflects the PREA Coordinator and CEO's signatures. The summary page of the report is posted on the agency's website.

115.288(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.4, Pg. 43.

INTERVIEWS:

PREA Coordinator

FINDINGS

Staff interviewed reported personal identifying information is redacted from the report. At the time of the initial onsite audit, there was no annual report to review. The auditor requested and the agency prepared its first annual report and submitted it during the subsequent onsite audit. The 2016 Annual Report posted on the agency website does not contain sensitive information.

**Standard 115.289 Data storage, publication, and destruction**

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

**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.**

115.289(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.C.1, Pg. 43.

INTERVIEWS:

PREA Coordinator

FINDINGS

Staff interviewed reported she collects and keeps all PREA data and information in a locked cabinet. Agency Policy Chapter 20, Section X.C.1, Pg. 43, addresses this provision.

115.289(b)

**POLICY AND DOCUMENT REVIEW:**

The agency reported it does not contract with other facilities.

**FINDINGS**

The agency reported it does not contract with other facilities. This provision is not applicable.

115.289(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.B.4.a, Pg. 43. Agency website.

**FINDINGS**

Agency Policy Chapter 20, Section X.B.4.a, Pg. 43, addresses this provision. The report posted on the agency's website does not include personal identifiers.

115.289(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy (Operations Manual) Sexual Misconduct (PREA) Chapter 20, Section X.C, Pg. 43.

**FINDINGS**

Although policy is not required, Agency Policy Chapter 20, Section X.C, Pg. 43, partially addresses this provision.

**AUDITOR CERTIFICATION**

I certify that:

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

Ana T. Aguirre, ATA3 Consulting, LLC (Electronic Signature)

1-29-17

Auditor Signature

Date