

PREA Facility Audit Report: Final

Name of Facility: Crosspoint, Inc. Summit and Alvarez House

Facility Type: Community Confinement

Date Interim Report Submitted: 07/31/2019

Date Final Report Submitted: 02/08/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Ana T. Aguirre, ATA3 Consulting, LLC	Date of Signature: 02/08/2020

AUDITOR INFORMATION	
Auditor name:	Aguirre, Ana
Address:	
Email:	ata3consulting@gmail.com
Telephone number:	
Start Date of On-Site Audit:	05/28/2019
End Date of On-Site Audit:	05/31/2019

FACILITY INFORMATION	
Facility name:	Crosspoint, Inc. Summit and Alvarez House
Facility physical address:	301 Yucca, San Antonio, Texas - 78203
Facility Phone	(210) 508-2617
Facility mailing address:	301 Yucca, San Antonio, Texas - 78203

Primary Contact	
Name:	Kevin J. Downey
Email Address:	kevin.downey@cpsatx.org
Telephone Number:	(210) 549-4700

Facility Director	
Name:	Elisa Lopez-Canseco
Email Address:	lisa.lopez@cpsatx.org
Telephone Number:	(210) 549-4675

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	114
Current population of facility:	127
Average daily population for the past 12 months:	92
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	19-67
Facility security levels/resident custody levels:	Community Confinement Facility
Number of staff currently employed at the facility who may have contact with residents:	57
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Crosspoint, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	301 Yucca Street, San Antonio, Texas
Mailing Address:	
Telephone number:	(210) 225-0864

Agency Chief Executive Officer Information:	
Name:	Kevin J. Downey
Email Address:	kevin.downey@cpsatx.org
Telephone Number:	(210) 549-4700

Agency-Wide PREA Coordinator Information			
Name:	Rose Santillan	Email Address:	rose.santillan@cpsatx.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) onsite audit of Summit House and Alvarez House Facility in San Antonio, Texas, was conducted on May 28-31, 2019, 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. The scope of the current audit includes Summit House and Alvarez House. The agency underwent a prior onsite PREA Audit. The onsite visit was conducted May 30 – June 3, 2016. At that time, the audit included the review of Summit House, Alvarez House, and Hall House. The audit report remains posted on the agency's website.

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). The community confinement facility consists of two facilities: Summit House – all male facility with an RRC capacity of 85; and Alvarez House – all female facility with an 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 conducted a site review of the Summit House and Alvarez House properties. The auditor interviewed residents assigned to both Summit House and Alvarez House. The auditor also interviewed staff from all four shifts at both Summit House and Alvarez House.

Pre-Audit Phase

The contract was finally agreed to and signed between the agency and the auditor on 3/10/19. Both parties agreed that the onsite audit would be scheduled for May 27-29, 2019. The onsite audit was subsequently rescheduled to May 28-31, 2019 due to a holiday, and both parties agreed to the change.

The auditor met with the facility audit team via telephone on 3/21/19 to discuss the PREA audit process, logistics and access to the facility, set goals and expectations, accessing the Online Audit System (OAS), and set timelines. On 3/28/19, the auditor provided the audit team the PREA Audit Request for Information Regarding PREA Incidents and Investigations and Investigations Flowchart Form; Screening and Classification Form; and the PREA Audit Notices (English and Spanish), which included posting instructions. The audit notices included instructions on mailing confidential correspondence to the auditor. The PREA Audit Process Map was not reissued, since the PREA coordinator was familiar with the process based on her experience with the 2016 PREA audit process.

In preparation for the onsite audit, the facility completed the Pre-Audit Questionnaire (PAQ) via the Online Audit System (OAS). The agency initiated the process to access the OAS by 3/28/19 and was granted access on 3/29/19. The PAQ was completed on 4/22/19, at which time the auditor was provided access to the PAQ for review. The auditor reviewed all documentation, materials, and data submitted by the facility in the PAQ. The documentation reviewed included agency policies and procedures; ; organizational chart; forms; PREA educational materials (English and Spanish); training documentation; interagency collaborative agreements; and data reports.

The facility posted the required PREA Audit Notices on 3/29/19, 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 the PREA Audit requirements. The pictures reflected the notices were posted in the following locations: Summit House – Dining Area, Hallway – Resident’s Floor, Reception Area, Resident Common Area 1, Resident Common Area 2, and Resident Common Area 3; Alvarez House – Dining Area, Facility Entrance, Living Area 1, Living Area 2, Resident Common Area 1, and Resident Common Area 2. While onsite, the auditor noted the notices were posted in the following areas: Summit House – Entrance, Reception Area, Hallways, Elevator Entrance, Bulletin Boards, Kitchen, Dining, Workout Room, Community Rooms, Board Room, Water Cooler, Offices, and Library. Alvarez House – Entrance, Community Rooms, Stairwell, Kitchen, TV Room Hallway, and Office Entrance. The notices were printed in bright yellow paper and were posted either separately or, when posted next to other posted information, still stood out because they were the only posted information in bright yellow. The agency agreed to maintain the notices posted a minimum of six weeks after the onsite audit.

On 4/4/19, the audit team provided the auditor with the completed PREA Audit Request for Information Regarding PREA Incidents and Investigations and Screening and Classification Forms, as well as the Investigations Flowchart. On 5/20/19, the auditor provided the facility with a proposed agenda for the onsite audit visit and requested the following facility lists, which included instructions on which information would be needed upon arrival onsite: complete resident roster; roster of residents with disabilities; roster of residents who are Limited English Proficient (LEP); roster of residents who are Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI); roster of residents who reported a sexual abuse; a complete staff roster; roster of specialized staff; a roster of contractors and volunteers who may have contact with residents; lists of grievances, incident reports, allegations of sexual abuse and sexual harassment, and hotline calls. The auditor confirmed she would be arriving onsite on 5/28/19. The auditor received emailed confirmation from the PREA coordinator that the agenda and requested facility lists had been received and would be ready upon arrival. On 5/24/19, the facility’s audit team provided the staff roster and pre-interview list, which allowed the auditor to make a preliminary list of staff to interview while onsite. The auditor provided a copy of the Issue Log to the facility’s audit team on 3-26-19, which indicated additional information needed as a result of the pre-onsite audit review process.

Onsite Audit Phase

An entrance interview was held on 5/28/19 with the following administrative staff: Kevin Downey, PH.D., Chief Executive Officer; Elisa Lopez-Canseco, Program Administrator; Rose Santillan, PREA Coordinator and Quality Assurance Administrator. The audit process was reviewed, including the progress made during the pre-onsite audit phase; the onsite agenda with the expected onsite review of Summit House and Alvarez House; arrangements for confidential interviews with staff and residents; and file reviews. The auditor emphasized every effort would be made to conduct the required tasks with minimal interference with the facility’s operation.

On the first day of the onsite audit, the auditor toured the Summit House and Alvarez House and observed the following: the facilities' configurations; camera locations; staff to resident ratios; housing unit layouts, including the shower areas; placement of PREA related information; resident intake and admission; resident programming areas; and areas designated for staff support/operational areas. The auditor noted the shower areas allow residents to shower privately and one at a time. The auditor conducted a mock admission/screening with staff and noted all residents are received at Summit. Prior to arrival, a pre-screening is conducted between facility staff and BOP staff to ensure the resident meets the placement criteria of the facility. Staff ensure all needed information is reviewed prior to the resident's arrival at the facility. Female residents are received at Summit and then transferred to Alvarez House to complete the initial assessment and screening process. All residents are provided their PREA educational information during the intake and screening process and are given their assigned room. The orientation process is completed within 72 hours. Within seven to 10 days, the Ohio Risk Assessment System (ORAS) is administered and is used as the reassessment tool and is administered at least every 30 days until the resident is released or discharged. The auditor conducted informal staff and resident interviews while conducting the onsite review and arranged her schedule to allow for onsite observation of each shift at both Summit House and Alvarez House.

Interview and File Selection Methodology

During the onsite audit phase, the auditor was provided a meeting space to conduct confidential interviews with staff and residents at both Summit House and Alvarez House. Formal interviews were conducted with facility staff, residents, contractors, and volunteers. 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 and first responder duties and protocols. Resident interviews included, but were not limited to, the following topics: their general 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 how to report and 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.

Staff Selection – Interviews (Onsite)

Crosspoint, Inc., employs 57 staff. The agency reported there were two contracts with contractors, which included a total of 12 individual contract staff who may have contact with the residents, and five volunteers who may have contact with residents. Using the staff roster, the auditor interviewed the following randomly selected staff: Day Two – one female resident monitor (RM), one female case manager (CM) and one female assistant unit manager (AUM) at Summit House, and two female RMs and one CM at Alvarez House; Day Three – two male RMs and one female RM at Summit House, and one female RM at Alvarez House; and Day Four – one male RM at Summit House, and one female RM at Alvarez House. A total of 12 randomly selected staff were interviewed.

The auditor identified five administrative staff, six specialized staff, two contract staff, and two volunteers to interview based on their roles and responsibilities. Several staff members were interviewed for more

than one interview protocol, based on their roles and responsibilities. Security direct-care staff were randomly selected from all four shifts, which included the administrative shift, and based on their availability.

The auditor interviewed the following administrative staff:

Agency Head – Chief Executive Officer

Director – Program Administrator

PREA Coordinator

Administrative (Human Resources) Staff

Contract Administrator

Specialized staff interviewed included the following:

Investigative Staff – 2

Incident Review Team

Staff Charged with Monitoring Retaliation

Screening Staff

Intake Staff

Random Sample of Staff – 12

Contract Staff – 2

Volunteers – 2

The random sample of staff were interviewed from the following shifts:

1. 7:00 AM – 3:00 PM;

2. 3:00 PM – 11:00 PM;

3. 11:00 PM – 7:00 AM; and

4. 8:00 AM – 5:00 PM.

Resident Selection - Interviews

Using the resident roster dated 5/28/19, which reflected a current population of 77 males at Summit House and 23 females at Alvarez House, for a total of 100 residents. The auditor selected every tenth name from the Summit House Resident Roster and adjusted the random selection after identifying the required targeted resident interviews. Because the number of residents listed on the female resident roster was smaller, the auditor prioritized the targeted resident interviews then randomly selected the residents based on their availability. A total of 18 residents were interviewed – 10 from Summit House and eight from Alvarez House.

Residents with Disabilities – 2

Residents who are LEP – 3

LGBTI Residents – 2

Random Sample of Residents – 11 (seven from Summit House; four from Alvarez House)

Staff Selection – Files (Onsite and Post-Onsite Audit):

Crosspoint, Inc., employs 57 staff. Files were requested for 11 of the 12 randomly selected staff interviewed, plus 10 files of staff members not interviewed. The auditor reviewed a total of 21 files, four specialty staff files, two contract staff files and two volunteer files.

The auditor reviewed the following files:

Employees – 21

Administration – 1

Specialty Staff – 7

New Hires – 11
Promoted – 1
Investigators – 5
Contract Staff – 2
Volunteers – 2

Total files requested and reviewed: 25*

* Some files were reviewed for more than one purpose, based on the applicable provision (e.g., staff hired in the past 12 months and completed PREA training).

Staff Selection – Files:

All of the randomly and targeted residents selected to be interviewed had their files reviewed. The auditor requested and was provided one additional resident file to review. A total of 19 resident files were reviewed. For each resident file requested, the auditor requested the following information: intake screening, classification, resident education, sexual abuse and sexual harassment incidents (none reported by residents whose files were reviewed), and reassessment (reclassification) records. The following resident files were selected for review:

Residents who are LEP – 3
LGBTI Identified Residents – 2
Residents with Physical Disabilities – 2
Residents – 19**

**19 – Some files were reviewed for multiple purposes (e.g., LEP resident was screened).

An exit interview was conducted on Friday, May 31, 2019, with the following administrative staff: Kevin Downey, PH.D., Chief Executive Officer; Elisa Lopez-Canseco, Program Administrator; Rose Santillan, PREA Coordinator and Quality Assurance Administrator. Also, in attendance were the following: two program administrators, and the executive assistant. The auditor provided a brief preliminary summary of the onsite audit process and the next steps that would take place during the post-onsite audit phase.

Post-Onsite Audit Phase

The auditor completed the review of the employee, resident and investigative files during the post-onsite audit phase. Supplemental documentation, including revised forms and policies, were provided by agency staff as requested by the auditor. A follow-up meeting was conducted with agency staff on 12/7/19 to review the corrective action milestones. Additional interviews were conducted and additional file information was secured during this time.

The auditor was provided a copy of the American Correctional Association (ACA) Commission on Accreditation for Corrections Standards Compliance Reaccreditation Audit Report (dated May 22-23, 2017). A review of the report reflected no concerns specific to the PREA Standards. The auditor was also provided and reviewed a copy of the Federal Bureau of Prisons (BOP) Reentry Services Division Monitoring Report dated 12/7/18. The report reflected it was for a full monitoring visit conducted November 26-28, 2018. The BOP conducts annual monitoring visits based on the contractual agreement with the agency. The report did not reflect any concerns related to the PREA standards and reflected that the facility was in compliance with PREA. The auditor also reviewed a U.S. Pretrial Services Office (USPSO) monitoring report dated 1/25/19, which covered the period from 6/19/18 through 12/6/18. The USPSO is under the BOP. The report did not reflect any concerns related to the PREA standards

The auditor conducted an internet research prior to the onsite audit. Additionally, the auditor was able to

download the prior PREA Audit Report, but was subsequently unable to access the additional PREA information. Staff reported they had been working on the agency's website. 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. During the corrective action phase, the auditor completed the review of the agency's PREA information on its website. The auditor also contacted Just Detention International (JDI) to ensure the facility had no reports with their agency. JDI reported they have not received any information regarding Crosspoint, Inc.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Crosspoint, Inc., operates a Residential Reentry Center (RRC) Program whose purpose is to help criminal justice system involved residents reintegrate into the community. The community confinement facility consists of two facilities: Summit House and Alvarez House. The Summit House is located at 301 Yucca in San Antonio, Texas, which is where the agency's main administrative offices are located. Alvarez House is located at 605 Augusta in San Antonio, Texas, which is approximately seven miles from Summit House. The facility is overseen by the Crosspoint Board of Directors and operated by the chief executive officer. The facility provides a structured residential environment for individuals referred by the BOP. Every resident referred by the BOP undergoes an assessment and individualized program planning. Through program participation, the resident earns privileges, which allows him/her to become further integrated into the community.

On the first day of the audit, the current population stood at 23 female residents at Alvarez House and 77 male residents at Summit House, for a total of 100. The agency reported 429 residents had been admitted to the facility in the past 12 months, with 331 residents whose length of stay in the facility was for 30 or more days, and 333 residents admitted whose length of stay in the facility was for 72 or more hours. The agency reported two contracts (SA Catering & Life Skills) with 12 individual contractor staff who may have contact with residents, and five volunteers who may have contact with residents. The agency reported it employed 57 staff during the past 12 months, and 21 staff were hired and one staff member was promoted during the past 12 months.

The facility does not provide any medical or mental health services onsite; therefore, employs no medical or mental health staff. Staff interviewed reported any identified needs for follow-up medical or mental health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

Summit House utilizes six outdoor cameras and 15 indoor cameras, which cover the reception area, common areas and the hallways. Alvarez House utilizes four outdoor cameras and one camera that covers the foyer. There are no cameras in the resident's rooms or in any shower/toilet areas. No camera is angled to have a view of any toilet or shower area. The agency is currently reviewing the need for additional cameras.

The community confinement facility consists of two facilities: Summit House – all male facility with an RRC capacity of 85; and Alvarez House – all female facility with an RRC capacity of 29. Summit House is a four story building with a ground floor. The reception area, chapel, kitchen and dining, fitness, laundry, meeting and mechanical rooms are located on the ground level floor. The administrative offices are located on the first floor, as well as two meeting rooms and library. The second floor is used to house the BOP residents and also includes the resident monitor's station; staff offices; and storage, locker, laundry, and two multi-purpose rooms. The Veterans Program is operated out of the third floor and is not part of the PREA audit. There is minimal contact between the BOP residents and residents participating in the

Veterans Program. The fourth floor is currently vacant. Alvarez House has the foyer, resident monitor's station and offices for staff, laundry room and kitchen, one meeting/day room, one meeting/TV room, and one American with Disabilities Act (ADA) compliant bedroom on the first floor and seven bedrooms on the second floor. The agency provides staff secure, short-term housing and care for residents over 18 years of age. The 114-bed facility has 45 multiple occupancy housing units and four open bay/dorm housing units.

Each facility is equipped with a day or community rooms and dining areas. Alvarez House is solely designated to house female residents. The facility reported in the PAQ that it contains two buildings. During the onsite review at Summit House, the auditor noted a second building, which was referred to as the garage. The building is used for storage for tools and equipment. The building was locked and staff reported residents do not have access to the building. During the onsite review at Alvarez House the auditor noted a small storage shed and maintenance shed located on the same property. Both sheds were locked and staff reported they are off limits to clients.

The agency oversees other programs that are operated at other locations in San Antonio, Texas, or that are co-located and operated in Summit House or Alvarez House. The auditor noted that allegations of sexual abuse or sexual harassment would be followed through and investigated regardless of the source of the allegation. One of the programs is the Casa Mia Program, which is located at Pryor House. The program offers transitional residential services and provides recovery housing while women access needed outpatient treatment services. Hall House is also at another location and houses residents that have completed the in-patient portion of their substance abuse treatment and are now required to complete outpatient treatment. The Esperanza Program is operated out of Alvarez House and provides transitional residential support to individuals enrolled in the Bexar County Human Trafficking Court. The Veteran's Program is located at the Summit House and is operated out of the third floor. The program offers transitional residential rehabilitation and case management services to homeless veterans.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

Number of Standards Met: 39

115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289

Number of Standards Not Met: 0

N/A

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Crosspoint Table of Organization d. Resident's PREA Brochure #CP58 e. PREA Basic Training Attendance Acknowledgement Form CP# 101 PREA (revised 12/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA coordinator <p>Findings (By Provision):</p> <p>115.211 (a). The agency reported in the PAQ that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment; includes sanction for those found to have participated in prohibited behaviors; and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Policy Section, (p. 1) states, "Crosspoint has a zero-tolerance policy towards all forms of sexual misconduct within Crosspoint facilities and program activities. The Agency Policy, Definition Section (p. 3) states, "Terms 16 through 20 constitute forms of prohibited conduct". Term 17, 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, the resident's PREA brochure refers to sexual abuse and sexual harassment and the agency's PREA Basic Training Attendance Acknowledgement Form includes the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, addresses preventing, detecting and responding to PREA incidents as follows:</p> <ul style="list-style-type: none"> Section I. Prevention Planning (pp. 5-11); Section II. Responsive Planning (pp. 12-13); Section III. Training and Education (pp. 14-17); Section IV. Screening for Risk of Victimization and Abusiveness (pp. 18-21); Section V. Reporting and Response (pp. 22-29); Section VI. Agency Response (pp. 30-33); Section VII. Investigations (pp. 34-36); Section VIII. Discipline (pp. 37-38); Section IX. Medical and Mental Health Care (pp. 39-40); and Section X. Data Collection (pp. 41-43).

115.211 (b). The agency reported in the PAQ that it has employed or designated an upper-level, agency-wide PREA Coordinator. The agency also reported the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency's efforts to comply with the PREA standards in all of its community confinement facilities.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I, B.1, (p. 6) outlines the PREA coordinator's responsibilities. The agency's organizational chart reflects the PREA coordinator reports to the agency head.

Staff interviewed reported having enough time to manage all PREA-related responsibilities, although it is tough. Staff reported there is so much to do due to her overall responsibilities (oversee quality assurance, training and maintenance). She is also a member of the Operations Leadership Team (OLT), which consists of the CEO, Chief Operating Officer (COO), quality assurance, program administrators, human resources and finance. Staff reported recently discussing the goals of the leadership, including the agency's board's goals for the agency. Staff also reported she attends PREA trainings and webinars. While at ACA conferences, she attends PREA related training sessions. She reaches out to other Residential Reentry Centers (Community Confinement Facilities). At the facility, she conducts quarterly trainings and internal audit spot-checks. If anything needs to be corrected or fixed, she will work with the employee and supervisor and have a staffing to make sure staff are aware of what needs to be corrected. Staff reported she also notifies the OLT of any type of discrepancies and corrective action plan, if needed.

Recommendation:

1. Please modify PREA Brochure. As currently worded, it directs the residents to only report sexual assaults. Please ensure it states "Reporting Sexual Abuse and Sexual Harassment"

Agency Response to Recommendation:

1. The agency modified the PREA Brochure to reflect residents are informed they can report allegations of sexual abuse and sexual harassment.

Corrective Action:

1. The auditor recommends no corrective action.

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)</p> <p>2. Interviews:</p> <p>a. Agency contract administrator</p> <p>Findings (By Provision):</p> <p>115.212 (a). The agency reported in the PAQ that it has not entered into or renewed a contract for the confinement of its residents since the last PREA audit. The agency reported there were no contracts for the confinement of residents that the agency entered into or renewed with private entities or government agencies on or after since the last PREA audit.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.C, (p. 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 Federal Bureau of Prisons (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.</p> <p>The auditor noted Crosspoint, Inc., is a private-not-for-profit entity. The agency's contract administrator reported the agency does not contract for the confinement of its residents and only subcontracts for maintenance, air conditioning, and food services. The auditor determined this provision and standard is not applicable.</p> <p>115.212 (b). The agency reported in the PAQ that no contracts require the agency to monitor the contractor's compliance with the PREA standards. The agency reported there were no contracts referenced in 115.212(a) that did not require the agency to monitor the contractor's compliance with the PREA standards.</p> <p>The agency's contract administrator reported the agency does not contract for the confinement of its residents and only subcontracts for maintenance, air conditioning, and food services. The auditor determined this provision and standard is not applicable.</p> <p>115.212 (c). The agency reported in the PAQ that, since August 20, 2012, it has not entered into no contracts with a private agency or other entity that failed to comply with the PREA standards.</p> <p>The agency's contract administrator reported the agency does not contract for the confinement of its residents and only subcontracts for maintenance, air conditioning, and food services. The auditor determined this provision and standard is not applicable.</p> <p>Corrective Action:</p>

1. The auditor recommends no corrective action.

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. 1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Crosspoint Staffing Plan CP #277 (revised 11-19) d. Management Council Meetings <ul style="list-style-type: none"> a. Staffing Plan Updates and Summit/Hall Merge (dated 11-29-17), b. Mid-Year Stats, 2018 Agency Goals/Staff Retention, Accounting Dept. Update, and Training Protocol Issues (dated 2-28-18), c. Finance Dept. Updates (dated 4-11-18), d. 2018 Goals Update (dated 12-12-18), e. Operations Leadership Team (OLT) Meetings <ul style="list-style-type: none"> a. Budget Update (dated 4-17-17), b. Budget Meeting (dated 4-24-17), c. Budget Review, Ad Hoc Tech Committee, Tech Program Report (dated 5-22-17), d. Budget Meeting for FY 2019 (dated 6-14-18) f. Budget Management Meetings (dated 4-19-17, 2-7-18, and 11-1-18), g. Directors Table Meeting regarding security equipment updates bids (dated 10-21-19), h. Summit House, and Alvarez House Staffing Plans (dated 5/13/19) i. Veterans Program, Casa Mia, and Hall House Staffing Plans (dated 12/30/19) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA coordinator <p>Findings (By Provision):</p> <p>115.213 (a). The agency reported in the PAQ that it has developed and documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The agency reported it ensures that each facility's staffing plan takes into consideration the six criteria required under this provision in calculating adequate staffing levels and determining the need for video monitoring. The agency reported the average daily number of residents is 92, and the staffing plan is predicated is predicated on the average daily number of 114 residents.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.1.a.i-iv, (pp. 6-7), addresses this provision and includes all the required elements listed under this provision. The Crosspoint Staffing Plan Form CP #277 contains all the required elements required under this provision.</p> <p>Staff interviewed reported they have a staffing plan that addresses blind spots, considers substantiated and unsubstantiated incidents of sexual abuse and efforts are made to make everyone safe with the amount of resources they have. Staff reported cameras and video monitors are located inside and outside the buildings and they do have availability of the video footage in order to make recommendations for covering blind spots. Staff also reported the</p>

staffing plan is kept with the PREA coordinator to archive. Staff reported the staffing plan was done for the first time this year during the past three-year cycle due to unexpected staff developments. Staff reported, when assessing the adequate staffing levels and need for video monitoring, the staffing plan considers the physical layout of each facility and the gender of the residents. Staff reported safety is considered and accommodations are made for residents with a physical handicap – at the Summit House, residents are placed close to the resident monitor’s station and at Alvarez House, residents are placed on the first floor. Staff reported the plan considers the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the size of the facility. Staff also reported they look at the staffing plan often for the vacancy rate and staffing, which includes 15 full time employees and four case managers. Staff reported due to the census numbers being so low, there was a loss of 1.5 positions, but now the numbers are up and they have to get positions filled.

In response to how the agency will ensure formal staffing plans are conducted annually, staff reported the strategy is to note that the staffing plan is due every February. The agency reviews the budget every year, and in the budget process the agency takes into consideration the staffing plan (adjustments to personnel, facility layout, existing technology, compliance with other contracts and accreditation). Staff reported the actual form was not completed for the past year and that in 2018, they did not have a Director of Operations, and the CEO had a medical emergency; however, when they reviewed the budget, all the elements of the staffing plan are taken into consideration, although the form used to document these discussions was not used. Staff reported the new protocol will be that the program administrator will have the responsibility of completing the staffing plan on an annual basis. Staff reported this corrective action was implemented in August of 2018. Staff added they discovered the previous two staffing plans had not been conducted while completing the PAQ. Upon realizing the error, the 2018 Staffing Plan was conducted. Currently, the program administrator has already begun to work on the 2019 plan, which is taken into consideration during the annual budget process. The agency’s budget year is from July 2019 to June 2020. Staff reported, when assessing adequate staffing levels, they look at the areas where they are deficient or had problems. They note if they have any areas that are off limits or have a blind spot. If identified, they make recommendations to request funds to add cameras or increase the number of rounds in the identified areas. Staff reported they take the composition of the population into consideration. The form was modified to include specific elements of the composition of the resident population – for example male and female and vulnerabilities. This was to ensure they have considered the vulnerable populations they need to take into consideration – increase cameras or staff. Staff added, for example, if their residents were to become 50% LEP, they would have to adjust their staffing plan to ensure they had assigned staff that are bilingual to work with this population. Staff also reported the prevalence of substantiated and unsubstantiated incidents of sexual abuse would be taken into consideration. If they had substantiated cases, they would look at what happened, what did they did wrong, and what they have to do to correct or do something different. Staff reported they had not identified other relevant factors; but that this element is in the form template to ensure it is considered. Staff added human trafficking is taken into consideration in another program the agency operates – for example, the Esperanza Program, which is operated within Alvarez House. The auditor noted, although the BOP contract is the only contract that required PREA compliance, the PREA standards are applied to the other program operations that are outside of the BOP contractual requirements.

During the corrective action phase, staff reported that for the two previous years, the CP #277 staffing plan form was not completed; however, the agency budget was prepared for fiscal year 2017 and 2018 where these areas (staffing and video monitoring) were reviewed and discussed and the budget was approved by the Crosspoint Board of Directors. The agency provided documentation of Management Council, Operations Leadership Team (OLT), Budget Management, and Directors Table Meetings, including items of discussion for each meeting, to support that the staffing plan, although not formally and separately conducted, is considered during these management meetings.

The agency submitted a staffing plan for 2019 (dated 5/13/19) during the onsite audit phase and subsequently, the signed plan and additional staffing plans for the following programs the agency operates, which do not fall under PREA: Veterans Program, Casa Mia, and Hall House.

115.213 (b). The agency reported in the PAQ that it complies with the staffing plan except during limited and discrete exigent circumstances and reported there have been no deviations from the staffing plan; therefore, no written justifications for deviations were needed or recorded.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.1.c (p. 7), addresses this provision. Section I.D.1.b (p. 7), states, "While emergent issues may result in deviation from the plan, at no point will staffing in any building fall below a ratio of one paid staff member for every 30 residential clients. The Unit Manager must not allow any schedule or emergent issue to result in violation of this requirement."

Staff interviewed reported non-compliance is not an option and they have to maintain city code compliance. If required, staff have to work overtime and work six days a week.

115.213 (c). The agency reported in the PAQ that it reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns,(3) the deployment of its video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.1.e.i-iii (p. 7), addresses this provision and includes all the required elements listed under this provision. The Crosspoint Staffing Plan Form CP #277 contains all the required elements required under this provision. Staff interviewed reported they are consulted as part of the budget process.

Corrective Action:

1. Please indicate on the staffing plan where the following have been addressed:

- a. The composition of the resident population;
- b. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- c. Any other relevant factors.

2. Staffing plan is not signed. Please provide last two annual staffing plans. While onsite, the program administrator reported the staffing plan had not been completed, due to medical emergency regarding CEO. It was reported that 2019 was the first time the staffing plan was

done during the past 3-year cycle. If I am misunderstanding this, please provide the assessment of the last two annual staffing plans and indicate on the staffing plan how the agency determined and documented whether adjustments were needed to:

- a. The staffing plan;
- b. Prevailing staffing patterns;
- c. The facility's deployment of video monitoring systems and other monitoring technologies, and;
- d. The resources the facility has available to commit to ensure adequate staffing levels.

Agency's Response to Corrective Action:

1. The Crosspoint Staffing Plan Form CP #277 was revised to include all the required elements.
2. The agency provided a signed 2019 staffing plans for Summit House and Alvarez House. The staffing plan includes all the required elements.
3. The agency provided staffing plans for all the remaining programs, although they do not fall under the PREA audit: Vets Program, Casa Mia, and Hall House, which exceeds the requirement of this standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Situation Report Corrections CP #60 (revised 7/12) d. Meeting & Training Attendance Record CP #101 (revised 2/19) e. Meeting & Training Attendance Record - Searches (dated 8/2/18) f. Meeting & Training Attendance Record – PREA Video (Transgender Pat Searches) (dated 3/7/19) g. Meeting & Training Attendance Record – Searches (PREA Standards Search Video) (dated 5/9/19) h. Meeting & Training Attendance Record – Searches (PREA Standards Search Video) (dated 11/13/19) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Non-medical staff (involved in cross-gender strip or visual searches) b. Random sample of staff c. Transgender/intersex residents d. Random sample of residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Housing Units <p>Findings (By Provision):</p> <p>115.215 (a). The agency reported in the PAQ that it does not conduct any cross-gender strip or cross-gender visual body cavity searches of residents. The agency reported there were no cross-gender strip or cross-gender visual body cavity searches of residents conducted in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.3.h-i, (pp. 8-9), addresses this provision. Policy prohibits strip searches except in emergency situations and when approved and documented in advance by an administrator or above. Policy states, “If a strip search is approved it will be conducted in private with a (sic) least two staff of the same gender present.” Policy also prohibits body cavity searches at all times.</p> <p>Agency policy prohibits cross-gender strip searches, except in emergency situation, and prohibits body cavity searches at all times; therefore, there were no non-medical staff that had been involved in any cross-gender strip or cross-gender visual searches to interview. All random staff interviewed regarding searches reported only pat-down searches are allowed.</p> <p>115.215 (b). The agency reported in the PAQ that it does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The agency reported it does not restrict female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision. The agency reported there were no cross-</p>

gender pat-down searches of female residents that were conducted by male staff in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.3.d, (p. 8) prohibits male staff to female resident pat-down searches, except in exigent circumstances. Section I.D.3.f, (p. 8), states, "Restrictions on pat searches related to gender will not result in residents' being denied program participation."

The auditor interviewed 12 randomly selected staff. Staff reported all female residents are placed at Alvarez House and only female staff are assigned to Alvarez house. Staff reported female residents are only searched by female staff. Staff also reported all male residents are placed at Summit House and female and male staff are assigned to the Summit House. Staff reported female staff can pat-search male residents. The auditor interviewed four random and three targeted female residents, and all confirmed Alvarez House is an all-female facility with only female staff; therefore, have access to regular programming and outside opportunities.

115.215 (c). The agency reported in the PAQ that written policy requires all cross-gender strip searches and cross-gender visual body cavity searches be documented, and including cross-gender pat-down searches of female residents be documented.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.3.h-i, (pp. 8-9), addresses this provision. Policy prohibits strip searches except in emergency situations and when approved and documented in advance by an administrator or above. Policy states, "If a strip search is approved it will be conducted in private with a (sic) least two staff of the same gender present." Policy also requires the documentation of such searches using the Situation Report (CP#60) and the submission of the report to OLT before the staff members leave the facility. Body cavity searches are prohibited at all times. Section I.D.3.e, (p. 8), states, "Any instance of a cross gender pat search of a female client must be documented using a Situation Report (CP #60) by the staff member performing the search and submitted to OLT before the staff member leaves the facility." Agency policy prohibits cross-gender strip searches, except in emergency situation, and prohibits body cavity searches at all times; and reported there were no cross-gender pat-down searches of female residents that were conducted by male staff in the past 12 months; therefore, there was no reported documentation to review. A review of the Situation Report Corrections CP #60 form reflects a "Remarks Concerning Incident" box where staff would document the incident. A separate "review" box includes the designation of the review by the Operations Leadership Team (OLT).

115.215 (d). The agency reported in the PAQ that it has implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The agency reported policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.2.a-c, (pp. 7-8), addresses this provision and require staff of the opposite gender to announce their

presence when entering residents' living quarters, especially sleeping rooms, restrooms or shower areas. Policy also requires staff document circumstances of such viewing, other than in incidental circumstances, using a Situation Report (CP#60) and provide the report to the unit manager before the staff member leaves the facility or work shift. Policy requires the unit manager forward the report to the PREA coordinator for filing and inclusion in the annual PREA report.

The auditor interviewed 12 randomly selected staff. Staff reported they would announce themselves and all reported they would knock on the resident's door and announce themselves before entering the resident's room, and that residents are able to shower, use the toilet and change clothes without staff of the opposite gender viewing them. The auditor interviewed 10 randomly selected residents. Of the 10 residents interviewed, two reported staff did not always announce themselves when entering the floor but indicated female staff always knock at their door and announce themselves. All remaining residents interviewed reported female staff always announce themselves at Summit House. Alvarez House has only female staff assigned to the facility. All residents reported they are never in a state of undress in the presence of staff of the opposite gender. The female residents at Alvarez House reported if maintenance work needed to be done by male staff, they would all be allowed to stay in their rooms and would be moved downstairs in the common areas until the maintenance work was complete. The residents reported female staff would always accompany maintenance staff. During the onsite review, including circumstances when the auditor needed to conduct a follow-up observation, the auditor noted female staff in Summit House did consistently announce themselves. The auditor noted only female staff were assigned to Alvarez House; therefore, no announcements by opposite gender staff was observed.

115.215 (e). The agency reported in the PAQ that agency policy prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The facility reported there were no such searches conducted in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.3.g.i-ii, (p. 8) addresses this provision. All 12 randomly selected staff interviewed 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 is currently housed at Alvarez House, and although not asked whether he wanted to be housed with male or female residents, he prefers staying at Alvarez House. The resident also reported he has only been pat-searched and never been strip searched while at Crosspoint.

115.215 (f). The agency reported in the PAQ 42 percent of all security staff received trained in how to conduct cross-gender pat down searches and how to conduct searches of transgender and intersex residents in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.D.3.f, (p. 8) addresses this provision and requires staff be trained prior to conducting searches. Policy also requires the unit manager or staff supervisor ensure documentation reflects staff has

demonstrated proficiency in this area before conducting pat searches. Section III.A.3, (p. 14) includes training on cross gender and transgender searches on a list of topics required under employee training.

A review of randomly selected files for two case managers, five residential monitors, and one investigator staff training records reflected all had received training on the PREA Transgender Pat Searches (Video).

The auditor interviewed 12 randomly selected staff and three staff reported they had not yet been trained on conducting searches. Of the staff reporting they have been trained, they reported they were trained in a classroom setting or recall watching a video training.

Corrective Action:

1. The auditor recommends no corrective action.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Resident's Orientation Checklist CP #173 (revised 4/16) d. PREA Brochure CP #58 (English and Spanish) e. Center Policies and Procedures (Spanish) CP #109 (revised 11/16) f. Acknowledgement of Receipt CP #8 (English and Spanish) (revised 03/08) g. Center Policies and Procedures (Zero Tolerance Policy) CP #109 (Spanish) (revised 10/2019) h. Resident Files <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head b. Random sample of staff c. Residents (with disabilities or who are limited English proficient) <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Buildings' entrances b. Housing units c. Common areas (day rooms, hallways, dining, library, meeting rooms) <p>Findings (By Provision):</p> <p>115.216 (a). The agency reported in the PAQ that it has established procedures to provide disabled residents (residents who are deaf or hard of hearing; residents who are blind or have low vision; residents who have intellectual disabilities; residents who have psychiatric disabilities; and residents who have speech disabilities) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency reported such steps include, when necessary, the following: ensuring effective communication with residents who are deaf or hard of hearing; providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The agency reported it ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities, limited reading skills, or are blind or have low vision.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.E.1, (p. 9) addresses this provision. The agency provides the PREA brochures in English and Spanish and revised and translated the agency's Zero Tolerance policy to Spanish.</p> <p>Staff interviewed reported they have established procedures to provide residents with disabilities and residents who are limited English proficient an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff reported the facility staff are diverse and some are</p>

bilingual and understand the need for services with responsivity and residents with physical disabilities have access to community service programs. The auditor interviewed two residents with physical disabilities. During the onsite review, the auditor noted that PREA informational posters were prominently posted throughout the facility at both Summit House and Alvarez House: housing units, hallways, dining rooms, exercise rooms, day rooms, and main entrances).

115.216 (b). The agency reported in the PAQ that it has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.E.1-3, (p. 9) addresses this provision. Policy states, "To ensure effective communication, Crosspoint staff generally includes some individuals proficient in the Spanish language. These individuals will be assigned to conduct interviews and/or serve as interpreters for clients whose primary language is Spanish." Policy also requires Spanish language information is provided through brochures and forms.

Three limited English proficient residents were interviewed by the auditor, and one reported not receiving the information during intake in Spanish. The remaining two reported a staff member provided the information in Spanish. A review of the three resident files reflect two did not include a completed or signed orientation checklist (CP #269). As requested, the agency provided two of the three signed CP #269 forms. One resident had been released and the agency no longer had access to his files. The file containing the orientation checklist did not indicate if the staff member that reviewed the orientation packet with the resident is proficient in Spanish. None of the files reflected the residents had signed the CP #8 form, which includes a Spanish language section. As requested, the agency provided the three resident's copies of the completed and signed Acknowledgement of Receipt CP#8 forms. The form includes an English (top portion of form) and Spanish (bottom portion of form) translation. The signatures were documented on the English version of the forms. During the onsite review, the auditor noted that Spanish language PREA informational posters were prominently posted throughout the facility.

115.216 (c). The agency reported in the PAQ agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. The agency reported it documents the limited circumstances in individual cases where resident interpreters, resident readers, or other types of resident assistants are used. The agency reported there were no instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.E.4, (p. 9) prohibits the use of resident interpreters, readers or assistants, except in limited circumstances as permitted by this provision. Policy also requires such incidents be

documented and staff provide the report to OLT.

The auditor interviewed 12 randomly selected staff. Three staff reported they would allow a resident to interpret and assist another resident with limited English proficiency when making an allegation of sexual abuse or sexual harassment. One of the three staff added they would be required to document these circumstances. All staff reported not being aware of any such incidents involving resident interpreters. Three limited English proficient residents were interviewed by the auditor, and one reported not receiving the information during intake in Spanish. The remaining two reported a staff member provided the information in Spanish.

Corrective Action:

1. Ensure the resident orientation is conducted in the primary language of the resident and it is documented.

a. Please provide a list of staff proficient in the Spanish language.

b. Please provide completed and signed section in Spanish of the CP #8 forms.

2. Train staff to ensure they are aware the standard and agency policy prohibits the use of resident interpreters, readers or assistants, except in limited circumstances, when disabled or limited English proficient residents make an allegation of sexual abuse or sexual harassment.

Agency's Response to Corrective Action:

1. The agency enhanced the PREA Basic Training Curriculum as reminder to staff not to use resident interpreters.

2. The agency provided a list of selected employees that may be assigned to conduct interviews and/or serve as interpreters for residents whose primary language is Spanish.

3. The agency provided the copies of completed and signed Acknowledgement of Receipt Form CP#8. The form includes an English and Spanish translation. The signatures were documented on the English version of the forms.

4. The agency provided a revised copy of the Spanish translation of the Zero Tolerance Policy.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Statement of Work (SOW) with BOP (dated April 2017) c. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) d. Supplemental Employment Application Information Part II. Background CP 59b (revised 5/16) e. Application for Employment CP 59 (revised 10/19) f. Voluntary Affirmative Action Information CP #59b (revised 2/15) g. Supplemental Employment Application Information Part II. Background CP 59b (revised 5/19) h. Employee Background Review CP 59c (revised 5/19) i. Employee and Contractor Files <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Administrative (human resources) staff <p>Findings (By Provision):</p> <p>115.217 (a). The agency reported in the PAQ that it prohibits the hiring or promotion of anyone or the enlistment of services of any contractor who may have contact with residents who: (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in 115.217(a)(2).</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.2.a-c, Pg. 10, addresses and includes all three elements required under this provision. A review of the Supplemental Employment Application Information Part II. Background CP 59b reflected only the first item under 115.217(a) was listed. During the onsite audit, facility staff took immediate corrective action and revised the form to include the remaining two items required. Steps were implemented to ensure all current staff and contractors signed the revised form as soon as possible and once signed, would be provided to the auditor as verification. During the corrective action phase, the agency revised the Application for Employment CP #59 and Supplemental Employment Application Information Part II. Background CP 59b forms to include the required elements of this standard. The agency provided supporting documentation that this process had been implemented during the corrective action phase.</p> <p>The auditor reviewed 21 employee files, two contract staff files and two volunteers' files. The files reflected that all staff, contract staff and volunteers had a 'conditional' or 'final' approval to work memo from the BOP in their files. The 21 employee files included 11 newly hired staff, and one staff promotion. All 25 employee, contract, and volunteer records reviewed reflected the agency had either a conditional or final approval from the BOP.</p>

Upon further review and discussion, staff reported newly hired staff are not allowed to come into contact with federal residents unless they have received clearance from the BOP. During the post-onsite audit phase, the agency provided the auditor the BOP's primary point of contact regarding this practice. The BOP staff confirmed they (BOP) conducts all background checks and the agency cannot allow any staff to work with a federal resident without the BOP's approval. The auditor requested and reviewed the SOW. The SOW (p. 17) with the BOP states, "No individual will begin working with federal residents before clearance is obtained." The clearance is secured from the BOP's Residential Reentry Manager (RRM). The SOW allows the RRM to grant temporary clearance to work with federal residents after the National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) check is conducted if the results of the check are appropriate. The final approval occurs after the RRM receives a response from the fingerprint or other background check(s) and the results prove to be appropriate.

115.217 (b). The agency reported in the PAQ that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.2.d, Pg. 10, addresses this provision. The auditor reviewed 21 employee files and two contact files. All files reflected the required documentation.

Staff interviewed reported one person was promoted in the past 12 months and a new background check was not done, but the promotion did go to the BOP for approval in regards to the education waiver. Staff reported they are taking immediate corrective action to ensure the facility considers prior incidents of sexual harassment when determining whether to promote anyone.

115.217 (c). The agency reported in the PAQ that agency policy requires that before hiring new employees, who may have contact with residents, the agency: (a) performs a criminal background records check; (b) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency reported 21 of 21 (100%) persons hired in the past 12 months who may have contact with residents have had criminal background records checks.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.3, Pg. 10, addresses this provision. Agency policy states, "best efforts are made to contact all prior employers for information on substantiated allegations of sexual misconduct or any resignation during a pending investigation of an allegation of sexual misconduct (consistent with federal, state, and local law)."

The auditor reviewed 21 employee files, two contract staff files and two volunteers' files. The files reflected that all staff, contract staff and volunteers had a 'conditional' or 'final' approval to work memo from the BOP in their files. The 21 employee files included 11 newly hired staff, and one staff promotion. All 25 employee, contract, and volunteer records reviewed reflected the agency had either a conditional or final approval from the BOP.

Upon further review and discussion, staff reported newly hired staff are not allowed to come into contact with federal residents unless they have received clearance from the BOP. During the post-onsite audit phase, the agency provided the auditor the BOP's primary point of contact regarding this practice. The BOP staff confirmed they (BOP) conducts all background checks and the agency cannot allow any staff to work with a federal resident without the BOP's approval. The auditor requested and reviewed the SOW. The SOW (p. 17) with the BOP states, "No individual will begin working with federal residents before clearance is obtained." The clearance is secured from the BOP's Residential Reentry Manager (RRM). The SOW allows the RRM to grant temporary clearance to work with federal residents after the National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) check is conducted if the results of the check are appropriate. The final approval occurs after the RRM receives a response from the fingerprint or other background check(s) and the results prove to be appropriate. Staff interviewed reported criminal record background checks and pertinent civil or administrative adjudications are considered for newly hired employees who may have contact with residents.

115.217 (d). The agency reported in the PAQ that agency policy requires a criminal background records check be completed before enlisting the services of any contractor who may have contact with residents. The agency reported there were no contracts for services where criminal background checks were conducted on staff covered in the contract who might have contact with residents.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.3.b-c, Pg. 10, addresses this provision. While onsite, it was determined the agency does contract with two contractors who have contact with residents. There are 12 individual contract staff with these contracts. The auditor reviewed two contract staff files. The files reflected both contract staff had a 'conditional' or 'final' approval to work memo from the BOP in their files.

Upon further review and discussion, staff reported newly hired staff are not allowed to come into contact with federal residents unless they have received clearance from the BOP. During the post-onsite audit phase, the agency provided the auditor the BOP's primary point of contact regarding this practice. The BOP staff confirmed they (BOP) conducts all background checks and the agency cannot allow any staff to work with a federal resident without the BOP's approval. The auditor requested and reviewed the SOW. The SOW (p. 17) with the BOP states, "No individual will begin working with federal residents before clearance is obtained." The clearance is secured from the BOP's Residential Reentry Manager (RRM). The SOW allows the RRM to grant temporary clearance to work with federal residents after the National Crime Information Center/National Law Enforcement Telecommunications System (NCIC/NLETS) check is conducted if the results of the check are appropriate. The final approval occurs after the RRM receives a response from the fingerprint or other background check(s) and the results prove to be appropriate. Staff interviewed reported criminal record background checks and pertinent civil or administrative adjudications are considered for contract staff who may have contact with residents.

115.217 (e). The agency reported in the PAQ that agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise

capturing such information for current employees.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.3.d, Pg. 10, addresses this provision. Of the 21 employee files reviewed, six employees had been employed at least five years and the records reflected the five year check. Both contract staff files reflected the five-year checks were conducted.

Staff interviewed reported the BOP conducts these background checks in accordance with the agency's contract with the BOP. Staff reported the BOP is currently completing the five-year background checks required of current employees and contractors.

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

A review of the Supplemental Employment Application Information Part II. Background CP 59b reflected only the first item under 115.217(a) was listed. During the onsite audit, facility staff took immediate corrective action and revised the form. Steps were implemented to ensure all current staff and contractors signed the revised form as soon as possible and once signed, would be provided to the auditor as verification. During the corrective action phase, the agency revised the Employee Background Review CP 59c Form to include the required elements of this standard. The agency provided supporting documentation that this process had been implemented during the corrective action phase. The agency has also implemented protocols requiring all staff to sign the Employee Background Review CP 59c Form annually during the month of January.

Staff interviewed reported immediate corrective action was being implemented in response to this provision and steps were being planned to ensure new and current employees, including employees being considered for promotions, were informed of their continuing affirmative duty to disclose such misconduct. The corrective action steps included reviewing application, new employee orientation, and other appropriate forms to ensure they included the required language.

115.217 (g). The agency reported in the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.3.f, Pg. 10, addresses this provision and states any material omissions can be grounds for termination or denial of employment.

115.217 (h). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.F.4, Pg. 10, addresses this provision. Staff interviewed reported they are amending the application to ask for prior institutional experience.

Corrective Action:

1. Revise application, new employee orientation, and other appropriate forms to ensure they include the required language under 115.217(a) and ensure current staff and contractors sign the form.

Agency Response to Corrective Action:

1. The agency revised the Application for Employment CP #59, Supplemental Employment Application Information Part II. Background CP 59b, and Employee Background Review CP 59c forms to ensure they include the elements required under this standard.
2. The agency implemented the protocols and provided supporting documentation reflecting current and new employees, including contractors, had completed/signed the revised forms.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head b. Director or designee <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Building Exteriors b. Main Entrances c. Hallways d. Housing Units e. Common Areas i. Dining ii. Program iii. Library <p>Findings (By Provision):</p> <p>115.218 (a). The agency reported in the PAQ that it has not acquired any new facility or made a substantial expansion or modification of existing facilities, since the last PREA audit. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.G, (p. 11), addresses upgrades to facilities and technology.</p> <p>During the onsite review, the auditor noted there was an expansion to the Summit House, but it was not related to the current program or services provided that were subject to the PREA audit standards. The auditor noted there was no modification to Alvarez House.</p> <p>Staff interviewed reported when modifying the facility, even if the program is not in the BOP floor, they have to ensure that there are no blind spots. They look at the staffing patterns and identify where there is less visibility so staff know where cameras are and consider where more are needed or if any need to be repositioned. Staff reported a building that supports a different program (not under the PREA audit) had more doors added and was structurally modified; cameras and staffing were considered. Staff also reported windows were installed in the case manager's office doors at Summit House.</p> <p>115.218 (b). The agency reported in the PAQ that it has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, since the last PREA audit. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.G, (p. 11), addresses upgrades to facilities and technology.</p> <p>During the onsite review, the auditor noted there was no new or updated video monitoring system or technology installed since the last PREA audit. Staff interviewed reported no new</p>

monitoring technology was installed, but when reviewing monitoring technology, they consider camera placement. Staff want to ensure areas with the greatest activity will be picked up by the cameras, including areas where pat searches are conducted.

Corrective Action:

1. The auditor recommends no corrective action.

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. City of San Antonio Police Department (SAPD) Letter (dated 4/2/19) d. Memorandum of Understanding (MOU) Forensic Nurse Examiner Services (signed 8/8/16) e. Memorandum of Understanding (MOU) Between The Rape Crisis Center and Crosspoint, Inc. (signed 11/12/18) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA coordinator b. Random sample of staff c. SAFEs/SANEs Staff d. Residents who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.221 (a). The agency reported in the PAQ that it is responsible for conducting only administrative sexual abuse investigations. The agency reported the San Antonio Police Department (SAPD) has the responsibility for conducting criminal sexual abuse investigations. The agency reported the agency investigators do not follow a uniform evidence protocol. Upon further review, the agency advised the response in the PAQ was an error and that the SAPD does follow a uniform evidence protocol.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.A.1, (p. 12) states, "Crosspoint staff will not conduct criminal investigation or forensic medical examinations in incidents of sexual assault." Section II.A.2.b-c, (p. 12) addresses steps staff are to take when a resident reports that he or she has been a victim of a sexual assault. The SAPD letter to Crosspoint states, "The Special Victims Unit will conduct all investigative protocols thereafter, to include filing cases with Bexar County District Attorney's Office in cases where probable cause for criminal offenses exists. SAPD will also liaison with Sexual Assault Nurse Examiners (SANE) to complete all necessary evidence collection, interviews and forensics required, which includes but is not limited to recovery of evidence and laboratory analysis conducted by the Bexar County Forensic Science Center or designated laboratory."</p> <p>The auditor interviewed 12 randomly selected staff. All but one of the staff interviewed reported they would secure the scene and preserve the evidence. Staff reported they would instruct the resident not to take steps that could destroy any evidence. In response to who is responsible for conducting the investigations, two of the interviewees reported SAPD and facility staff would conduct the investigation; seven reported supervisors, agency investigators or the PREA coordinator would investigate; two reported they did not know who would investigate and one reported SAPD would investigate. SANE staff interviewed reported, to their knowledge, no cases from the agency had been referred to them in the past three years.</p> <p>115.221 (b). The agency reported in the PAQ that the provision requiring the protocol is</p>

developmentally appropriate for youth is not applicable as the facility does not house any youth. The agency also reported protocol was not adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. Upon further review, the agency advised the response in the PAQ was an error as reflected in the MOU.

The MOU with Forensic Nurse Examiner Services states, "Methodist Specialty & Transplant Hospital agrees to conduct these examinations as needed by Crosspoint, using protocols that are developmentally appropriate for youth where applicable and adapted from or otherwise based on the most recent edition of the US 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."

SANE staff interviewed reported they use the national protocols and that SANE staff are trained through the State of Texas Office of the Attorney General and they are members of the Association of Forensic Nurses. SANE staff added that two of their staff are certified to conduct pediatric examinations.

115.221 (c). The agency reported in the PAQ that it offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost, to the victim. The agency reported such examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), and if a SAFE or SANE are not available, the examination is performed by other qualified medical practitioners. The facility reported it documented its efforts to provide SAFEs or SANEs. The agency reported there were no forensic exams conducted during the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.A.2, (p. 12) outlines the protocols where forensic medical exams will be conducted and that they will be offered without financial cost to all victims. The agency has entered into an MOU with Forensic Nurse Examiner Services with the Methodist Healthcare System of San Antonio. The agreement states that examinations will be conducted at Methodist Specialty & Transplant Hospital.

SANE staff interviewed reported they are responsible for conducting all forensic medical examinations at the hospital. Staff reported there are a total of 12 SANE nurses and the 12-hour shift assignments ensures there is coverage on each shift 24 hours a day. Staff reported being familiar with PREA as well as the MOU with the agency. Staff added she assists the agency with conducting PREA training at the facility at least one to twice a year when contacted by the facility. Staff reported, once the evidence is collected, it is secured until it is released to law enforcement staff.

115.221 (d). The agency reported in the PAQ that it attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means, and that these efforts to secure services from a rape crisis center are documented. The agency reported if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization, or a qualified agency

staff member to provide these services.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.A.3.a-c, (p. 12) states, “the Program Administrator will assign a trained staff member to serve as a “staff advocate” to accompany and support the victim.” The policy outlines the protocol the staff advocate will follow. The agency also has an MOU with the Rape Crisis Center, which includes providing an advocate to accompany and support any client who goes through the forensic medical examination process and also be available to offer crisis intervention services, information and referrals during investigatory interviews.

Agency staff interviewed reported they have an MOU with the Rape Crisis Center (RCC). SANE staff interviewed reported, if a SANE exam were to be conducted, a victim advocate would be present, but if one was not present, they would get an advocate and a specialized trained chaplain who are provided by the hospital. While onsite, the agency reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.221 (e). The agency reported in the PAQ that, if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.A.3.a-c, (p. 12) states, “the Program Administrator will assign a trained staff member to serve as a “staff advocate” to accompany and support the victim.” The policy outlines the protocol the staff advocate will follow. The agency also has an MOU with the Rape Crisis Center, which includes providing an advocate to accompany and support any client who goes through the forensic medical examination process and also be available to offer crisis intervention services, information and referrals during investigatory interviews.

Staff interviewed reported, if requested by the victim, the RCC would provide an advocate, and a trained staff member would be assigned to accompany the victim as well. Staff added she believed they have two staff that have volunteered and have been trained. While onsite, the agency reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.221 (f). The agency reported in the PAQ that it has requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section.

The SAPD letter to Crosspoint states, “The Special Victims Unit will conduct all investigative protocols thereafter, to include filing cases with Bexar County District Attorney’s Office in cases where probable cause for criminal offenses exists. SAPD will also liaison with Sexual Assault Nurse Examiners (SANE) to complete all necessary evidence collection, interviews and forensics required, which includes but is not limited to recovery of evidence and laboratory analysis conducted by the Bexar County Forensic Science Center or designated laboratory.”

115.221 (g). The auditor is not required to audit this provision.

115.221 (h). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.A.3.d, (p. 13) addresses the training required for the individual serving in the role of the staff advocate.

Corrective Action:

1. The auditor recommends no corrective action.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. City of San Antonio Police Department (SAPD) Letter (dated 4/2/19) d. Agency website: http://cpsatx.org/p-r-e-a-prison-rape-elimination-act/ <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head b. Investigative staff <p>Findings (By Provision):</p> <p>115.222 (a). The agency reported in the PAQ that it ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency reported, in the past 12 months, four allegations of sexual abuse and sexual harassment that were received and all four resulted in an administrative investigation. The agency reported no allegations were referred for criminal investigation in the past 12 months and that all four administrative allegations received had been completed in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.B.2 (p. 13) states, “The PREA Coordinator shall ensure that Administrative Fact Finding is completed for all allegations of sexual misconduct, including those also referred for criminal investigation.” Section II.B.1 (p. 13) states, “Crosspoint policy requires that all allegations of sexual assault be referred for investigation to law enforcement (SAPD).”</p> <p>The agency reported there were four allegations of sexual harassment in the past 12 months. Staff reported all allegations of sexual abuse or sexual harassment are investigated regardless of which agency is placing the resident into one of the programs. The auditor noted the funding sources (contract agencies) for the residents reporting the allegations are as follows: BOP – 1; US Probation Office – 1; Esperanza Program – 2. The auditor reviewed all four investigation files. All investigations were investigated administratively and were not referred to the SAPD for criminal investigation.</p> <p>Staff interviewed reported the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and criminal investigations are done by law enforcement. Staff reported the CEO would have to ensure the SAPD would investigate and that the resident is safe and services (emotional support and victim services) needed by the resident are provided. The agency would also contact the sending authority (BOP) and inform them of what happened.</p> <p>115.222 (b). The agency reported in the PAQ that it has a written policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its</p>

own investigations, unless the allegation does not involve potentially criminal behavior. The agency reported the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on its website . The agency reported it documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The agency also reported no criminal investigations have been conducted in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II.B.1 (p. 13) states, "Crosspoint policy requires that all allegations of sexual assault be referred for investigation to law enforcement (SAPD)." During the corrective action phase, the policy was revised to include allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Section II.B.1.b (p. 13) addresses the policy being documented on the agency's website. The agency's website initially stated, "When criminal sexual misconduct is identified or suspected staff will refer the matter to the San Antonio Police Department for investigation and prosecution." During the corrective action phase, the language on the agency's website was revised to state, "When criminal sexual misconduct (sexual abuse and sexual harassment) is identified or suspected staff will refer the matter to the San Antonio Police Department for investigation and prosecution."

Staff interviewed reported agency policy requires allegations of sexual abuse or sexual harassment be referred to SAPD, if they need to be.

115.222 (c). The agency's website initially stated, "When criminal sexual misconduct is identified or suspected staff will refer the matter to the San Antonio Police Department for investigation and prosecution." During the corrective action phase, the language on the agency's website was revised to state, "When criminal sexual misconduct (sexual abuse and sexual harassment) is identified or suspected staff will refer the matter to the San Antonio Police Department for investigation and prosecution." The agency posted the revised Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section II, as well as the City of San Antonio Police Department (SAPD) Letter as additional supporting documentation.

115.222 (d). The auditor is not required to audit this provision.

115.222 (e). The auditor is not required to audit this provision.

Corrective Action:

1. Revise policy to ensure allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.
2. Enhance the information on the agency's website and describe the responsibilities of both the agency and the investigating entity.

Agency Response to Corrective Action:

1. The agency revised the policy to include allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.
2. The agency revised the narrative portion of the PREA language on the agency's website.

3. The agency posted Chapter 20, Section II of the agency's policy, as well as the City of SAPD Letter.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. PREA Basic Training PowerPoint Slides d. PREA Basic Training Attendance CP #101 PREA (revised 12/16) e. Meeting & Training Attendance Record (dated 4/24/19) i. Overview of Training Topics f. PREA Basic Training Attendance (dated 5/8/19) i. Overview of Training Topics ii. Evaluation Overview Sheet CP #188a g. Meeting & Training Attendance Record – Sexual Assault / Abuse (dated 5/14/19) i. Sexual Misconduct/PREA Training Test ii. Match Word Exercise iii. PREA Refresher: Community Confinement iv. Zero Tolerance Policy CP #266 v. Sexual Misconduct Policy Orientation and Acknowledgement CP #267 vi. Evaluation Overview Sheet CP #188a h. Meeting & Training Attendance Record – Investigations (dated 5/21/19) i. First Responder PowerPoint Slide ii. Crosspoint Staff First Responder Checklist iii. Investigation PowerPoint Slides iv. Crosspoint Sexual Misconduct Reporting Flowchart v. Evaluation Overview Sheet CP #188a i. Meeting & Training Attendance Records – PREA Basic Training (dated 5/22/19) i. First Responder PowerPoint Slide ii. Crosspoint Staff First Responder Checklist iii. Investigation PowerPoint Slides iv. Crosspoint Sexual Misconduct Reporting Flowchart v. Evaluation Overview Sheet CP #188a j. Employee Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random sample of staff <p>Findings (By Provision):</p> <p>115.231 (a). The agency reported in the PAQ that it trains all employees who may have contact with residents on: (a) its zero-tolerance policy for sexual abuse and sexual harassment; (b) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (c) the right of residents to be free from sexual abuse and sexual harassment; (d) the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) the dynamics of sexual abuse and sexual harassment in confinement; (f) the common reactions of sexual abuse and sexual harassment victims; (g) how to detect and</p>

respond to signs of threatened and actual sexual abuse; (h) how to avoid inappropriate relationships with residents; (i) how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.A.2, (p. 14) lists all the required topics. Policy also states, "The Community Services/Training Specialist (CSTS) will be responsible for monitoring these standards and requirements and ensuring these specific topics are covered." The PREA Basic Training Attendance CP #101 PREA participant sign-in form also lists the required topics. Section III.A.1, (p. 14) states, "Crosspoint's training curriculum will be designed in recognition that the most common form of sexual misconduct encountered in this setting involves sexual harassment."

The auditor reviewed 21 employee files. The agency was able to provide supporting documentation reflecting all but two had received the PREA Basic Training. The two remaining files were for newly hired staff that were no longer employed at the facility. The auditor interviewed 12 randomly selected staff and all reported receiving training on all the PREA topics. All were able to recall the last time they participated in the PREA basic or refresher training.

115.231 (b). The agency reported in the PAQ that such training is tailored to the gender of the residents at the facility. The agency also reported employees receive additional training if they are reassigned from another facility that houses residents of the opposite gender.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.A.4-5, (p. 14) addresses this provision and includes gender-specific training on pat searches. Policy also requires staff receive training within seven working days of assignment to prepare for the change in environment.

The auditor reviewed 21 employee files. The agency was able to provide supporting documentation reflecting all but two staff had received the PREA related training. The two remaining files were for newly hired staff that were no longer employed at the facility.

115.231 (c). The agency reported in the PAQ that between trainings, the agency provides employees who may have contact with residents with refresher information about current policies and procedures regarding sexual abuse and sexual harassment. The agency also reported its frequency with which employees who may have contact with residents receive refresher training is on a quarterly basis. 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. This training will be coordinated and documented by the Program Administrator, PREA Coordinator and CSTS.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.A.6, (p. 14) addresses the annual training requirements and training requirements for employees involved in an incident requiring PREA reporting.

The auditor reviewed 21 employee files, of which 11 had been employed over two years. The agency was able to provide supporting documentation reflecting all received the PREA Basic Training on an annual basis. Some files reflected additional PREA related training

115.231 (d). The agency reported in the PAQ that it documents, through employee signature or electronic verification, that employees understand the training they have received.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.A.7, (p. 15) addresses this provision and requires the training status of all staff be reported in the PREA annual report and upon request. The Meeting & Training Attendance Record CP #101 form states, "Staff Training Acknowledgement: By accepting training credit for this session, I submit that I understand the training material I received on this date." The auditor reviewed 21 employee files which reflected the training acknowledgement form signed by the employees contains the required statement.

Corrective Action:

1. Need The auditor recommends no corrective action.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Sexual Misconduct Policy Orientation and Acknowledgement CP #267 (revised 4/16) d. Sexual Misconduct Policy Orientation and Acknowledgement CP #267 (revised 9/19) e. AOP Appendix D Crosspoint Visitor Tiers (revised 3/16) f. PREA Brochure g. Volunteer and Contractor Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Volunteers or contractors who have contact with residents <p>Findings (By Provision):</p> <p>115.232 (a). The agency reported in the PAQ that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The agency reported 17 volunteers who have contact with residents, have been trained in the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.B.1.a (p. 15) states, “All individuals given access to Crosspoint facilities will complete a process of orientation appropriate to their tier before being allowed facility access.”</p> <p>During the onsite audit, it was noted the agency has two contracts with contractors, which include 12 individual contract staff who have contact with the residents and five volunteers who also have contact with residents. The auditor requested and reviewed two contract staff files and two volunteer files. All five files reflected the volunteers had received the required training.</p> <p>The auditor interviewed two contractor staff and two volunteers. One reported being trained three years ago, one reported being trained two years ago, and two reported being trained within the past six months.</p> <p>115.232 (b). The agency reported in the PAQ the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The agency also reported that all volunteers and contractors who have contact with residents have been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.B.1.a (pp. 15-16) addresses this provision. The AOP Appendix D Crosspoint Visitor Tiers document outlines by tier the degree of unsupervised contact, frequency, requirements to access facility,</p>

escort requirement, and the type of training or orientation required of visitor to the facility.

The auditor interviewed two contractors and two volunteers. All reported being trained on the agency's policy and procedure as well as the zero-tolerance policy on sexual abuse and sexual harassment and how to report such incidents.

115.232 (c). The agency reported in the PAQ that it maintains documentation confirming that volunteers and contractors understand the training they have received.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.B.1.d and 2.b and e-f (pp. 15-16) outlines when documentation is required. Section III.B.1. (p. 15) states, "All individuals will acknowledge receiving and understanding the training." The Sexual Misconduct Policy Orientation and Acknowledgement CP #267 form states, "By signing below, I acknowledge that I understand Crosspoint's Zero Tolerance policy regarding sexual misconduct and my responsibilities as a contractor, vendor or volunteer at Crosspoint." The standard required the agency confirm that volunteers and contractors understand the training they have received. During the corrective action phase, the agency revised the Sexual Misconduct Policy Orientation and Acknowledgement CP #267 form to state, "By signing below, I acknowledge that I understand the training received on Crosspoint's Zero Tolerance policy regarding sexual misconduct and my responsibilities as a contractor, vendor or volunteer at Crosspoint."

Corrective Action:

1. Revise form to reflect that volunteers and contractors understand the training they have received.

Agency's Response to Corrective Action:

1. The agency revised the Sexual Misconduct Policy Orientation and Acknowledgement CP #267 form to reflect that volunteers and contractors understand the training they have received.

115.233	Resident education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Initial Intake Form CP #33 (revised 3/16) d. Resident’s Orientation Checklist CP #173 (revised 4/16) e. Sexual Abuse/Assault: Prevention and Intervention Resident Information Packet and PREA Brochure CP #58 – English and Spanish (revised 3/4/19) f. Reentry Capital Risk & Responsivity Inventory Dynamic Planning Tool CP #217 (revised 3/16) g. Zero Tolerance Policy CP #266 (revised 4/19) h. Center Policies and Procedures (Zero Tolerance Policy) CP #109 (Spanish) (revised 10/2019) i. Orientation Packet (Blue – Men; Pink – Women)* i. Resident’s Orientation Checklist CP #173 ii. Acknowledgement of Receipt CP #8 (revised 3/08) j. Resident Handout Packet* i. Sexual Abuse/Assault: Prevention and Intervention Resident Information Packet and PREA Brochure CP #58 k. Resident Files l. Resident Meeting & Attendance Record CP 22: 1 – PREA Summit Dayroom (dated 4/3/19) m. Resident Meeting & Attendance Record CP 22: 2 – PREA Summit Dayroom (dated 4/3/19) i. PREA Brochure n. Resident Meeting & Attendance Record CP 22: PREA Alvarez (dated 4/9/19) i. PREA Brochure o. Resident Meeting & Attendance Record CP 22: PREA Veterans Program (dated 4/9/19) i. PREA Brochure <p>* PREA Specific Documents</p> <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Intake staff b. Random sample of residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Buildings’ entrances b. Housing units c. Common areas (day rooms, hallways, dining, library, meeting rooms) <p>Findings (By Provision):</p> <p>115.233 (a). The agency reported in the PAQ that, during intake, residents receive information about: (a) the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment; (b) how to report incidents or suspicions of sexual abuse or sexual harassment; (c) their rights to be free from sexual abuse and sexual harassment; (d) their rights to be free from retaliation for reporting such incidents; and (e) the agency’s policies and procedures for responding to such incidents. The agency reported 429 residents were admitted during the past 12 months</p>	

and were given this information at intake.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.C, (pp. 16-17) outlines the resident education protocol during intake. The policy directs staff to the following forms as part of the intake process when the residents receive orientation and education: Initial Intake Form CP #33, Resident's Orientation Checklist CP #173, Reentry Capital Risk & Responsivity Inventory Dynamic Planning Tool CP #217, and Zero Tolerance Policy CP #266. The only form that allows for the residents' signature during the intake process is the Resident's Orientation Checklist CP #173 form.

The auditor noted that the resident orientation packet includes the Acknowledgement of Receipt CP #8 form, which could also be used to demonstrate the resident received the required PREA education during intake. The resident file information provided did not include a copy of the signed acknowledgement form.

Staff interviewed reported the yellow form is used to review the zero-tolerance policy with the residents. Staff reported the information is provided to the residents and a majority know of the zero tolerance policy. If they know it already, they just check the box and will not read the whole form through. Staff also reported residents are informed of their rights before they are accepted and the resident gets the packet. Staff reported the information is included in the resident handbook.

The auditor interviewed 11 randomly selected residents. The residents reported receiving the PREA related educational information from the facility as follows: eight reported receiving the information the same day or within 24 hours. Two residents reported receiving the information within three days and one reported receiving the information within five days. A review of the files of the residents interviewed reflected 10 residents received the required information within 24 hours and one receiving the information within three days.

The auditor reviewed a total of 19 resident files, including the 11 files of the residents interviewed referenced above. The agency was able to demonstrate 18 of the 19 files reflected the residents had received the required information during intake. The agency was not able to produce the required documentation for the remaining file due to the resident discharging from the facility and the agency no longer having access to the resident's file.

115.233 (b). The agency reported in the PAQ that it provides residents who are transferred from a different community confinement facility with refresher information. The agency also reported all Crosspoint residents will receive orientation and education regarding sexual misconduct during the intake process. This includes residents that transferred from another RRC or transitional housing unit. The agency reported no residents were transferred from a different community confinement facility during the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.C.1, (p. 16) states, "This includes residents that transferred from another RRC or transitional housing unit."

Staff interviewed reported, upon arrival at Summit House, which is the agency's formal intake location, staff secure the female residents' names, fingerprints and pictures before they are

sent to Alvarez House. Staff reported the female residents do not undergo the intake process when they arrive at Summit House. While at Summit House a record is activated for the resident in the computer system. Staff reported they were not sure who does the zero-tolerance training (education) and that the residents are sent and Alvarez House staff will tell the residents. Staff also reported, for residents at Summit House, residents are made aware of their rights as soon as they get there. Staff reported residents are provided the form when they walk in or when staff start asking the residents the questions regarding PREA. The auditor interviewed 11 randomly selected residents and all reported being transferred to Crosspoint directly from a BOP or USPO facility. Staff reported the BOP, per contract, dictates the housing assignment (Summit House or Alvarez House) for transgender residents.

The auditor interviewed 11 randomly selected residents. The residents reported receiving the PREA related educational information from the facility as follows: eight reported receiving the information the same day or within 24 hours. Two residents reported receiving the information within three days and one reported receiving the information within five days. A review of the 11 files of the residents interviewed, the files reflected 10 residents received the required information within 24 hours and one receiving the information within three days.

The auditor reviewed a total of 19 resident files, including the 11 files of the residents interviewed referenced above. The agency was able to demonstrate 18 of the 19 files reflected the residents had received the required information during intake. The agency was not able to produce the required documentation for the remaining file due to the resident discharging from the facility and the agency no longer having access to the resident's file.

115.233 (c). The agency reported in the PAQ that it provides resident education in formats accessible to all residents including those who: (a) are limited English proficient; (b) are deaf; (c) are visually impaired; (d) are otherwise disabled; and (e) have limited reading skills.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section I.E.1, (p. 9) addresses responding to the needs of residents with disabilities. Section III.C.1.c and 3, (p. 16-17) addresses making available the agency's bi-lingual brochure and the steps case managers will take, in consultation with the unit manager and/or program administrator, to ensure the appropriate materials or support is provided. Policy requires these efforts be documented. Additionally, the Center Policies and Procedures (Zero Tolerance Policy) CP #109 is provided in Spanish.

115.233 (d). The agency reported in the PAQ that it maintains documentation of resident participation in these education sessions.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.C.1.c, (p. 16) requires the education sessions be documented on the Resident's Orientation Checklist CP #173 Form.

The auditor reviewed a total of 19 resident files. The agency was able to demonstrate 18 of the 19 files reflected the residents had received the required information during intake. The agency was not able to produce the required documentation for the remaining file due to the resident discharging from the facility and the agency no longer having access to the resident's file.

The agency also provided completed Resident Meeting & Attendance Record CP 22 Forms, which reflected the resident's signatures that participated in the PREA education sessions conducted on a regular basis in the day rooms of the Summit House, Alvarez House and the Veteran's Program. The auditor noted the PREA educational sessions are provided to all residents including those residents placed by other funding agencies other than residents placed by the BOP. This effort demonstrates the agency exceeds the requirement of this provision.

115.233 (e). The agency reported in the PAQ that it ensures key information about the agency's PREA policies is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

During the onsite review, the auditor noted PREA related information posters were prominently posted in common areas throughout the facility. The zero-tolerance policy and hotline numbers are posted using yellow paper. Additional zero-tolerance posters with red and yellow lettering with a black background are also prominently posted throughout the facility.

Corrective Action:

1. The auditor recommends no corrective action.

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Meeting & Training Attendance Record – PREA Advocate Investigator Training (dated 11/17/17) d. Meeting & Training Attendance Record – Investigations (dated 5/21/19) e. Sexual Assault Forensic Exam Curriculum f. Investigative Staff Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Investigative staff <p>Findings (By Provision):</p> <p>115.234 (a). The agency reported in the PAQ that agency policy requires investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.D.2 (p. 17) addresses this provision and lists the topics staff assigned to conduct “Administrative Fact Finding” will receive. Section III.D.2 (p. 17) states, “Crosspoint does not conduct criminal investigations.”</p> <p>The auditor reviewed four investigative staff training records. One file reflected one staff had not completed the required 115.221 training. During the corrective action phase, the staff completed the required training, plus one newly hired staff member at the administrative level completed the PREA basic and specialized training for investigators.</p> <p>Staff interviewed reported receiving the required specialized training and the topics covered included SANE, investigations, dynamics, reporting, first responder, assignment of investigators, questioning witnesses, making recommendations, and not using Miranda.</p> <p>115.234 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.D.2 (p. 17) addresses this provision and lists the topics staff assigned to conduct “Administrative Fact Finding” will receive.</p> <p>The Sexual Assault Forensic Exam training, conducted by SANE staff from Methodist Specialty and Transplant Hospital, addresses evidence collection related to forensic medical exams. The training outline provided for the investigator training does not specifically address interviewing techniques for sexual abuse or evidence collection in confinement settings. During the corrective action phase, the agency investigators also completed the online course “PREA: Investigating Sexual Abuse in a Confinement Setting,” which is presented by the National Institute of Corrections (NIC).</p> <p>The auditor reviewed four investigative staff training records. Two files reflected staff had not completed the required specialized training. During the corrective action phase, investigative</p>

staff completed the required training. Agency staff also reported allegations of sexual abuse or sexual harassment are investigated by a staff member that is not assigned to the facility where the allegation is made. This protocol addresses potential conflict of interests by the investigative staff

Staff interviewed reported receiving training on interviewing the victim, securing the area and asking the victim to refrain from destroying evidence, separating the victim from the perpetrator, the need for evidence to be able to justify for administrative or prosecution referral.

115.234 (c). The agency reported in the PAQ that it maintains documentation showing that investigators have completed the required specialized training. The agency reported nine investigators are currently employed who have completed the required training. The agency also reported a criminal investigator conducted the training in 2017 and another training is scheduled in 2019. The agency also reported the assistant unit managers (AUMs) and positions above are the staff responsible for conducting investigations.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.D.3 (p. 17) states, "HR will maintain documentation of this training for designated investigators (i.e., UMs and AUMs)

115.234 (d). The auditor is not required to audit this provision.

Corrective Action:

1. Ensure all designated investigators are trained as required under 115.231 and 115.234.
 - a. Provide supporting documentation demonstrating all topics are addressed as required under 115.231(a)
 - b. Provide supporting documentation demonstrating all topics are addressed as required under 115.234(b)
2. Please secure and provide the curriculum from the criminal investigator instructor. Need to confirm the required topics listed under 115.234(b) are addressed.

Agency Response to Corrective Action:

1. Provided documentation reflecting the investigator completed the required training.
2. The agency initiated and now utilizes the NIC's "PREA: Investigating Sexual Abuse in a Confinement Setting" training for investigative staff, which addresses all the required topics.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1444 448"> 1. Documents: (Policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) </p> <p data-bbox="252 499 695 573"> 2. Interviews: a. Medical and mental health staff </p> <p data-bbox="252 627 1449 871"> Findings (By Provision): 115.235 (a). The agency reported in the PAQ that this provision is not applicable. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.E.1 (p. 17) the training requirements for Crosspoint’s credentialed clinical outpatient staff. Section III.E.3 (p. 17) states, “Crosspoint does not employ medical staff and the agency does not conduct forensic medical examinations.” </p> <p data-bbox="252 925 1481 1086"> While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocols nor review any training files specific to this standard. </p> <p data-bbox="252 1140 1465 1301"> 115.235 (b). The agency reported in the PAQ that agency staff do not conduct forensic medical examinations. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section III.E.3 (p. 17) states, “Crosspoint does not employ medical staff and the agency does not conduct forensic medical examinations.” </p> <p data-bbox="252 1355 1417 1476"> While onsite, the agency reported it does not employ any medical staff and does not offer medical services onsite; therefore, the auditor did not interview any individual on the applicable interview protocols nor review any training files specific to this standard. </p> <p data-bbox="252 1529 1481 1650"> 115.235 (c). The agency reported in the PAQ that this provision is not applicable. While onsite, the agency reported it does not employ any medical staff and does not offer medical services onsite. </p> <p data-bbox="252 1704 1481 1865"> 115.235 (d). In regards to medical or mental health staff employees or contractors receiving the required training, while onsite, the agency reported it does not employ or contract with any mental health staff and does not offer mental health services onsite. The auditor did not review any training files specific to this standard. </p> <p data-bbox="252 1919 887 1993"> Corrective Action: 1. The auditor recommends no corrective action. </p>

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)
 - c. San Antonio, TX Unified Development Code, Sec. 35-390 – Transitional Homes
 - d. Initial Intake Form CP #33 (revised 3/16)
 - e. Record of Action by Program Review Team CP #69 (revised 2/16)
 - f. Orientation Assessment Interview CP #269 (revised 8/16)
 - g. Reentry Capitol Risk & Responsivity Inventory Dynamic Planning Tool CP #217 (revised 3/16)

- 2. Interviews:
 - a. PREA coordinator
 - b. Staff responsible for risk screening
 - c. Random sample of residents

- 3. Site review observations:
 - a. Summit House Admission/Intake Area
 - b. Alvarez House Intake Area
 - c. Case Manager's Offices

Findings (By Provision):

115.241 (a). The agency reported in the PAQ that it has a policy that requires screening upon admission to the facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.1, (p. 18) addresses this provision. Section IV.A.6.c, (p. 21) also requires a new screening within three business days when a resident is transferred to a new case manager caseload (whether via a facility transfer or change in staff).

The auditor reviewed 19 resident files, which reflected all but two did reflected the resident had been screened during intake. The agency was not able to produce the required documentation for the two remaining files due to the resident discharging from the facility and the agency no longer having access to the resident's file.

Staff interviewed reported residents are not screened immediately upon arrival, but within 72 hours. Staff reported the Orientation Assessment Form from the Orientation Packet is used for the screening. The auditor interviewed 11 randomly selected residents, and 10 of the 11 residents reported they were asked the screening questions when they arrived at the facility.

During the onsite review, the auditor noted, upon arrival, all residents are preliminarily screened for demographical data at Summit House and then moved to their permanently assigned housing facility: Summit House or Alvarez House (female resident unit). Once the resident is sent to their assigned housing unit, staff at the assigned housing unit conduct and

finalize the screening process and previously collected information is reassessed.

115.241 (b). The agency reported in the PAQ that policy requires residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake. The agency reported 333 residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.3-6, (pp. 19-21) addresses this provision and outlines the forms to be completed and required timelines.

Staff interviewed reported residents are screened within 72 hours of their intake. The auditor interviewed 11 randomly selected residents, and 10 of the 11 residents reported they were asked the screening questions when they arrived at the facility.

115.241 (c). The agency reported in the PAQ that the risk assessment is conducted using an objective screening instrument.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A (pp. 18-21) list the assessment instruments to be used, including the timeline for the use of each instrument. The three instruments used as part of the risk screening process include the Initial Intake Form CP #33, Record of Action by Program Review Team CP #69, and the Orientation Assessment Interview CP #269.

115.241 (d). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.1.c (p. 18) lists all the elements required under this provision. Section IV.A.2.e (p. 19) states, "Crosspoint policy and San Antonio ordinance (see UDC 35-390) prohibit the admission of any resident who has had a "conviction for murder or any sexual offense."" The San Antonio, TX Unified Development Code, Sec. 35-390 – Transitional Homes Ordinance states, "No tenant or resident may occupy a transitional home in any capacity if previously convicted of a sex oriented crime, child molestation, and/or murder in any degree." The required elements are addressed on the Initial Intake Form CP #33, Record of Action by Program Review Team CP #69 Form, and the Orientation Assessment Interview CP #269 Form.

Staff interviewed reported residents are screening for the following: language barrier; age; medical needs and if they need to see the doctor or needs meds filled; psychological needs; ask if they have any adverse feelings towards people – with other people of different gender orientation; if they have ever been victimized or perpetrator in community or family violence; and asses chance they may be victimized or be a perpetrator. Staff reported the orientation process is completed with the case manager, who will ask the first 10 questions. The bottom portion is for the professional assessment and will refer to written histories. Staff reported the written histories are pretty thorough. Staff reported they look at the Pre-Sentence Investigation (PSI), which is completed prior to incarceration and incarceration notes. Staff also reported the quality assurance specialist will go through the files and will not accept referrals for individuals with sexual assault or murder and will check for residents adjusting well.

115.241 (e). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.2.d-e (p. 18) addresses this provision. Section IV.A.2.e (p. 19) states, "Crosspoint policy and San Antonio ordinance (see UDC 35-390) prohibit the admission of any resident who has had a "conviction for murder or any sexual offense."" The San Antonio, TX Unified Development Code, Sec. 35-390 – Transitional Homes Ordinance states, "No tenant or resident may occupy a transitional home in any capacity if previously convicted of a sex oriented crime, child molestation, and/or murder in any degree."

Staff interviewed reported residents are screening for the following: language barrier; age; medical needs and if they need to see the doctor or needs meds filled; psychological needs; ask if they have any adverse feelings towards people – with other people of different gender orientation; if they have ever been victimized or perpetrator in community or family violence; and asses chance they may be victimized or be a perpetrator. Staff reported the orientation process is completed with the case manager, who will ask the first 10 questions. The bottom portion is for the professional assessment and will refer to written histories. Staff reported the written histories are pretty thorough. Staff reported they look at the Pre-Sentence Investigation (PSI), which is completed prior to incarceration and incarceration notes. Staff also reported the quality assurance specialist will go through the files and will not accept referrals for individuals with sexual assault or murder and will check for residents adjusting well.

115.241 (f). The agency reported in the PAQ, policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The agency reported 331 of the 331 (100%) of the residents entering the facility within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.6 (p. 21) addresses the 30-day reassessment requirement. The auditor reviewed 19 resident files, which reflected an initial assessment was conducted on all the residents within 30 days. Staff interviewed reported the resident's risk levels are reassessed immediately upon arrival. Staff reported this is done within three days, 72 hours. Staff reported that in seven days, staff conduct a program review and life story; within 14 days, an individual program planning is conducted. Staff also reported they meet with the resident two times a month and the case manager conducts a one-on-one meeting with the resident. The program review team meets weekly and reviews files, use of meds (mental health issue versus substance abuse), and for abuse. The auditor interviewed 11 randomly selected residents. Of the 11 residents interviewed, three reported being at the facility over 30 days. The three residents reported they were not asked the screening questions again since their arrival at the facility. A review of the three resident's files reflected staff had conducted the following number of reassessments since the resident's arrival at the facility.

115.241 (g). The agency reported in the PAQ that policy requires that a resident's risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.6.a and d (p. 21) addresses the reassessment requirement specific to this provision.

Staff interviewed reported they reassess if anything stands out, such as a change in attitude, affect, withdrawing, and physical signs (bruises). They also assess if there is any anxiety (thoughts, body symptoms or feelings) and residents are referred to clinical staff. Staff reported most residents score minimal to moderate and they are offered the opportunity to meet with clinical staff. Staff reported residents are reassessed if there is a new referral for sexual abuse or sexual harassment. The auditor interviewed 11 randomly selected residents. Of the 11 residents interviewed, three reported being at the facility over 30 days. The three residents reported they were not asked the screening questions again since their arrival at the facility. A review of the three resident's files reflected staff had conducted the following number of reassessments since the resident's arrival at the facility as follows:

The auditor reviewed 19 resident files, which reflected eight residents that had been at the facility less than 30 days already had the initial assessment in the file. Of the remaining eleven files, all but one reflected a monthly reassessment was conducted.

115.241 (h). The agency reported in the PAQ, policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (c) whether or not the resident has previously experienced sexual victimization; and (i) the resident's own perception of vulnerability.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.7 (p. 21) prohibits residents from being disciplined for refusing to answer or for not disclosing complete information in response to questions during the assessment process.

Staff interviewed reported they have not had any problems with residents responding to the screening questions and residents would not be disciplined for refusing or not disclosing complete information.

115.241 (i). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.8 (p. 21) limits access to resident's records and addresses restrictions places on staff.

Staff interviewed reported the agency has outlined who can have access to the resident's risk assessment information. Staff reported the administrator and case manager have access. Resident monitors have access on an as needed basis and if they write up incident reports. Staff reported files are kept locked in the office and staff not directly responsible for monitoring would not have access. Staff added access is limited to authorized access restriction and a general need to know basis.

Corrective Action:

1. The auditor recommends no corrective action.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Initial Intake Form CP #33 (revised 3/16) d. Record of Action by Program Review Team CP #69 (revised 2/16) e. Orientation Assessment Interview CP #269 (revised 8/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA coordinator c. Staff who supervise residents in isolation d. Staff responsible for risk screening e. Medical and mental health staff f. Residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) g. Transgender/intersex/gay/lesbian/bisexual residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Housing Units <p>Findings (By Provision):</p> <p>115.242 (a). The agency reported in the PAQ that it uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those residents at high risk of being sexually abusive.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5 (p. 20) addresses how the information is to be used by staff when making housing, bed, work, education, and program assignments.</p> <p>Staff interviewed reported transgender or intersex resident’s own views with respect to his or her own safety are given serious consideration in placement and programming assignments. Staff added, if a resident has a concern and bring it to our attention, they will definitely address it. Staff reported they have not had anyone voice concerns. Additionally, staff reported the BOP also dictates the client’s housing, per contract based on the resident’s housing assignment at the previous facility. Staff also reported, as an example on measures they would take, they have resident rooms close to the residential monitors at Summit House. If a resident is fragile (health ailment), they place residents close to the front where they have greater access to staff. Staff (resident monitors) watch for victims and potential perpetrators.</p> <p>During the onsite review, the auditor made note of the designated rooms at Summit House, which are in close proximity to the officer’s station and allow for additional observation. Alvarez House has a downstairs room designated for individuals with physical disabilities and would</p>

allow for closer observation of the residents.

115.242 (b). The agency reported in the PAQ that it makes individualized determinations about how to ensure the safety of each resident.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5 (p. 20) addresses this provision.

Staff interviewed reported they have areas close to the monitors. If a resident is fragile (health ailment), they place residents close to the front (monitor's office) where they have greater access to staff. Staff watch for victims and potential perpetrators.

115.242 (c). The agency reported in the PAQ that it makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.b (p. 20) states, "Facility, room/bed and program assignments for transgender or intersex residents will be made on a case-by-case basis."

The auditor reviewed two resident files of a lesbian and transgender male resident. Both files reflected the notation where staff noted the LGBTQI status on the Initial Intake Form CP #33. The Record of Action by Program Review Team CP #69 of the transgender male resident reflected staff had notated the resident identified as LGBTQT, whereas the CP #69 form of the lesbian resident did not include that notation. The Orientation Assessment Interview CP #269 form of the transgender male resident reflected staff's notation that the resident identified with a gender other than the gender listed on the referral. The CP #269 form of the lesbian resident reflected that "lesbian" was circled on the form. The documentation on both files does not reflect how the staff made the housing determination for each resident. A subsequent review of the resident's files reflected they were placed in a two-person room with access to a private shower. A review of two additional files requested reflected one resident was placed in a room close to the resident monitor's station and a second resident was placed in the only room available with easy access to the staff's office.

Staff interviewed reported they determine housing and program assignments for transgender or intersex residents when they receive the referral packed from BOP. Staff reported they assign residents on a case-by-case basis with consultation with the BOP to continue what was initiated by the BOP. Staff reported the agency considers the residents health and safety by having all residents assessed during the admission process. If responses indicate a risk a factor, the case manager will seek consultation with the program administrator or the PREA manager (unit manager). They will coordinate and seek out resources. Staff added that the BOP has a Community Treatment Services (CTS) program and within one week they conduct a mental health assessment. In some cases, the residents are already coming as a part of the Residential Drug Abuse Program (RDAP) when transferred from the BOP. The referral comes with the resident and the agency sends residents out for the ongoing treatment services arranged by BOP. The case manager will summarize the assessment and present this to the program review team (program administrator, probation officer, case manager, and employment specialist), which will review case and make recommendation on whether the individual will be referred out and ensure the proper housing assignments are made. Staff also

reported they consider whether the placement would present management or security problems. Staff reported if they know the resident is not safe, or the resident informs staff that they do not feel safe, they take that into consideration. They will staff these cases with the BOP and take measures to ensure the residents are safe and feel secure. Staff added they also take into consideration if they know someone is a transgender, intersex, or gender-nonconforming resident, they will place them closer to the officer station in Summit House. Those rooms allow for individual showers in a private setting and closer camera and staff monitoring.

The auditor interviewed a transgender resident who reported feeling safe at the facility but was not asked by staff how he felt about his safety. The resident reported not knowing why he was at the housing unit he was at. The auditor asked the resident if he would prefer to be at a different house, and the resident reported he wants to “keep as is.” The resident reported not ever being strip searched at Crosspoint and only being pat-searched by staff. A review of the resident’s file reflected his request for the specific housing unit was honored based on his fear and concern for his safety. The auditor noted the resident’s initial assigned housing request was honored.

115.242 (d). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.c (p. 20) requires all resident’s fears and concerns must be considered and address. Policy also requires recorded documentation in the resident’s file by the unit manager with review from the administrator or above.

Staff interviewed reported transgender and intersex resident’s own views of his or her own safety are given serious consideration in classification and programming. Staff also reported if residents have a concern and bring it to their attention, they will definitely address it. Staff reported they have not had anyone voice concerns.

The auditor interviewed a transgender resident who reported feeling safe at the facility but was not asked by staff how he felt about his safety. The resident reported not knowing why he was at the housing unit he was at. The auditor asked the resident if he would prefer to be at a different house, and the resident reported he wants to stay where he is at.

115.242 (e). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.d (p. 20) addresses this provision.

During the onsite audit, the auditor noted that Alvarez House has multiple restrooms and each is designed for individual/private shower and toilet use. Summit House has restrooms with individual stalls. There are two rooms close to the resident monitor’s office with a Jack and Jill bathroom and shower, which allows the resident to secure the door to the adjacent room and allows for privacy. Staff refer to documentation in the daily log and PRT sheet that identify vulnerable residents, which are placed closer to the monitor’s station or if they need individual shower access. The auditor noted all shower facilities only allow for individual showering.

Staff interviewed reported transgender and intersex residents have specialized rooms that have their own restroom. They have rooms that are adjacent to a private shower or restroom. The auditor interviewed a transgender resident who reported he showers by himself. The resident reported he is always able to shower and use the toilet by himself.

115.242 (f). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IV.A.5.e (p. 20) states, "Crosspoint does not maintain facilities dedicated to LGBTQI status."

Staff interviewed reported the agency does not place residents in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity, and that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. The auditor interviewed lesbian and transgender residents. One resident reported she is sharing a room with another lesbian resident and also reported she has no issues with staff. The second resident reported their roommate is a lesbian and had previously been assigned to the handicapped room until a handicapped resident needed it. The resident reported not ever being strip searched at Crosspoint. Both residents reported feeling safe.

Corrective Action:

1. The auditor recommends no corrective action.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Resident Handbook Center Policies and Procedures CP #109 (revised 2016) d. Memorandum of Understanding (MOU) Between The Rape Crisis Center and Crosspoint, Inc. (signed 11/12/18) e. Staff Training Records – New Employee Orientation <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA compliance manager b. Random sample of staff c. Resident who reported a sexual abuse d. Random sample of residents <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Main Entrances b. Hallways c. Common Areas <ul style="list-style-type: none"> i. Day Rooms ii. Dining iii. Meeting Rooms iv. Library <p>Findings (By Provision):</p> <p>115.251 (a). The agency reported in the PAQ that it has established procedures allowing for multiple internal ways for residents to privately report to agency officials about: (a) sexual abuse and sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.A.1, (p. 22) lists the options residents have to make a report and that PREA manager will ensure the reporting options are posted in each facility. The resident handbook lists the methods resident can make a report on page 23.</p> <p>During the onsite review, the auditor noted the poster listing the options available to residents to make a report are prominently posted throughout Summit House and Alvarez House. The postings were noted in the common areas (day rooms, dining, and program), the hallways and main entrances.</p> <p>The auditor interviewed 12 randomly selected staff, and all staff reported numerous options residents have to make a report, which include tell staff, write a statement, make a staff note on the CP #60, go through a third-party (family or lawyer), call the hotline number, contact management, and call SAPD. The auditor interviewed 11 randomly selected residents, and 10</p>

residents stated numerous options they have available to make a report: tell staff, file a grievance, call the hotline number, tell family or friends, call SAPD, tell employer, tell their probation officer or counselor. Only one resident reported he would not get into “other people’s business.”

115.251 (b). The agency reported in the PAQ that it provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The agency is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and allows the resident to remain anonymous upon request.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.A.3, (p. 22) lists the Rape Crisis Center (RCC) as the contact agency. Policy also reflects the memorandum with the RCC provides for immediate notification of the PREA coordinator, the Crosspoint duty officer and/or law enforcement. Policy also allows the resident to remain anonymous upon request.

Staff interviewed reports residents can make a report of sexual abuse or sexual harassment through the hotline that goes to Rape Crisis Center. Residents can also go on the website and use the Third Party Report Form which can be sent to the Rape Crisis Center, probation officer, or Attorney General. Staff reported the agency shares this information through the Zero Tolerance Posters throughout the facility and the brochures that are given to them. Staff reported their procedures enable the receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials that allow the resident to remain anonymous upon request. Staff reported this is done through the RCC hotline, and that a report will be immediately reported to the PREA Coordinator or duty officer and the resident would be able to stay anonymous. Staff reported they have not had any anonymous reports submitted in the past year.

The auditor interviewed 11 randomly selected residents, and 10 residents stated numerous options they have available to make a report: tell staff, file a grievance, call the hotline number, tell family or friends, call SAPD, tell employer, tell their probation officer (PO) or counselor. Six of the 11 residents reported they could make a report anonymously and four were not sure. Only one resident reported he would not get into “other people’s business.” The auditor reviewed two investigative files that reflected the report was initiated through the RRC and a third report that was initiated by the resident’s probation officer, both of which are not a part of the agency.

During the onsite review, the auditor noted the posted PREA related information contained the hotline number to the Rape Crisis Center. The auditor also conducted a test run of the hotline number. The auditor requested a resident demonstrate how they would report an allegation. The resident they would use their pre-approved cell phone and called the hotline number listed on the poster. The auditor then took over and noted staff from the RRC answered the phone. The auditor informed the RRC staff of her audit function and requested the RRC staff initiate a test call to the agency’s designee when an allegation of sexual abuse or sexual harassment is made. The PREA coordinator was contacted within 1.5 hours to demonstrate the RRC would contact the agency’s designee of a reported allegation of sexual abuse or sexual harassment.

115.251 (c). The agency reported in the PAQ that it has a policy mandating that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and that staff members are required to promptly document any verbal reports of sexual abuse and sexual harassment.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.B and Section V.B.1 (p. 22-23) address this provision. Section V.B.2 (p. 23) requires staff document verbal reports “at the earliest opportunity, and always before leaving the facility or ending a work shift.”

The auditor interviewed 12 randomly selected staff, and all staff reported residents can make a report verbally, in writing, anonymously and through third parties. All staff reported they have to document verbal reports immediately or by end of shift. The auditor interviewed 11 randomly selected residents, and 10 reported they can make a report in person or in writing. They also reported family, other residents, a counselor, staff, and their PO could make a report for them and do so anonymously. Only one resident reported he would not get into “other people’s business.”

115.251 (d). The agency reported in the PAQ that it has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The agency reported staff are informed of these procedures the following way: orientation and annual training.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.A.4-9, (p. 24-25) provide protocols on the multiple ways staff can privately report such incidents. Policy also states, “Staff reporting responsibilities under this chapter will be covered during new staff orientation (see CP #174) and at least annually in PREA Basic Training (see CP #101e).”

The auditor interviewed 12 randomly selected staff, and all staff reported they can privately make a report to a supervisor, duty officer, PREA coordinator, management, or anonymously call the 800 number.

Corrective Action:

1. The auditor recommends no corrective action.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Resident Handbook <ul style="list-style-type: none"> i. Section IV. Grievance Procedure (revised 10/19) d. Grievances <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Residents who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.252 (a). The agency reported in the PAQ that it has administrative procedures for dealing with resident grievances regarding sexual abuse. Following staff interviews, and upon further review of agency policies and protocols followed in response to grievances alleging sexual abuse and sexual harassment, the auditor noted the agency investigates all allegations of sexual abuse or sexual harassment reported via the grievance process.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.C (pp. 25-26) addresses formal grievances and exhaustion of administrative remedies. Section V.C.1.a (p. 25) states, “Crosspoint’s formal grievance process may be used by residents to report sexual misconduct, however staff will not attempt to resolve sexual misconduct complains informally as outlined in OM Ch. 10, Section B.1 beyond ensuring resident safety. a. Follow-up to such grievances must follow reporting and response requirements as outlined in this chapter.” Section V.C.3.d (p. 26) states, “Regardless of a resident declining to pursue a grievance filed on his or behalf, reports or grievances alleging sexual misconduct will require staff follow the fact finding and advocacy processes called for in this chapter.”</p> <p>A review of four investigative files regarding allegations of sexual harassment reflected three were reported through the grievance process and the agency initiated an investigation on each. Two of the grievances were also reported via third-party. The allegations were not processed as grievances. One of the grievances reflected the resident, when interviewed, reported he was not sexually abused or sexually harassed. The resident reported a separate and different allegation of staff misconduct. The allegations of sexual abuse and sexual harassment was ruled out based on the interview with the resident. The staff misconduct was handled as a grievance and the report reflected the resident’s concern regarding the staff misconduct had been addressed through the grievance process.</p> <p>During the corrective action phase, the agency revised the resident handbook to match the agency’s policy. Section IV. Grievance Procedure.3 (p. 21) states, “A resident may submit a grievance regarding sexual misconduct (sexual harassment/sexual assault), or any form of abuse or exploitation at any time, regardless of when or where the incident took place. However, if the grievance is submitted on a sexual harassment/sexual assault, it will immediately be submitted as an investigation (fact-finding) and if it portrays a grievance, it will</p>

be treated as a grievance.”

115.252 (b). The agency reported it does not have administrative procedures for dealing with resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

The agency reported agency policy or procedure allows residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The agency also reported policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

115.252 (c). The agency reported in the PAQ that it does not have administrative procedures for dealing with resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

The agency reported in the PAQ that agency policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to a staff member who is the subject of the complaint, and policy requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

115.252 (d). The agency reported it does not have administrative procedures for dealing with resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

A review of three allegations of sexual harassment reflected they were reported through the grievance process and the agency initiated an investigation. While onsite, the agency reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.252 (e). The agency reported it does not have administrative procedures for dealing with resident grievances regarding sexual abuse, therefore this standard and provision is not applicable.

115.252 (f). The agency reported in the PAQ that it does not have administrative procedures for dealing with resident grievances regarding sexual abuse. The agency also reported it has an agency policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.C.4 (p. 26) addresses grievances alleging or indicating imminent risk of sexual abuse or assault. Agency policy requires prompt response, but is prefaced with “Crosspoint’s fact finding process in reports of sexual misconduct shall meet these standards.” The agency reported there were no emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past 12 months.

115.252 (g). The agency reported it does not have administrative procedures for dealing with resident grievances regarding sexual abuse. The agency also reported it has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.C.3 (5) (p. 26), states, "If an investigation or fact finding establishes that a resident filed a grievance related to sexual misconduct in bad faith, the resident may be subject to normal disciplinary action for lying or filing false report. In no other situation may a resident face sanction or disciplinary action for filing a report alleging sexual misconduct." The agency reported there were no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

Corrective Action:

1. The auditor recommends no corrective action.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Memorandum of Understanding (MOU) Between The Rape Crisis Center and Crosspoint, Inc. (signed 11/12/18) d. Resident Handbook Center Policies and Procedures CP #109 (revised 2016) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA compliance manager c. Residents who reported a sexual abuse d. Random selection of residents <p>Findings (By Provision):</p> <p>115.253 (a). The agency reported in the PAQ that it provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses and telephone numbers, including toll-free hotline numbers where available, for local, state, or national victim advocacy or rape crisis organizations, and enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.D.1 (p. 27), provides for the Rape Crisis Center (RCC) hotline also be available to residents for supportive counseling and services. Policy allows for the victim to request these services independently or with CM support directly to the RCC.</p> <p>The auditor interviewed 11 randomly selected residents. Of the 11 resident, five reported being aware of the hotline number, but were not sure about the type of services available; five reported not being aware of any services; and one reported being familiar with the type of services available. While onsite, the agency reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.</p> <p>115.253 (b). The agency reported in the PAQ that it informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local laws.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.D.1 (p. 27) allows for the victim to request support services independently or with CM support directly to the RCC. Section V.D.2 (p. 27) accessing support services, but prior to accessing services, the CM is to meet with the resident to determine if there are any safety issues and offer access to Crosspoint’s mental health services. Policy also requires the CM ensure the resident</p>

understand confidentiality and privacy requirements related to mandatory reporting.

The auditor interviewed 11 randomly selected residents. Of the 11 resident, five reported being aware of the hotline number, but were not sure about the type of services available; five reported not being aware of any services; and one reported being familiar with the type of services available. While onsite, the agency reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.253 (c). The agency reported in the PAQ that it maintains a memoranda of understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency also reported it maintains copies of the agreements. The agency has entered into an MOU with the Rape Crisis Center, which outlines the responsibilities of both parties and the services the RCC will provide residents and Crosspoint.

Corrective Action:

1. The auditor recommends no corrective action.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Zero Tolerance Policy CP #266 (revised 12/16) d. Third Party Report Form CP #268 (revised 12/16) e. http://cpsatx.org/p-r-e-a-prison-rape-elimination-act/ f. Memorandum of Understanding (MOU) Between The Rape Crisis Center and Crosspoint, Inc. (signed 11/12/18) <p>Findings (By Provision):</p> <p>115.254 (a). The agency reported in the PAQ that it provides a method to receive third-party reports of resident sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of a resident. The agency also reported Crosspoint has a memo of understanding with the Rape Crisis Center in which they will receive calls on a dedicated line for Crosspoint residents to call to voice any concerns. Further, residents can raise concerns with their assigned officer, the Federal Bureau of Prisons. Staff added that the Zero Tolerance policy reflecting reporting options is posted in several places within each of our facilities.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.E (p. 27-28) addresses third-party reporting protocols.</p> <p>A review of four investigative files regarding allegations of sexual harassment reflected three were reported via third-party. Two of the third-party reports were also reported via the grievance process. The third-party reporters included two from the Rape Crisis Center and one from the resident's probation officer.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The auditor recommends no corrective action.

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA coordinator c. Medical and mental health staff d. Random sample of staff <p>Findings (By Provision):</p> <p>115.261 (a). The agency reported in the PAQ that it requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.B.3.a, (p. 24) addresses this provision and requires reporting of any incident regardless of where or when the incident occurred.</p> <p>The auditor interviewed 12 randomly selected staff that reported they are required to report any knowledge of sexual abuse or sexual harassment, including retaliation and staff neglect. Collectively, all staff reported they would notify their supervisor, the program administrator, PREA coordinator, call the 800#, contact the BOP, and call the SAPD. Some staff reported knowledge of who they would notify during business hours, who they would contact after business hours, and referenced the First Responder Checklist and CP-60 Form. Staff reported they also have to report allegations from a third party.</p> <p>A review of one of the four investigative files reflected staff did not immediately report an allegation of sexual harassment. The agency took immediate corrective action and required staff to participate in remedial PREA training.</p> <p>115.261 (b). The agency reported in the PAQ that, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.B.1.d, (p. 23) prohibits staff from revealing information in accordance with this provision.</p>

The auditor interviewed 12 randomly selected staff that reported they are required to report any knowledge of sexual abuse or sexual harassment, including retaliation and staff neglect. Collectively, all staff reported they would notify their supervisor, the program administrator, PREA coordinator, call the 800#, contact the BOP, and call the SAPD. Some staff reported knowledge of who they would notify during business hours, who they would contact after business hours, and referenced the First Responder Checklist and CP-60 Form. Staff reported they also have to report allegations from a third party.

115.261 (c). This provision requires, unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. The auditor determined this provision is not applicable.

115.261 (d). Staff interviewed reported they do not have any clients under the age of 18. Staff reported if someone is vulnerable, they would respond per their fact-finding procedures. Staff added they would respond to any allegation, whether that individual is vulnerable or not.

115.261 (e). Staff interviewed reported all allegations of sexual abuse and sexual harassment are not necessarily reported directly to the designated facility investigators. Staff reported allegations will typically have an investigator from another facility to conduct the investigation. The investigative staff would include case managers and unit managers. Staff reported an investigator would be assigned the next business day or by the end of business on that day by the program administrator.

Corrective Action:

1. The auditor recommends no corrective action.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head b. Director or designee c. Random sample of staff <p>Findings (By Provision):</p> <p>115.262 (a). The agency reported in the PAQ that when it learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The agency reported there were no instances the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 Section I.A.2 (p. 5) requires staff take immediate action to protect the resident.</p> <p>Staff interviewed reported there have been no incidents related to sexual abuse. Staff stated such incidents would be reported to the supervisor who would report it to the program administrator. Staff reported they would have the client stay with staff or place the resident by himself in a room close to the monitor's station to protect the resident. Staff reported they would make it clear to the resident to go to the case manager. If needed, the resident would be removed from the facility to keep him/her safe or remove the perpetrator. All 11 randomly selected staff interviewed reported they would immediately alert their supervisor and take steps to protect the resident. Staff reported they would call SAPD if it was serious and take follow-up steps to keep the resident safe and report it up the chain of command. Some staff reported they would take steps to remove the perpetrator.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> 1. The auditor recommends no corrective action.

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)</p> <p>2. Interviews:</p> <p>a. Agency head</p> <p>b. Director or designee</p> <p>Findings (By Provision):</p> <p>115.263 (a). The agency reported in the PAQ that agency policy requires, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the alleged abuse is alleged to have occurred. The agency also reported there were no allegations the facility received in the past 12 months that a resident was abused while confined at another facility.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.G.1.b (p. 28) addresses the notification requirements of this provision.</p> <p>115.263 (b). The agency reported in the PAQ that policy requires the facility head provide such notifications as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.G.1.c (p. 28) addresses the 72-hour timeline.</p> <p>115.263 (c). The agency reported in the PAQ that it documents that it has provided such notification within 72 hours after receiving the allegation. The agency reported there have been no such reports.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.G.1.d (p. 28) addresses the 72-hour timeline.</p> <p>115.263 (d). The agency reported in the PAQ that policy requires that allegations received from other agencies and facilities are investigated in accordance with the PREA standards. The agency reported there were no allegations of sexual abuse the facility received from other facilities in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.G.3 (p. 29) states, "If a report is received from another agency or institution that an incident of sexual misconduct is alleged to have occurred at Crosspoint facility, the procedures for reporting to funders and administrative fact finding outlined in this chapter shall be followed."</p> <p>Staff interviewed reported the CEO would be contacted and would designate staff to follow-up</p>

and would report back to the CEO. The reported they would follow the same protocols and immediately initiate the fact-finding protocol and conduct an investigation. Staff also reported they would contact the funder. Staff reported there are no examples of another facility or agency reporting such allegations, and this has not occurred in the past three years.

Corrective Action:

1. The auditor recommends no corrective action.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Crosspoint Staff First Responder Checklist CP #275 (revised 12/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Security staff first responders b. Residents who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.264 (a). The agency reported in the PAQ that it has a first responder policy for allegations of sexual abuse. The agency reported the policy requires, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: (a) separate the alleged victim and abuser; (b) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (c) if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (d) ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. The agency reported there was no allegation that a resident was sexually abused in the past 12 months in which the first security staff member to respond to the report separated the alleged victim and abuser. The agency reported there were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.1.a and c-e, (p. 30) addresses all four elements required under this provision. The checklist includes all the required elements under this standard and facilitates the process to ensure first responders follow the same and consistent protocols.</p> <p>While onsite, the agency reported there were no security or non-security staff that had acted as first responders in the past 12 months; therefore, there were no staff interviewed specific to this provision. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.</p> <p>The auditor interviewed 12 randomly selected staff. Staff reported if they were the first person alerted that a resident has allegedly been the victim of abuse, they would do the following: separate the victim from the perpetrator; stay with the victim and keep the victim safe; call the supervisor, duty officer, PREA coordinator, and/or the program administrator; and call 911.</p>

The auditor noted staff did not address securing the scene. One staff member reported they would “secure the residents” and another staff member referenced the first responder checklist. During the corrective action phase, the auditor conducted a subsequent post onsite audit and interviewed two additional randomly selected staff. Staff responses addressed the required elements, including securing the scene.

115.264 (b). The agency reported in the PAQ that policy requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, if applicable, and then notify security staff. The agency reported there were no allegations that a resident was sexually abused made in the past 12 months in which a non-security staff member was the first responder.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section V.1.f (p. 30) states, “If the first responder is not a member of program staff, e.g., support staff. Then that person shall be responsible for steps a through e of this section and program staff will take responsibility at that point. This first responder must document his or actions, observations, etc. on CP#60 as required in this chapter.”

While onsite, the agency reported there were no security or non-security staff that had acted as first responders in the past 12 months; therefore, there were no staff interviewed specific to this provision. The auditor interviewed 12 randomly selected staff. Staff collectively reported if they were the first person alerted that a resident has allegedly been the victim of abuse, they would do the following: separate the victim from the perpetrator; stay with the victim and keep the victim safe; call the supervisor, duty officer, PREA coordinator, and/or the program administrator; and call 911.

The auditor noted staff did not address securing the scene. One staff member reported they would “secure the residents” and another staff member referenced the first responder checklist. During the corrective action phase, the auditor conducted a subsequent post onsite audit and interviewed two additional randomly selected staff. Staff responses addressed the required elements, including securing the scene.

Corrective Action:

1. Train staff to ensure they also secure the scene when responding to a sexual assault allegation in accordance with 115.264(a)(2).

Staff Response to Corrective Action:

1. Staff enhanced upon the first responder topic in the PREA Basic Training, which is provided to all staff, to reinforce the importance of the first responder responsibilities.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. OM Appendix K Summary of Staff and Agency Reporting Duties (dated 3/22/16) d. Crosspoint Staff First Responder Checklist CP #275 (revised 12/16) i. Part II. Program Administrator Checklist & Report <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee <p>Findings (By Provision):</p> <p>115.265 (a). The agency reported in the PAQ that it has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VI.A.2-4 (pp. 30-31) addresses steps that will be taken when SAPD is involved and directs staff to contact 911 in emergency situations if the incident is judged to be an immediate threat to safety or security. Section VI.B (p. 31) addresses the agency’s coordinated response. Section VI.B.1 (p. 31) OM Appendix K Summary of Staff and Agency Reporting Duties is listed as the “Institutional Plan” and is very comprehensive, but covers much more than just the “coordinated actions taken in response to an incident of sexual abuse among staff first responders, investigators, and facility leadership.” Medical and mental health practitioners are not included, since the agency reported they do not employ medical/mental health staff. Section VI.B.2 (p. 31) focuses on the coordinated response in the event of a sexual assault incident. The agency revised the Staff First Responder Checklist, which includes Part II. Program Administrator Checklist & Report. The revised form ensures the response involves: staff first responders, RRC, victim advocates, investigators and facility leadership.</p> <p>Staff interviewed reported the victim advocate would focus on the needs of the client. The first response would be to call 911, as well as supervisors and the facility administrator. They would also get medical care at the emergency room.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> 1. The agency has a comprehensive plan, but it can be simplified to provide clear direction. Maybe have a section in the institutional plan specific to responses to sexual abuse incidents. Also, the plan does not specifically address investigators. <p>Agency Response to Corrective Action:</p> <ul style="list-style-type: none"> 1. The agency enhanced the comprehensive plan by revising the Staff First Responder Checklist, which includes Part II. Program Administrator Checklist & Report The revised form ensures the response involves: staff first responders, RCC, victim advocates, investigators and facility leadership.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head <p>Findings (By Provision):</p> <p>115.266 (a). The agency reported in the PAQ that this provision is not applicable as there are no collective bargaining arrangements. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Insert (p. 32) states, "(115.266) is not applicable—Applies only to collective bargaining". Staff interviewed reported this standard is not applicable. The auditor noted Texas is an At-Will-Employment State, therefore this standard is not applicable.</p> <p>115.266 (b). Auditor is not required to audit this provision.</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> 1. The auditor recommends no corrective action.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. PREA Response Form CP #270 (revised 3/16) d. Investigative files <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency head b. Director or designee c. Designated staff member charged with monitoring retaliation d. Residents who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.267 (a). The agency reported in the PAQ that it has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency reported it designates staff member(s) or departments are charges department(s) with monitoring for possible retaliation.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VI.C.1, and 2.a, (p. 32), addresses this provision. Agency policy designates the Program Administrator to have the primary responsibility to address any monitor any retaliation or fear of retaliation.</p> <p>115.267 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VI.C.2.b-c, (p. 32) outlines the multiple protective measures the agency will employ when monitoring for retaliation. Policy also states, “The Program Administrator will document any reports of and responses to retaliation in memo for to the PREA Coordinator for attachment to the original investigation report.”</p> <p>A review of the four investigative files reflected one resident was discharged on the same date the allegation was reported, and one resident was discharged (action by funding agency for rule violations) two days after the allegation was reported. The remaining two files reflected staff made notations of ongoing communications with staff to ensure the resident’s concerns were addressed. One record specifically warned staff not to take any actions that would appear retaliatory. One record reflected the investigation ruled out sexual abuse and sexual harassment, but proceeded with the grievance process based on the alleged staff misconduct. The file reflected the resident was satisfied with the outcome of the grievance process and the actions taken by the agency.</p> <p>Staff interviewed reported measures that could be taken when suspecting retaliation include the following: residents could be put in a single room or in a room close to the manned station; check in with residents; assess the environment; look for patterns in grievances submitted; monitor for six months; and move staff to accommodate victim, even if the case is ruled as</p>

unfounded. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.267 (c). The agency reported in the PAQ that it monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency reported it monitors the conduct or treatment for 90 days and beyond. The agency reported it acts promptly to remedy any such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The agency reported there were no times an incident of retaliation occurred in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VI.C.3 (pp. 32-33) addresses the 90 days, as well as the 90 days and beyond, timelines required under this provision.

Staff interviewed reported measures taken when retaliation is suspected include the following: Investigate – if retaliation involves staff, remove staff from the facility, under investigatory suspension; if retaliation involves a client, contact the BOP and get guidance from the funder and investigate. Staff reported they would immediately have to remove the threat. Staff also reported they would monitor the resident's change in behavior and would monitor for six months or for as long as needed.

115.267 (d). The PREA Response Form CP #270 (p. 2) states, "Crosspoint strictly prohibits any form of retaliation. Crosspoint management will closely monitor this matter for at least 90 days to ensure no retaliation occurs." The CP #270 is used to inform the resident of the outcome of the investigation.

Staff interviewed reported they would monitor the resident's change in behavior.

115.267 (e). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VI.C.3.c (p. 33) states, "At least once every 30 days during this period the administrator will personally conduct a status check with the victim and any individuals who cooperated in the investigation(s) to determine if any issues need to be addressed."

The PREA Response Form CP #270 (p. 2) states, "Crosspoint strictly prohibits any form of retaliation. Crosspoint management will closely monitor this matter for at least 90 days to ensure no retaliation occurs." The CP #270 is used to inform the resident of the outcome of the investigation.

Staff interviewed reported they would use surveillance to prevent and detect if it did occur. They would not only use passive surveillance, but would follow-up with the individual at regular intervals. Residents could be put in a single room or placed in a room close to the manned station. Staff would check in with residents, assess the environment and look for patterns in grievances submitted. Staff would contact the BOP and get guidance from the funder and investigate. Staff reported they would immediately have to remove the threat.

Staff reported the protective measures they could use for staff include moving staff to a different facility or program; staff could face suspension for retaliation based on the nature of the allegation and for ethical violations; remove staff from the facility, under investigatory

suspension;

115.267 (f). The auditor is not required to audit this provision.

Corrective Action:

1. Implement protocols to demonstrate how staff monitor residents and staff for retaliation

Agency Response to Corrective Action:

1. Agency designated the program administrator to monitor retaliation of residents and staff and use the PREA Response Form CP 270 to document monitoring for retaliation.

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. City of San Antonio Police Department (SAPD) Letter (dated 4/2/19) d. Investigative Files <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA coordinator c. PREA compliance manager d. Investigative staff e. Residents who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.271 (a). The agency reported in the PAQ that it has a policy related to criminal and administrative agency investigations.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A (pp. 34-35) addresses criminal and administrative investigations. Section VII.A.1 (p. 34) addresses the referral of allegations that suggest criminal behavior will be referred to SAPD for investigation. Section VII.A.2 (pp. 34-35) refers to administrative investigations as “Fact Finding” and requires the fact finding be completed promptly within seven business days of assignment unless circumstances require an extension.</p> <p>The auditor reviewed four administrative investigative files documented as sexual harassment allegations. All the allegations involved staff-on-resident allegations. Three were initiated through the grievance* process and two of the grievances were also reported via third-party. The residents had submitted a grievance and also called the hotline number. Procedurally, the BOP directs the agency to conduct a “fact-finding” protocol. One of the allegations (grievance and third-party) was ruled out following an interview with the resident who reported the allegation reported should not have been for sexual abuse or sexual harassment. The allegation proceeded through the grievance process as a staff misconduct. A review of one of the sexual harassment investigative files reflected it was misclassified and should have been classified as a sexual abuse allegation. The allegation was made based on a pat search which resulted in the resident monitor’s detection of contraband. The file was discussed with agency leadership. The remaining two investigative files reflected the placement entities were the BOP and Esperanza Program. The records reflect the placement agencies were notified immediately. The auditor noted the agency investigates all reported allegations regardless of the resident’s placement agency (funding source).</p> <p>Staff interviewed reported an investigation would be initiated immediately or within 24 hours. Staff also reported third-party and anonymous reports of sexual abuse or sexual harassment would allegations would be investigated and not be treated any differently. Staff reported they</p>

would follow-up and gather as much information as they can and would not ignore the allegation.

115.271 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.c (p. 34) addresses the requirement that staff assigned to conduct Fact Finding will receive specialized annual training.

The auditor reviewed four administrative investigative files reported as sexual harassment incidents. All the allegations involved three different staff that conducted the investigations. One investigator's (investigated one case) training records reflected the PREA Basic, investigator and SANE training was completed. One investigator's (investigated two cases) training records reflected the PREA Basic training was completed but no investigator or SANE training. During the corrective action phase, the agency's investigators completed the online course "PREA: Investigating Sexual Abuse in a Confinement Setting," which is presented by the National Institute of Corrections (NIC).

Staff interviewed reported receiving the required specialized training and the topics covered included SANE, investigations, dynamics, reporting, first responder, assignment of investigators, questioning witnesses, making recommendations, and not using Miranda.

115.271 (c). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.d (p. 34) states, "Fact Finding will include collecting and evaluating staff witness statements, documentary and/or electronic records, video or other surveillance recordings." Section VII.A.2.e (pp. 34-35) addresses interviews with the alleged victim and alleged perpetrator.

The auditor reviewed four administrative investigative files. One of the files did not include the interviews of the alleged victim or alleged perpetrator. The remaining files reflected the appropriate supporting documentation. Investigative files are maintained and secured in the PREA coordinator's office.

Staff interviewed reported the first steps to initiate an investigation would include: notifying the CEO; and the program administrator would assign the investigator that would be from another facility to minimize conflict of interest. Staff reported the investigation would take one to a few days. Staff also reported the investigative process would include the following: interview the victim and perpetrator and follow-up with witness statements; conduct follow-up interviews, if needed; reviewing and gathering reports, documentation and compare evidence; assigning a victim advocate to the victim, if requested; review policies; and submit a recommendation with supporting evidence. Staff reported direct and circumstantial evidence they would be responsible for would include: camera video, logs, witness statements, evidence in the room (clothing), photos, and behavior notes.

115.271 (d). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.f (p. 34) states, "Crosspoint investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process." Although this provision does not require policy, the auditor suggested the policy be revised to note that compelled interviews apply only to staff. Staff agreed the policy would be revised with consultation with HR staff and SAPD.

The auditor reviewed four administrative investigative files. None of the incidents were considered criminal; therefore, they were not referred to the SAPD. Although all the incidents involved allegations against staff, the agency did not conduct any compelled interviews.

Staff interviewed reported if they discovered evidence that a prosecutable crime may have taken place, they would stop and contact SAPD. Staff reported they would work with SAPD regarding compelled interviews and that they (agency investigators) would not conduct compelled interviews.

115.271 (e). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.f (p. 35) states, "Crosspoint investigators will not compel statements from residents and will not utilize any polygraph or other truth-telling device in the investigative process."

Staff interviewed reported they would take all allegations seriously and the allegations would be treated the same even if they have a troublesome resident. Staff reported they would still look into the allegation and evaluate if they are telling the same story. Staff reported they would not require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation, under any circumstance. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.271 (f). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.g and j (p. 35) addresses this provision.

The auditor reviewed four administrative investigative files. All the files reflected that investigative staff reviewed staff actions or failure to act and subsequent appropriate remedial actions were documented. Two allegations resulted in staff participating in remedial training, and the third allegation resulted in staff re-review of agency protocols.

Staff interviewed reported efforts made during an administrative investigation to determine if staff actions or failure to act contributed to the sexual abuse would include the following: review videos to see if policy and procedures were followed; was resident placed in the wrong room (classification); and was staff trained or familiar with policies. Staff reported they would maintain documentation of interview notes, statements, evidence list, the recommendation with the reasoning laid out to include whether staff should be trained or terminated as well as anything that needs to be addressed.

115.271 (g). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.1 (p. 34) addresses the referral of allegations that suggest criminal behavior will be referred to SAPD for investigation. Section VII.A.2.h (p. 35) states, "In the case of a criminal investigation, the fact finding investigator will document a request pertinent information from SAPD (or other investigative entity) in order to include this information in the fact finding report."

The auditor reviewed four administrative investigative files. Staff reported there were no allegations involving criminal behavior; therefore, no allegations were referred to the SAPD.

Staff interviewed reported criminal investigations would be conducted by SAPD.

115.271 (h). The agency reported in the PAQ that all substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency reported there were no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.1 (p. 34) addresses the referral of allegations that suggest criminal behavior will be referred to SAPD for investigation. The SAPD letter to Crosspoint states, "The Special Victims Unit will conduct all investigative protocols thereafter, to include filing cases with Bexar County District Attorney's Office in

The auditor reviewed four administrative investigative files. Staff reported there were no allegations involving criminal behavior; therefore, no allegations were referred to the SAPD.

Staff interviewed reported criminal investigations would be conducted by SAPD and when there is evidence of criminal activity, the victim has a lot of say. Staff reported if the victim says call PD they would call SAPD. Staff reported SAPD would also be contacted if the victim wants to press charges.

115.271 (i). The agency reported in the PAQ that it retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.4 (p. 35) states, "Upon completion of all investigations and reporting, the PREA Coordinator will secure all records of a sexual misconduct incident in archival storage for five years following the residents' discharge or staff members' termination."

The auditor reviewed four administrative investigative files reported within the past 12 months. All investigative file records are securely retained in the PREA coordinator's office.

115.271 (j). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.2.i (p. 35) states, "The departure or removal from the facility or employment of any alleged victim or perpetrator will not be grounds to stop or curtail the fact finding process." Staff interviewed reported they would complete the investigation even if staff or the victim left before the investigation was completed. They would still need to follow through and the investigation would continue.

115.271 (k). The auditor is not required to audit this provision.

115.271 (l). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.1 (p. 34) addresses the referral of allegations that suggest criminal behavior will be referred to SAPD for investigation. Section VII.A.2.h (p. 35) states, "In the case of a criminal investigation, the fact finding investigator will document a request pertinent information from SAPD (or other investigative entity) in order to include this information in the fact finding report." During the corrective action period, the agency modified Section VII.A.1.c (p. 34) to

include the following statement, "Once the allegation has been referred to SAPD for criminal investigation the fact finding investigation will stop pending outcome of SAPD."

Staff interviewed reported, if an outside agency investigates an incident of sexual abuse in the facility, they would cooperate, and as much as possible, assist them, especially if they are claiming it happened at our facility. Staff also reported they would still look at policies and procedures over what they have control over. They would identify violations and reach out to the PD and ask what they are recommending. Staff reported they would get a copy of the report once completed and available. Staff reported the agency has an MOU with SAPD. Staff added they have not had this situation before, but would contact SAPD, the funder (agency placing residents at facility), and remain in contact with the investigators. Staff reported they would be obligated to let the victim know of the outcome and would be very diligent on the follow-up.

Recommendation:

1. Although this standard does not require policy, revise policy as recommended and noted in applicable provisions.

Agency Response to Recommendation:

1. Although not required, the agency revised agency policy Section VII.A.1.c (p. 34) to include the following statement, "Once the allegation has been referred to SAPD for criminal investigation the fact finding investigation will stop pending outcome of SAPD."

Corrective Action:

1. The auditor recommends no corrective action.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. 1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)</p> <p>2. Interviews:</p> <p>a. Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a). The agency reported in the PAQ that it imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.A.3.b, (p. 35) addresses this provision.</p> <p>The auditor interviewed two investigative staff. One investigator reported the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment was Preponderance of the Evidence. The second investigator reported the standard was just the evidence to support that the act occurred. The investigator referenced the resident being sent to the hospital, the rape kit, the perpetrator confessed, witnesses and documentation.</p> <p>Corrective Action:</p> <p>1. The auditor recommends no corrective action.</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. PREA Response Form CP #270 (adopted 3/16) d. Crosspoint Staff First Responder Checklist CP #275 (revised 12/16) i. Part II. Program Administrator Checklist & Report <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. Investigative staff c. Resident who reported a sexual abuse <p>Findings (By Provision):</p> <p>115.273 (a). The agency reported in the PAQ that it has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The agency reported no criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/facility in the past 12 months; therefore, no resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.B.1, (p. 35) required the Program Administrator provide the alleged victim and the PREA Manager with the report on the PREA Response Form, which includes the administrative finding of the fact finding investigation. Per policy, this applies to all types of fact-finding investigations, whether sexual abuse or sexual harassment, which exceeds the requirement of this standard. Crosspoint Staff First Responder Checklist, Part II. Program Administrator Checklist & Report CP #275 includes the notification of the PREA coordinator as part of the first response protocols.</p> <p>The auditor reviewed four administrative investigative files. One of the allegations (grievance and third-party) was ruled out following an interview with the resident who reported the allegation reported should not have been for sexual abuse or sexual harassment. The allegation proceeded through the grievance process as a staff misconduct. A review of one of the sexual harassment investigative files reflected it was misclassified and should have been classified as a sexual abuse allegation. The allegation was made based on a pat search which resulted in the resident monitor's detection of contraband. The file was discussed with agency leadership. The files reflected the resident was discharged before the investigation was completed. The remaining two sexual harassment administrative investigations do not require the victim be notified of the outcome of the investigation, but one of the files reflected the resident was discharged prior to the completion of the investigation and could not be notified due to the resident's release. This practice, if fully implemented, would exceed the</p>

requirements of this provision.

Staff interviewed they are obligated to let the client know what the outcome of the investigation was and would be diligent on the follow-up. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.273 (b). The agency reported in the PAQ that, if an outside entity conducts such investigations, the agency requests the relevant information from the investigative agency in order to inform the resident of the outcome of the investigation. The agency reported there was no investigation of alleged sexual abuse in the facility that was completed by an outside agency in the past 12 months; therefore, no resident was notified, verbally or in writing, of the results of the alleged sexual abuse investigation completed by an outside agency in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.B.2, (p. 36) addresses this provision and requires the administrator will document this request in memo form with the fact finding report.

115.273 (c). The agency reported in the PAQ that, following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, the agency subsequently informs the resident whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency reported there has been no incidents of substantiated or unsubstantiated complaints (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.B.3, (p. 36) addresses all four elements required under this provision. The PREA Response Form CP #270 is used to inform the resident of the outcome of the investigation, if criminal charges were pursued, if the alleged perpetrator was removed from Crosspoint, and any administrative actions taken, including changes to procedures, training, staffing or facility infrastructure.

Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.273 (d). The agency reported in the PAQ that, following a resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency also reported there have been no sexual abuse allegations in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.B.4-5, (p. 36) addresses this provision and requires the program administrator communicate this

information in memo form to the resident.

Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.273 (e). The agency reported in the PAQ that it has policy that all such notifications or attempted notifications are documented. The agency reported there have been no sexual abuse allegations in the past 12 months; therefore, there were no notifications provided to residents in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VII.B.6, (p. 36) provides instruction on securing the resident's signature on the CP 270 and what steps to take if the resident refuses to sign or the victim is no longer at the facility the requirement to file the CP 270 with the documentation regarding the incident.

115.273 (f). The auditor is not required to audit this provision.

Corrective Action:

1. The auditor recommends no corrective action.

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Disciplinary File <p>Findings (By Provision):</p> <p>115.276 (a). The agency reported in the PAQ that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.A.1, (p. 37) addresses this requirement. Section VIII.A.2, (p. 37) also requires the documentation of disciplinary responses.</p> <p>115.276 (b). The agency reported in the PAQ there was one staff member from the facility who had violated agency sexual abuse or sexual harassment policies, and no staff terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, in the past 12 months. Upon further review, the agency advised the response in the PAQ was an error.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.A.1, (p. 37) addresses this provision. Section VIII.A.2, (p. 37) also requires the documentation of disciplinary responses.</p> <p>A review of one of the sexual harassment investigative files reflected it was misclassified and should have been classified as a sexual abuse allegation. The allegation was made based on a pat search which resulted in the resident monitor's detection of contraband. The file was discussed with agency leadership. Staff was not disciplined as a result of this allegation.</p> <p>115.276 (c). The agency reported in the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The agency reported there were no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.A.3, (p. 37) addresses disciplinary sanctions as required under this provision.</p> <p>A review of one of the sexual harassment investigative files reflected it was misclassified and should have been classified as a sexual abuse allegation. The allegation was made based on a pat search which resulted in the resident monitor's detection of contraband. The file was discussed with agency leadership. Staff was not disciplined as a result of this allegation.</p>

115.276 (d). The agency reported in the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) to any relevant licensing bodies. The agency reported there were no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.A.4, (p. 37) states, "All terminations for sexual misconduct or resignations by staff who would have been terminated if they had not resigned are reported to relevant licensing bodies and law enforcement agencies unless the behavior was not criminal."

Corrective Action:

1. The auditor recommends no corrective action.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1444 448"> 1. Documents: (Policies, directives, forms, files, records, etc.) a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) </p> <p data-bbox="252 499 552 573"> 2. Interviews: a. Director or designee </p> <p data-bbox="252 627 1461 913"> Findings (By Provision): 115.277 (a). The agency reported in the PAQ that policy requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to: (a) law enforcement agencies (unless the activity was clearly not criminal), and (b) to relevant licensing bodies. The agency reported there were no incidents to report; therefore, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents in the past 12 months. </p> <p data-bbox="252 967 1449 1041"> Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.B.1-2 (p. 37) addresses sanctions and reporting requirements for contractors and volunteers. </p> <p data-bbox="252 1095 1469 1258"> 115.277 (b). The agency reported in the PAQ that it, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility takes appropriate remedial measures, and consider whether to prohibit further contact with residents. The agency also reported there were no incidents to report for the past 12 months. </p> <p data-bbox="252 1312 1461 1431"> Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.B.3 (p. 37) addresses the documentation of the remedial measures the agency takes for sexual misconduct violations by a contractor or volunteer. </p> <p data-bbox="252 1485 1469 1688"> Staff interviewed reported the same remedial measures would be taken on contractors and volunteers as with employees. Each allegation would be investigated and they would monitor to ensure there is no retaliation against residents. Staff reported just because the allegation is against a contractor or volunteer, they would be held to the same standard as staff and there would be no special treatment. </p> <p data-bbox="252 1742 887 1816"> Corrective Action: 1. The auditor recommends no corrective action. </p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Resident Handbook, Attachment E, Prohibited Acts and Disciplinary Severity Scale Greatest Category <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. Medical and mental health staff <p>Findings (By Provision):</p> <p>115.278 (a). The agency reported in the PAQ that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. The agency reported there were no administrative findings of resident-on-resident sexual abuse or no criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1.a-b (pp. 37-38) addresses disciplinary sanctions for residents.</p> <p>115.278 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1.a (p. 37) addresses this provision.</p> <p>115.278 (c). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1.a (p. 37) addresses this provision.</p> <p>Staff interviewed reported if a sexual harassment allegation is made, they will discuss the process for BOP clients. Residents are provided due process and could be written up, sanctioned and possibly removed from the program. Staff reported if a sexual abuse allegation is made, they will contact 911 and follow the legal system.</p> <p>115.278 (d). The agency reported in the PAQ that it offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, and considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.2 (p. 38) addresses the referral for mental health assessment with the Crosspoint mental health clinical staff. Policy also provides for follow-up services as referenced under this provision.</p> <p>While onsite, the agency reported it does not employ any medical or mental health staff and</p>

does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff interviewed reported any identified needs for mental health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

115.278 (e). The agency reported in the PAQ that it disciplines residents for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. The agency reported there were no such incidents or reports.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.3 (p. 38) addresses this provision and further states, "Crosspoint staff will always be presumed to be responsible for sexual misconduct with a resident unless evidence supports some degree of force or coercion was exercised by the resident."

115.278 (f). The agency reported in the PAQ that it prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.4 (p. 38) addresses this provision.

115.278 (g). The agency reported in the PAQ that it prohibits all sexual activity between residents and disciplines residents for such activity, and deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section VIII.C.1.c (p. 38) states, "Crosspoint prohibits sexual activity between residents. Consensual sexual activity will be subject to disciplinary sanctions as outlined above. If there is any evidence of coercion or force in an incident of sexual misconduct, Crosspoint will refer the matter for criminal investigation."

Corrective Action:

1. The auditor recommends no corrective action.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Resident Handbook – Center Policies and Procedures Crosspoint, Inc. (revised 10/19) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and mental health staff b. Security staff and non-security staff first responders c. Residents who reported a sexual abuse <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Alvarez House b. Summit House <p>Findings (By Provision):</p> <p>115.282 (a). The agency reported in the PAQ that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The agency reported it does not have medical staff onsite, therefore, there are no medical and mental health staff to maintain documentation of services that are provided.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.1 (p. 39) states, “Crosspoint management at all levels are responsible for ensuring that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.” Section IX.A.1.a (p. 39) states, “All services will be delivered without unreasonable delay based on the recommendations of professional medical and mental health staff.”</p> <p>While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision. While onsite, the auditor noted there were no medical or nurse’s station at Alvarez House or Summit House.</p> <p>115.282 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.2 (p. 39) states, “If crisis intervention services are not engaged via the Rape Crisis Center at the time an incident is reported, staff serving as the first responder and/or the unit manager or duty officer will contact clinical staff.”</p> <p>While onsite, the agency reported there were no security or non-security staff that had acted as first responders in the past 12 months; therefore, there were no staff interviewed specific to</p>

this provision. The auditor interviewed 12 randomly selected staff. Staff reported if they were the first person alerted that a resident has allegedly been the victim of abuse, they would do the following: separate the victim from the perpetrator; stay with the victim and keep the victim safe; call the supervisor, duty officer, PREA coordinator, and/or the program administrator; and call 911.

115.282 (c). The agency reported in the PAQ that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.3 (p. 39) addresses offering timely information and access to emergency contraception and sexually transmitted infections prophylaxis, and if applicable to the incident, pregnancy testing.

While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.282 (d). The agency reported in the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.4 (p. 39) states, "All treatment services indicated by medical or mental health assessment are provided to every victim in a timely fashion, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Chapter 2, Section I (p. 23) of the resident handbook states, "Services related to a sexual abuse incident at the facility will be provided to residents at no financial cost to them." This same provision is addressed on page 25 of the Spanish version of the resident handbook.

Corrective Action:

1. The auditor recommends no corrective action.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Pre-Audit Questionnaire (PAQ)
 - b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)
 - c. Resident Handbook – Center Policies and Procedures Crosspoint, Inc. (revised 10/19)

- 2. Interviews:
 - a. Medical and mental health staff
 - b. Residents who reported a sexual abuse

- 4. Site Review Observations:
 - a. Alvarez House
 - b. Summit House

Findings (By Provision):

115.283 (a). The agency reported in the PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.3-5 and Section IX.B (p. 39-40) address medical and mental health care offered to residents victimized by sexual abuse. Section IX.B (p. 39-40) states, “The Staff Advocate appointed by the Program Administrator will ensure a victim’s medical, emotional and mental health needs are met with referral to services, either via Crosspoint’s mental health program staff or services provided under MOUs appended to this chapter.” During the onsite review, the auditor noted there are no medical staff or medical offices onsite at either Summit House or Alvarez House.

115.283 (b). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.B (p. 39-40) states, “The Staff Advocate appointed by the Program Administrator will ensure a victim’s medical, emotional and mental health needs are met with referral to services, either via Crosspoint’s mental health program staff or services provided under MOUs appended to this chapter.”

While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision. Staff interviewed reported any identified needs for follow-up medical health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

115.283 (c). While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor

did not interview any individual on the applicable interview protocol. Staff interviewed reported any identified needs for follow-up medical health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

115.283 (d). The agency reported in the PAQ that resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.3 (p. 39) addresses offering timely information and access to emergency contraception and sexually transmitted infections prophylaxis, and if applicable to the incident, pregnancy testing. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.283 (e). The agency reported in the PAQ that, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. The agency also reported Summit House is an all-male facility and Alvarez House is an all-female facility.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.3.a (p. 39) states, "If pregnancy is a consequence of the incident such victims shall receive timely medical information and timely access will also be provided for any lawful pregnancy-related medical services."

While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff also reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision. Staff interviewed reported any identified needs for follow-up medical health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

115.283 (f). The agency reported in the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.3.b (p. 39) states, "Victims of sexual assault will also be provided tests for sexually transmitted infections as medically indicated."

While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision. Staff interviewed reported any identified needs for follow-up medical health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site.

115.283 (g). Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.4 (p. 39) states, "All treatment services indicated by medical or mental health assessment are provided to every victim in a timely fashion, without financial cost and

regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Chapter 2, Section I (p. 23) of the resident handbook states, “Services related to a sexual abuse incident at the facility will be provided to residents at no financial cost to them.” This same provision is addressed on page 25 of the Spanish version of the resident handbook. While onsite, staff reported there were no residents who had reported a sexual abuse incident; therefore, the auditor did not interview any residents specific to this provision.

115.283 (h). The agency reported in the PAQ that it attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section IX.A.5 (p. 39) addresses the referral to Crosspoint mental health staff for assessment within at least 60 calendar days.

While onsite, the agency reported it does not employ any medical or mental health staff and does not offer medical or mental health services onsite; therefore, the auditor did not interview any individual on the applicable interview protocol. Staff interviewed reported any identified needs for follow-up medical health services are brought to the attention of the BOP, which then instructs the agency where the residents can be referred for those services off-site. Staff also reported their admission criteria do not allow residents with a prior sex offense history be placed into the program. This is also a requirement per the UDC Code.

Corrective Action:

1. The auditor recommends no corrective action.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Fact Finding Investigation Cover Sheet CP #271 (revised 4/16) d. Fact Finding Investigation Cover Sheet CP #271 (revised 11/19) e. Resident File <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Director or designee b. PREA coordinator c. Incident review team <p>Findings (By Provision):</p> <p>115.286 (a). The agency reported in the PAQ that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The agency reported there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.A (p. 41-42) addresses the incident review process.</p> <p>115.286 (b). The agency reported in the PAQ that it conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The agency reported there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents, in the past 12 months.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.A.2.a (p. 41) addresses the 30-day requirement under this provision.</p> <p>115.286 (c). The agency reported in the PAQ that the review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.A.2.b (p. 41) addresses the membership of the review team as required under this provision.</p> <p>Staff interviewed reported the facility has a sexual abuse incident review team. Staff reported the team includes the CEO, program administrator, PREA coordinator, program supervisors, unit managers, investigators and clinical staff. Staff reported that the finding of the line supervisor and investigator would be part of the input.</p>

115.286 (d). The agency reported in the PAQ that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to the following: (a) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (b) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (c) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (d) assess the adequacy of staffing levels in that area during different shifts; (e) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (f) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §115.286(d)(1) - (d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA coordinator.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.A.3 (p. 41) addresses all the elements required under this provision. A review of the CP #271 form reflected the form needed to be enhanced to ensure each element is addressed during the incident review process. The CP #271 Form was revised to include all the required elements under this provision

Staff interviewed reported the team uses the information from the report by learning from staff and get staff feedback. An example referenced is the importance of conducting pat-down searches in front of the cameras. Staff interviewed reported they are a part of the team that conducts the review and she had not noticed any trends or anything that stood out. Staff reported she reviews the report for content and make sure it has been completed and all documents have been attached and present it to the OLT. Staff reported they do not have any clients under the age of 18. If someone that is vulnerable is identified, they would respond per the agency's fact-finding procedures. Staff added they would respond to any allegation, whether that individual is vulnerable or not. Staff interviewed reported the team considers all the criteria required in the standard. Staff reported the team examines the area in the facility where the incident occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in the area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286 (e). The agency reported in the PAQ that it implements the recommendations for improvement, or documents its reasons for not doing so.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.A.3.f (p. 41) requires the documentation of the members participating in the review, the team's determinations and any recommendations for improvement. Section X.A.4.6 (p. 42) states, "If the CEO/OLT determines that any recommendations from the report are not to be taken, the response must include an explanation for this decision and documented on the CP 271."

Corrective Action:

1. Enhance CP #271 form to include the elements listed under 115.286(d) to ensure all elements are considered during incident review process.

Agency Response to Corrective Action:

1. The agency revised the CP #271 Form to include the elements listed under 115.286(d) to ensure all the elements are considered during the incident review process.

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) c. Prison Rape Elimination Act (PREA) Annual Report 2018 (signed 1/4/19) d. Investigative Files <p>Findings (By Provision):</p> <p>115.287 (a). The agency reported in the PAQ that it collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B (pp. 42-43) addresses data collection, review and reporting, as well as the requirement that an aggregate report is based on the Department of Justice (DOJ) Survey on Sexual Victimization.</p> <p>115.287 (b). The agency reported in the PAQ that it aggregates the incident-based sexual abuse data at least annually.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.2 (pp. 42-43) addresses the requirement to prepare for review and approval by the CEO by January 31 and the submission of the report to the Board of Directors at its February meeting.</p> <p>115.287 (c). The agency reported in the PAQ that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.1.a (p. 42) addresses the requirement that an aggregate report is based on the Department of Justice (DOJ) Survey on Sexual Victimization. Policy also requires the PREA coordinator ensure the most current SSV-IA is used each year and that the CP-272 is updated to meet SSV standards annually.</p> <p>115.287 (d). The agency reported in the PAQ that it maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.1.b (pp. 42) addresses the requirement that summary report will review all available documents, reports, files, and incident reviews in accordance with this provision. The agency provided the Prison Rape Elimination Act (PREA) Annual Report 2018 to demonstrate that it was generated as a result of the data collected.</p> <p>115.287 (e). The agency reported in the PAQ that it does not contract for the confinement of</p>

its residents; therefore, this provision is not applicable.

115.287 (f). The agency reported in the PAQ that, it has not received a request for the data from the DOJ; therefore, this provision is not applicable.

Corrective Action:

1. The auditor recommends no corrective action.

115.288	Data review for corrective action
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1046 360">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="252 371 687 405">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="252 416 1445 450">b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16) <li data-bbox="252 461 1222 495">c. Prison Rape Elimination Act (PREA) Annual Report 2018 (signed 1/4/19) <li data-bbox="252 506 732 539">d. Agency’s website: www.cpsatx.org <li data-bbox="252 551 472 584">e. Resident Files <p data-bbox="252 629 427 663">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="252 674 456 707">a. Agency head <li data-bbox="252 719 520 752">b. PREA coordinator <p data-bbox="252 797 563 831">Findings (By Provision):</p> <p data-bbox="252 842 1474 1088">115.288 (a). The agency reported in the PAQ that it reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="252 1133 1445 1301">Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.1.c-d (p. 42) states, “The report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date.” Policy includes all three elements required under this provision.</p> <p data-bbox="252 1346 1474 1939">Staff interviewed reported the information from the incident-based data is used to look at the camera placement. Staff reported improvements will continue to be made based on where the allegations come from, such as pat-down searches. Staff reported the data is limited but helps them see where incidents occur and to classify activity. Staff also reported qualitative data can be used to assign staff to supervise residents – determine how many male or female staff are needed; and determine how residents need to be monitored for a community service project. Staff interviewed reported when reviewing the data the agency compares the current year data with the previous year data in terms of the number of reports received and the effectiveness of prevention and responses. Staff reported the PREA records are retained in a locked cabinet for one year and then it is archived for 10 years. Staff reported the PREA coordinator and the office manager (HR) are the only ones who have access to this information. Staff reported the agency takes corrective action on an ongoing basis based on the data. Staff added an annual report is prepared using the PREA Summary Report Form (#272).</p> <p data-bbox="252 1984 1445 2107">115.288 (b). The agency reported in the PAQ that the agency’s annual report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse.</p>

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.1.c (p. 42) states, "The report will compare the current year to the previous year in terms of the number of reports received and effectiveness of prevention and responses to date."

115.288 (c). The agency reported in the PAQ that the agency's annual report is approved by the agency head and made readily available to the public through its website.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.2 (pp. 42-43) addresses the requirement to prepare for review and approval by the CEO by January 31 and the submission of the report to the Board of Directors at its February meeting. Section X.B.4 (p. 43) addresses the availability of the report on the agency's website: www.cpsatx.org Staff interviewed reported the CEO approves the annual reports and presents them to the board.

115.288 (d). The agency reported in the PAQ that when it redacts material from the annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of a facility.

Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.4 (p. 43) addresses the redaction of information. Staff interviewed reported the information redacted from the annual report includes any personal identifying information, including the name, age, ethnicity and position/titles of victims and perpetrators.

Corrective Action:

1. The auditor recommends no corrective action.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20 (final 12/14/16)</p> <p>2. Interviews:</p> <p>a. PREA coordinator</p> <p>Findings (By Provision):</p> <p>115.289 (a). The agency reported in the PAQ that it ensures that incident-based and aggregate data collected are securely retained.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.C.1 (p. 43) addresses the secure retention of the data collected.</p> <p>Staff interviewed reported the PREA records are retained in a locked cabinet for one year and then it is archived for 10 years. Staff reported the PREA coordinator and the office manager (HR) are the only ones who have access to this information.</p> <p>115.289 (b). The agency reported in the PAQ that agency policy requires aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually through, its website. The agency reported in the PAQ that it does not contract for the confinement of its residents; therefore, this element in this provision is not applicable.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.4 (p. 43) addresses the availability of the report on the agency’s website: www.cpsatx.org</p> <p>115.289 (c). The agency reported in the PAQ that it removes all personal identifiers before making the aggregated sexual abuse data publicly available.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.B.4 (p. 43) addresses the redaction of information.</p> <p>115.289 (d). The agency reported in the PAQ that it maintains sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Agency Policy Operations Manual Sexual Misconduct (PREA) Chapter 20, Section X.C (p. 43) states, “The OM shall retain copies of annual PREA Summary reports for 10 years.</p> <p>Corrective Action:</p> <p>1. The auditor recommends no corrective action.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. PREA Audit Report Community Confinement Facilities (dated 1/29/17)</p> <p>b. Agency’s website: www.cpsatx.org</p> <p>Findings (By Provision):</p> <p>115.401 (a). The agency underwent a prior PREA audit. The report is dated 1/29/17 and the onsite visit was conducted May 30 – June 3, 2016. At that time, the audit included the review of Summit House, Alvarez House, and Hall House. The audit report remains posted on the agency’s website.</p> <p>115.401 (b). This is not the first year of the current audit cycle. This is the third year of the current audit cycle. The agency underwent a prior PREA audit during the first audit cycle. The report is dated 1/29/17 and the onsite visit was conducted May 30 – June 3, 2016. At that time, the audit included the review of Summit House, Alvarez House, and Hall House.</p> <p>115.401 (h). The auditor was provided unimpeded access to all areas of the facility as requested. The auditor was onsite and observed facility operations during all three shifts for both the Summit House and Alvarez House.</p> <p>115.401 (l). The auditor was permitted to request and received all requested copies of any relevant documents.</p> <p>115.401 (m). The auditor requested and the facility made the appropriate accommodations, which permitted the auditor to conduct private confidential interviews with residents at both Summit House and Alvarez House.</p> <p>115.401 (n). The auditor provided instructions to the facility regarding the handling of confidential correspondence from the residents to the auditor. This information was included in the PREA Audit Notices (English and Spanish), which were posted on 3/29/19. The auditor did not receive any correspondence during any of the audit phases.</p> <p>Corrective Action:</p> <p>1. The auditor recommends no corrective action.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <p>a. PREA Audit Report Community Confinement Facilities (dated 1/29/17)</p> <p>b. Agency's website: www.cpsatx.org</p> <p>Findings (By Provision):</p> <p>115.403 (f). The agency underwent a prior PREA audit. The report is dated 1/29/17 and the onsite visit was conducted May 30 – June 3, 2016. At that time, the audit included the review of Summit House, Alvarez House, and Hall House. The audit report remains posted on the agency's website.</p> <p>Corrective Action:</p> <p>1. The auditor recommends no corrective action.</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes