

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

Date of report: June 23, 2017

Auditor Information			
Auditor name: Noelda Martinez			
Address: 804 E. Hutchinson St Beeville, TX 78102			
Email: martinezauditingervices@yahoo.com			
Telephone number: (210) 790-7402			
Date of facility visit: April 19 & 20, 2017			
Facility Information			
Facility name: Abundance Living Inc.			
Facility physical address: 8512 Wheatley St. Houston, TX 77088			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (832) 282-2189			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Wanda Seals			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 40			
Current population of facility: 38			
Facility security levels/inmate custody levels: Probation/Parole			
Age range of the population: 18 +			
Name of PREA Compliance Manager: Angelique Green		Title: Program Director	
Email address: greenangelique@yahoo.com		Telephone number: (832)282-2189	
Agency Information			
Name of agency: Abundance Living Inc.			
Governing authority or parent agency: <i>(if applicable)</i> N/A			
Physical address: 8512 Wheatley St. Houston, TX 77088			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (832) 282-2189			
Agency Chief Executive Officer			
Name: Wanda Seals		Title: Executive Director	
Email address: wrseals@yahoo.com		Telephone number: (832) 282-2189	
Agency-Wide PREA Coordinator			
Name: Angelique Green		Title: Program Director	
Email address: greenangelique@yahoo.com		Telephone number: (832)883-5054	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act at Abundance Living Incorporation was conducted April 19 & 20, 2017, by the Department of Justice Certified PREA Auditor, Noelda Martinez. The Post Notice of the Upcoming Audit was provided to the facility with the auditors contact information sixty-days prior to the audit for confidential communication. The Pre-audit preparation included communication with the Community Based or Victim Advocates, Facility Questionnaire, Initial Auditor review and communication with the PREA Coordinator, a thorough review of policies, procedures, training curriculums, and supporting PREA related documentation provided by the facility to demonstrate compliances with the PREA standards. The instructions for the PREA Audit tour were provided to the facility in advance. The purpose of the audit was to determine compliance with the PREA standards which became effective August 20, 2012.

The introductory meeting was held on April 20, 2017, the morning of the onsite audit, with the following individuals: Executive Director Wanda Seals, Program Director Angelique Green, Jamey Elkins TDCJ Region Supervisor, Eva Villarreal TDCJ Compliance Specialist, and TDCJ Contract Monitor Joy Michael. The auditor wishes to extend her gratitude to the Executive Director Wanda Seals and her staff for their professionalism demonstrated throughout the audit in addition to their ongoing readiness to comply with the recommendations made by the auditor. The auditor would like to recognize TDCJ Compliance Specialist Eva Villarreal, as a Certified PREA Auditor and her continuous contribution of direct supervision and leadership in assisting the facility towards a positive outcome. The auditor would also like to recognize TDCJ Contract Monitor Joy Michael for her commitment and keenness to guarantee the overall compliance of the PREA standards.

The facility tour consisted of the intake & screening area, housing units, individual rooms, recreation, and cafeteria. The following individuals escorted the auditor on the facility tour for the observation of cameras, blind spots, and dorm layouts including shower/toilet areas and PREA signage. The male clients are provided with the opportunity to shower separately with full covered shower curtains from top to bottom with no visibility creating a safety concern. A recommendation was made for the facility to install PREA regulated shower curtains providing safety for the client and privacy at the same time. The PREA regulated shower curtains provide safety with visibility from the top of portion to the shoulder area for sexual abuse preventive measures; and the rest of the curtain is solid white providing the clients with privacy. The restroom has a toilet, sink and a full solid door providing additional privacy for the client. The PREA regulated curtains were ordered prior to the audit, received and replaced requiring no further action.

The PREA information was posted in both English and Spanish notifying clients how to report sexual abuse/sexual harassment and their rights to be free from sexual abuse and sexual harassment. The Monitors/Technicians conduct continuous rounds at the facility. The facility provided adequate levels of staffing to protect clients of sexual abuse exceeding the staffing ratio for staff to client 1:20 during the day and 1:50 ratio during the evening. The facility had (1) Executive Director, (1) Program Director, (1) LCDC, (2) Monitor/Technician, and (1) Kitchen staff member for a total of six employees exceeding the staff to client ratio. A review of the staffing plan and staff roster for the past 12 months determined that Abundance living meets and exceeds the required number of staff needed on the facility on a daily basis providing more supervision than required. The following client areas were well supervised by staff to include the kitchen, living area, and outside visitation/program areas.

No clients were observed in positions of authority over other clients in work areas during the two day onsite visit. Thirty clients out of thirty-eight were interviewed and each one stated that they felt safe and described how staff truly cared about their individual success. The clients expressed happiness and were extremely pleased with their living conditions and the progress they were making due to the staff at Abundance Living.

The Montrose Center and Houston Rape Crisis Center information was posted in all appropriate areas visible and available to the clients with the following numbers provided: The Montrose Center (713) 529-0037 & the Houston Rape Crises Hotline (713) 528-7273. Abundance Living Inc., has partnered with Houston Rape Crisis Hotline and the Montrose Center providing survivors of sexual abuse with emotional support services. The reception area, housing units, recreation area, kitchen and living areas were observed for PREA signage and compliance. Clients have access to private toilets and are allowed to shower separately with privacy. The facility has one large building with two floors housing approximately 38 clients. The building structure has 2 rooms on the first-floor housing 8 clients in each unit and 3 rooms on the second-floor housing 8 clients in each unit; including a restroom with a pre-regulated shower curtain and a solid door for privacy.

The facility has a total of (9) nine-cameras which are not positioned in a direct line of sight into the rooms and or toilet/shower areas. All the surveillance cameras are positioned on the outside perimeter of the facility. The facility did not have any renovated, modified and or expanded areas at this time. During the course of the tour and on-site visit, staff and clients were questioned informally about their overall knowledge of the agency's zero-tolerance policy and methods of reporting. The staff and clients were knowledgeable of the reporting process.

A random sample of 30 clients were selected, 6 from each housing unit were formally interviewed during the course of the audit. There were no disabled or limited English proficient clients; no transgender and/or intersex clients; gay, lesbian, or bisexual clients at the time of the audit. There were no clients who reported sexual abuse or sexual harassment in the past twelve months. There were no potential victims, no predators, no self-disclosed gay, transgender or intersex clients available for interview. There were no deaf or hard of hearing clients interviewed at the time of the audit.

The 30 clients interviewed acknowledged that they had received the PREA training and PREA Interview with written information during the intake process. The clients were familiar with the facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate the process during the interview with the different methods of reporting sexual abuse and sexual harassment available to them. Clients indicated that they felt safe at this facility. The facility has a language line available for any client requiring the service as needed. A total of (11) eleven staff members were interviewed during the course of the audit. This number included 4 specialized staff, Investigator/Program Director, Executive Director, 6 Random sample of staff which included several staff with multiple roles who were asked multiple questions as they related to the responsibilities of those specific roles. The staff interviewed were knowledgeable of their overall responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

The Houston Rape Crisis Center was contacted during the onsite audit to confirm facility access to these services as needed. The on-call nurse clearly stated that they were available 24/7 and no client would be rejected. The facility does not have a Memorandum of Understanding at this time with the Houston Rape Crises Center but currently have a verbal/email agreement for client treatment as needed. The facility provided an email with the Executive Director A. Robison, PhD at Montrose Center which confirmed that clients will be treated as needed and awaiting the signature of the MOU. The Montrose Center has not received any requests for victim advocacy services from residents at Abundance Living Inc. The facility does not have a doctor on-site and there is no SAFE or SANE staff at the facility in the past 12 months. Any client in need of a SAFE or SANE exams, by agreement, are referred to the Lyndon B. Johnson Hospital in Houston, Texas. There are no Mental Health staff assigned to the facility and clients in need of mental health services are referred by agreement, to Lyndon B. Johnson Hospital.

In the past 12 months, there have been no allegations of sexual abuse or sexual harassment at the facility. If allegations are reported, the PREA Manager/Program Director is the specialized trained facility investigator who would initiate the investigation immediately. All Criminal Investigations are referred to the Houston Police Department.

The following standards were identified as findings during the onsite audit and were corrected requiring no further action.

115.215 (d). Limits to Cross Gender Viewing and Searches. Prior to the facility tour, Abundance Living internally identified the need for the PREA regulated shower curtains at their facility. During the facility tour, the resident housing bathroom areas were observed with a sink, toilet, shower and shower curtain to include a full door. The shower curtain placed in the shower area was covered from the top to the bottom (non-regulated PREA shower curtains) potentially creating a safety concern and risk for staff not being able to identify if one or more clients were in the shower area without violating the client's privacy and rights. The clients are facilitated with a shower, sink, toilet and full door to perform bodily functions with adequate privacy; the facility structure has several blind spots and no surveillance cameras. The Monitors/Technicians conduct continuous security rounds ensuring the overall safety/security of all staff and clients. The facility had the PREA regulated shower curtains ordered and were awaiting arrival. An invoice was provided to the auditor of the purchase and delivery date. The objective is to ensure all preventative measures are in place for the detection and prevention of sexual abuse and sexual harassment. The PREA regulated shower curtains provide safety and privacy at the same time. The top portion of the shower curtain to the shoulder area is visible for sexual abuse preventive measures and the bottom portion of the shower curtain is solid-white giving the client full privacy. The PREA regulated shower curtains were installed and no further action was required.

115.215 (f) The agency did not have training for staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility does not conduct pat-searches and or strip searches on clients; however, the training is required per the standard.

The Corrective Action Plan: The Executive Director/Program Director initiated the three-hour "Cross-Gender pat down searches of transgender and intersex resident" training on April 19 & 20, 2017 for all employed staff working at Abundance Living to include a signature page of completion. The completed training signature page was provided to the auditor meeting all elements of the standard. No further action required.

115.231 Employee Training. The facility shall train all employees who may have contact with residents on: It's zero-tolerance policy of sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. A file review of 20 employees was conducted on April 19, 2017 for the required PREA training and during the review process (1) one employee file did not have the PREA training on file.

The Corrective Action Plan: The facility administrator took immediate action requiring the employee to immediately start and complete the PREA training on the Blue Basin online web course dated 4-19-17. Documentation of PREA training completion was provided to auditor and no further action was required.

115.233 Resident Education (a-e). (a) During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, and regarding agency policies and procedures for responding to such incidents. [e] In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. A review of the intake process and client handbook determined that the facility did not have the appropriate information of client education explaining the agency's zero-tolerance policy in the client handbook and or client orientation packet.

The Corrective Action Plan: The Program Director immediately revised the client orientation packet/handbook by adding the zero-tolerance policy and procedures in both English/Spanish as required on 4/19/17. No further action is

required.

115.241 (f). Screening for Risk of Sexual Victimization and Abusiveness. The facility is required to conduct within a set time-frame not to exceed 30 days from the resident's arrival; a reassessment for risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

A review of 38 client files determined that (8) eight PREA Risk Assessments were not conducted within the 72 hours upon arrival to the facility and required the initial assessment. (f) A review of 38 client files determined that (6) six files did not have the 30-day reassessment as required.

The Corrective Action Plan: The (8) eight initial PREA Risk Assessment were immediately conducted using the date upon discovery and completed on 4/19/17. The required documentation was provided to the auditor. Texas Department of Criminal Justice/Compliance Specialist Eva Villarreal conducted a one-on-one training covering standard 115.241(f) with the Intake Interviewer. The required training was conducted and the signature page was provided to the auditor making the standard compliant with no further action required.

115.265 Coordinated Response. The facility shall develop 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. A review of Abundance Living PREA Plan determined that a Coordinated Response was not in place.

The Corrective Action Plan: The facility Administrator immediately added the Coordinated Response to the PREA policy on 4/9/17 meeting compliance with the standard.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Executive Director Wanda Seals, Program Director Angelique Green, Jamey Elkins TDCJ Region Supervisor, Eva Villarreal TDCJ Compliance Specialist, and TDCJ Contract Monitor Joy Michael. During the exit meeting, the facility was informed of the process that would follow the on-site visit including corrective measures for standards found to be non-compliant. The standards were reviewed with the team along with the requirements and recommendations for bringing those standards into compliance. The facility took a proactive approach and made all corrections needed during the on-site visit bringing the standards into compliance requiring no further action. The team was complimented on their ongoing efforts and cooperation prior to the audit, during the on-site audit and their determination to achieve PREA compliance as a team. The facility has achieved compliance with each and every standard and the actions taken by the facility to achieve compliance will be addressed in the section of each standard.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Abundance Living Incorporation Transitional Treatment Facility is located at 8512 Wheatley St. in Houston, Texas. Abundance Living is a Transitional Supportive Residential Treatment Facility. Abundance Living accepts clients from various resources and offers adult men facing economic, physical or emotional issue due to substance abuse, the opportunity to rethink and regroup in order to reconnect back into the community following incarceration.

The program is for recovery and transition back into society with entrusted staff to assist in the treatment process. The treatment services provided at Abundance Living Inc., are designed based on the years of experience with effective treatment programs. The staff at Abundance Living provide treatment programs that require hard work and cooperation. The treatment team members are there to assist each individual to work on issues identified as problematic in the individuals life. The staff encourage trust in working towards resolution of those personal issues. A safe environment is provided as each individual works through the program.

The rules, policies, and procedures of Abundance Living Incorporation are to ensure client's safety, health and overall well-being. The facility functions as a place to provide the skills necessary for functioning free from addicting behaviors such as drug and alcohol use. The interaction with the staff and others offers the skills needed to live a productive, chemical-free and self sufficient life as you transition back into the community.

The clients at Abundance Living are not under arrest but are mandated by Probation and or Parole. Abundance Living Inc., is designed to be a self-governing community of peers who maintain responsibility and self-respect. The Therapeutic Community facility staff functions primarily to ensure the safety of clients and oversee the daily operations of the facility. It is a goal of Abundance Living Inc., that each individual receives the best care needed.

Community Groups: The clients of the Transitional Treatment Center function as a therapeutic community. All group decisions regarding the community are reached during the community group session held each week. It is the desire of Abundance Living Inc., that the clients be the primary decision makers in their community, however when the need arises, staff will assist in these matters.

Support Groups: There are many peer facilitated groups in the therapeutic community to which clients may refer. Those groups are held throughout the course of the week and serve to motivate clients to become more effective problem solvers. There is a 12-step support group program with meetings held on Monday evenings at 6:00 p.m. that clients must attend. These meetings are facilitated by outside entities.

Special Issue Groups: The facility provides specialized groups addressing issues such as sexuality, HIV/AIDS/TB education and testing, TB testing. Relationship issues and family/multi-family educational groups are also offered at Abundance Living. The facility offers a multitude of groups to include Peer-Support Groups, glue contract, process group, therapeutic counseling groups, confrontation and accountability, and community structure.

TC Philosophy: Throughout life we have lived abundantly wrong, we are looking for a way to change and live abundantly right, here at Abundance Living we are now given the support and care we need to become men we want to be. By changing our thoughts, behaviors and actions we will become better fathers, husbands and sons. Other thinking errors have held us down now is the time to rise above who we are and become the abundant warriors we were meant to be.

Motto: Living and Recovering with the Tools for Success.

Mission Statement: To empower people, including the homeless and the ex-offender, to live productive, law-abiding lives free of drugs and alcohol.

SUMMARY OF AUDIT FINDINGS

The following is a summary of the audit findings:

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: (3)

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

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

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

Abundance Living Inc., PREA plan has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment; and outlines the facilities approach to preventing, detecting and responding to such treatment and conduct. The policies include definitions prohibiting behaviors and sanctions for those found to engage or participate in these prohibited acts. The Abundance Living policy outlines the agency PREA Coordinator, with sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at the facility. An interview with the Facility Director/PREA Compliance Manager confirmed and validated that there was sufficient time and authority to manage the PREA related duties.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

Not Applicable. The facility does not contract with other agencies for the confinement of residents. An interview with the Facility Director and documentation review determined that this standard is not applicable.

Standard 115.213 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Abundance Living Incorporation has a PREA policy and procedure for a developed staffing plan that provides adequate levels of staffing and monitoring to protect residents against sexual abuse and sexual harassment. Abundance Living took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Abundance Living staffing mandates 1 staff member to every 20 clients during the day; 1 staff member to 50 clients in the evening. The facility makes its best efforts to comply with the approved PREA Staffing Plan. A review of the documentation and an interview with the Facility Director/PREA Manager, determined that there have been no deviations to the staffing plan in the past 12 months. The facility ensures compliance to the staffing plan by covering all shift vacancies if needed and the TDCJ Contract Monitor reviews compliance to the staffing plan on a regular basis. In circumstances where the staffing plan is not complied with, the Facility Administrator documents and justifies all deviations from the plan. A review of the current staffing plan was adequate and there were no recommendations made for changes to the staffing levels. A random sample of staff determined that continuous rounds are made within their respective areas to identify and deter employee and or client sexual abuse and sexual harassment. The facility had staff assigned to day shift and evening shift exceeding the 1:20 and 1:50 staff to resident ratio which exceeded the elements of the standard. The facility staff to client ratio exceeds the standard.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

The Abundance Living Incorporation PREA policy and procedure provides a clear definition to the Limits of cross-gender viewing and searches. The facility prohibits cross-gender strip searches or cross gender visual body cavity searches (meaning a search of anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility does not house female clients and has a current capacity of 40 male clients. The facility policy enables clients 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 checks. If the resident’s genital status is unknown, it may be determined 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.

115.215 (f) The agency did not have training for staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility does not conduct pat-searches and or strip searches on clients; however, the training is required per the standard.

The Corrective Action Plan: The Executive Director/Program Director initiated the three-hour training, “Cross-Gender pat-down searches of transgender and intersex clients”, on April 19 & 20, 2017 for all staff employed at Abundance Living. The training was conducted and completed to include a signature page of completion. The completed training and signature page was provided to the auditor meeting all required elements of the standard.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Abundance Living Incorporation PREA policy and procedure ensures education is provided in formats accessible to all residents, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, and impartially, both receptively and expressively, using any necessary specialized vocabulary. A brochure, client handbook and PREA information is provided to the client during the intake process upon arrival to the facility. A PREA brochure and all PREA information is posted throughout the facility in both English and Spanish. Spanish speaking clients are given the PREA information in Spanish and or by the Language Line Interpreter Services used to translate other languages. American Sign Language interpreter services are made available as needed and or upon request. In the past 12 months, there were no limited English speaking clients, no deaf or hard of hearing, no clients with disabilities, intellectual disabilities, limited reading skills and no blind or low vision clients. The agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for this purpose.

Standard 115.217 Hiring and promotion decisions

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

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

The Abundance Living Incorporation PREA policy and procedure prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to have engaged in these activities. Abundance Living 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.

The policy also requires that before it hires any new employee who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any registration during a pending investigation of an allegation of sexual abuse. Abundance Living requires that all applicants and employees who may have contact with residents have a criminal background. In the past 12 months, 5 new staff received criminal background checks. An effort is made 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. A verification form is utilized and an interview with the facility administrator determined that background checks are performed through the Texas Department of Criminal Justice (TDCJ) with access to the Texas Department of Public Safety (DPS).

During the application process, names and fingerprints of employee or contractor is entered in to the system. DPS provides an automatic notification by e-mail of any activity on the individual's criminal history. If an employee is arrested the agency receives an automatic notification at that time and this information is forwarded to the facility. This method of reporting is known as Flash Reporting and eliminates the need for criminal background checks every five years. All applicants and employees who have direct contact with residents

are asked about previous misconduct verifying through the PREA Disclosure of Sexual Abuse/Sexual Harassment form and completed as part of the hiring process. In a review of 11 employee files, it determined that the PREA Disclosure form is being utilized and present in each employee file.

Abundance Living policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct. Based on review of documentation provided to me, the facility has achieved compliance to all elements of this standard.

Standard 115.218 Upgrades to facilities and technologies

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

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

Not-Applicable: Abundance Living Incorporation has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since August 20, 2012, therefore the element of the standard is not applicable to this facility. Since August 20, 2012 there has not been any new video monitoring systems, electronic surveillance systems, or other monitoring technology installed, therefore, this element of the standard is not applicable to this facility.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

The Abundance Living Incorporation PREA policy and procedure outlines the facilities requirements as it applies to the standard. Abundance Living Inc., is responsible for investigating administrative investigations and has specialized trained investigator. The Harris County Police Department is responsible for conducting sexual abuse criminal investigations. Information on the Harris County Police Departments approach to response to sex crimes can be found on their website. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at the facility. Clients in need of SANE exams are provided by the Lyndon B. Johnson Hospital or Montrose Center Rape Crises Center at no cost to the client. In the past 12 months, there have been no clients who have required a SANE exam. The facility has made multiple attempts to secure an MOU with the Montrose Rape Crises Center in Houston Texas, however an email confirms that no services will be rejected. Abundance Living has partnered with Houston Rape Crisis and the Montrose Center to provide survivors of sexual abuse with emotional support services. If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility; when conducting a sexual abuse investigation, the facility investigators follow a uniform evidence protocol.

The facility does not house youthful clients. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The facility offers all residents who experience sexual abuse access to forensic medical examinations free of charge to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiner (SANEs).

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

The Abundance Living Incorporation PREA policy addresses the administrative and criminal investigation procedure process for investigating and documenting incidents of sexual abuse. The facility ensures that an administrative and criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Abundance Living Inc., to the extent the facility itself conducts administrative sexual abuse investigations only, its investigators have received training in conducting investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Coordinator received the PREA Specialized Investigation Training. There are three trained investigators at Abundance Living which is the Program Director/PREA Manager and two LDCD; upon completion of the training, the investigators received a PREA training certificate. Documentation of this training is maintained in the employee file by the facility. During the interview, the investigators acknowledged receipt of this specialized training and understood the responsibilities in conducting an administrative investigation.

All PREA allegations are referred to the Houston Police Department. The TDCJ Contract monitor is notified of any PREA allegations. The policy ensures that upon receipt of an allegation, the facility initiates an administrative investigation and if it is determined that the allegation involved criminal activity, a referral is made to the Houston Police Department to conduct a criminal investigation and prosecution if warranted. The facility documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were no allegations of sexual abuse or sexual harassment received. The Houston Police Department was contacted to verify that any allegations of sexual abuse referred by Abundance Living will be investigated.

Standard 115.231 Employee training

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

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

The Abundance Living Incorporation PREA policy and procedures address the training of all employees who may have contact with residents on the zero-tolerance policy of sexual abuse and sexual harassment. Abundance Living employees receive training on the zero tolerance for sexual abuse and sexual harassment at the initial hiring process and annually on how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents rights to be free from sexual abuse and sexual harassment; the right of resident and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threat and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

A file review of 20 employees was conducted on April 19, 2017 for the required PREA training and the audit review determined (1) one employee file did not have the PREA training required on file. The Corrective Action Plan: The facility Administrator took immediate action requiring the employee to start and complete the PREA training on the Blue Basin online web course dated April 19, 2017. The complete PREA training documentation was provided to the auditor and no further action was required.

Abundance Living also provides additional training for each staff member utilizing the Blue Basin on-line program covering cross-gender/transgender training for sexual abuse and sexual harassment. PREA topics are reviewed with staff during short briefings and meetings referring to the zero-tolerance policy of sexual abuse and sexual harassment. All employees have received the required training and will follow up with refresher training every two years to ensure that staff understands the facilities sexual abuse and sexual harassment policies and procedures.

Standard 115.232 Volunteer and contractor training

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

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

The Abundance Living Incorporation PREA policy and procedure ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the Abundance Living policy of sexual abuse and sexual harassment prevention, detection, and response policy and procedure. The training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and all volunteers/contractors will be notified of Abundance Living zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Abundance Living does not have any volunteers or contractors at this time. Any new volunteers or contractors will have a PREA disclosure form conducted and training prior to working with the client population.

Standard 115.233 Resident education

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

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

corrective actions taken by the facility.

The Abundance Living Incorporation PREA policy and procedure ensure residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Abundance Living provides an orientation packet during the intake process to all residents upon arrival or transfer to Abundance Living. The residents sign an acknowledgement form after receiving the PREA information packet governing the zero-tolerance and reporting procedures of sexual abuse and sexual harassment. The resident education material is in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The Spanish speaking residents receive the PREA information in Spanish and Abundance Living has a language line for residents requiring the service. A review of intake process and client handbook determined that the facility did not have the appropriate information of client education explaining the agency's zero-tolerance procedures in the Client handbook and Orientation packet.

Corrective Action Plan: The Program Director immediately made the corrections by adding the appropriate documentation in the Client Handbook and Orientation packet regarding the explanation of the zero-tolerance policy on April 19, 2017. The information on the zero-tolerance policy was posted in every client housing unit, dayroom, dining area, and classroom. A random sample of client interviews validated that clients have a clear understanding of zero-tolerance of sexual abuse and sexual harassment. No further action was required and all elements of this standard were in compliance.

Standard 115.234 Specialized training: Investigations

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

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

The Abundance Living Incorporation PREA policy and procedure ensures that, to the extent the facility itself conducts administrative investigations only, the investigators have received training in conducting investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The PREA Coordinator received the PREA Specialized Investigation Training. There are three trained investigators at Abundance living which is the Program Director/PREA Manager and two other LCDC Counselors; upon completion of the training, the investigators received a PREA training certificate. The documentation of this training is maintained in the employee file by the facility. During the interview, the investigators acknowledged receipt of this specialized training and understood the responsibilities in conducting an administrative investigation. All criminal investigations are referred to the Houston Police Department. In the past 12 months, there have been no sexual abuse or sexual harassment allegations reported which warranted an investigation.

Standard 115.235 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

X Not Applicable. Abundance Living Inc., does not employ full-time or part-time medical and mental health care practitioners who work regular in the facility. This position does not require the performance of clinical duties. The medical personnel's function is to provide medication management to the clients of the facility. General PREA training was provided but was not required to have specialized training due to the job function. Any awareness that sexual abuse or sexual harassment has occurred will result in a referral to the local law enforcement, TDCJ, DSHS and or medical services to the Montrose Center as needed.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

The Abundance Living Inc., PREA policy and procedure requires all residents to be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. A review of 38 client files and an interview with the Intake interviewer confirmed that upon admission to ABL or upon transfer to another facility, clients are screened by the Intake coordinator for their risk of being sexually abused or sexually abusive towards others. After a complete and thorough review of the 38 client files, it was determined that eight PREA Risk Assessments were not conducted within the 72 hours of arrival at the facility which required the initial assessment. (f) A review of 38 client files determined that six client files did not have a 30-day reassessment conducted on file.

Effective 4/19/17, the PREA Risk Reassessment for was revised to meet the needs of the facility within the 30-day interview process. 115.241 (f). Screening for Risk of Sexual Victimization and Abusiveness. The facility is required to conduct within a set time-frame not to exceed 30-days from the resident's arrival; a reassessment for risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. A review of 38 resident files was conducted and determined that (6) client files required the 30-day reassessment PREA screening.

Corrective Action Plan: Texas Department of Criminal Justice/Compliance Specialist Eva Villarreal conducted a one-on-one training covering standard 115.241(f) with the two Intake Coordinators to include a signature page provided to the PREA Auditor. The eight initial PREA Risk assessments were conducted and completed on April 19, 2017 and the documentation was provided to the auditor. The six reassessments were conducted and completed meeting all required standards and no further action is required.

Standard 115.242 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Abundance Living Inc., PREA policy and procedure ensures the information from the risk screening required by 115.241 is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident and whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex residents own views with respect to his or her own safety shall be given serious consideration. The policy validates that transgender and intersex residents shall be given the opportunity to shower separately from other residents. Interviews with a random sample of staff and a random sample of clients determined that they were knowledgeable of the overall process. ABL will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. The Facility Director explained how the facility utilized the screening information for these decisions. In the past 12 months, there have been no high risk of sexual abuse or harassment clients at this time requiring program assignments.

Standard 115.251 Resident reporting

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

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

The Abundance Living Inc., PREA policy and procedures outline the options for resident reporting methods. The facility provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment. Residents are made aware of methods of reporting available to them through the PREA Orientation packet upon arrival through intake, Sexual Assault Awareness brochure, PREA Ombudsman Office and continuously by posters displayed throughout the facility.

Th clients are made aware that they can inform a staff member immediately, contact the Facility Director/PREA Manager, submit their allegation in writing to the PREA Manager, or by calling the Houston Rape Crisis Center 24-hour Hotline (713) 528-7273, Montrose Center (713) 529-0037, or PREA Ombudsman Office (936) 437-2133; Calling the PREA Ombudsman Office number allows the client to remain anonymous upon request. The clients can file a grievance at anytime and staff is required to take all allegations of sexual abuse and sexual harassment seriously whether they be made verbally, in writing, anonymously and from third party and are required to document all reports. ABL staff have access to private reporting by calling the PREA Ombudsman Office (936) 437-2133. In the past 12 months, there have been no third party reports of sexual abuse or sexual harassment.

Standard 115.252 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Abundance Living Inc., has a PREA policy in place for residents to submit grievance regarding an allegation of sexual abuse at any time, regardless of when then incident is alleged to have occurred. ABL policy and procedures allow the resident to submit a grievance alleging sexual abuse without submitting to the staff member who is the subject of the complaint. ABL policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, there have been no grievances filed that alleged sexual abuse.

In the past 12 months, there were no grievances alleging sexual abuse that reached final decision within 90 days after being filed or involving extensions because of a final decision not reached within 90 days. ABL policy and procedure permits third parties, including fellow resident, staff members, family members, attorneys, and outside advocates, to assist residents in filing a request for administrative remedies relating to allegations of sexual abuse and to file such request on behalf of residents. ABL policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, ABL documents the resident's decision to decline. In the past 12 months, there have been no grievances filed declining third-party assistance. ABL has a policy and procedure established for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse including emergency grievances alleging substantial risk of imminent sexual abuse requiring an initial response within 48-hours. In the past 12 months, no grievances have been filed alleging substantial risk of imminent sexual abuse. ABL has a policy and procedure that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where ABL demonstrates that the resident filed the grievance in bad faith. In the past 12 months, no grievances have been filed alleging substantial risk of imminent sexual abuse.

Standard 115.253 Resident access to outside confidential support services

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

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

The Abundance Living Incorporation PREA policy provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The Clients are provided the mailing address to Montrose Center 401 Branard St. 2nd floor Houston, Texas 77006 and telephone number (713) 529-0037; and to the Houston Rape Crisis Center with a 24-hour Hotline (713) 528-7273 providing the following services: Victims Assistance Services, Counseling Services, Project Safe/Sexual Assault Services and Prevention Program, provide victim advocacy, and crisis intervention regarding sexual assault as requested.

This outside confidential Victim Support Service information is provided to clients upon arrival and is displayed and posted throughout the facility in both English and Spanish. The clients are informed of the extent to which communications will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. ABL has entered into agreement with a verbal and email agreement with Montrose Center and Houston Rape Crisis Center to provide outside confidential support services and many more services listed. The Houston Rape Crisis hotline number was contacted on April 19, 2017 and it was confirmed that the line is available 24/7 and no request for confidential support services from clients at ALB in the past 12 months. Thirty client interviews confirmed that they were aware of the outside confidential support services line available to them and how to access them.

Standard 115.254 Third-party reporting

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

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

Abundance Living Incorporation has a policy and method in place to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals ABL or program. ABL publicly distributes information on how to report client sexual abuse or sexual harassment on behalf of the client. The information on third-party reporting is made available to all residents in a form of a brochure with the PREA Ombudsman Office number (936) 437-2133. Third party reports can be made in person, in writing, anonymously or by contacting the facilities PREA Manager. The clients and staff interviewed acknowledged their awareness and reporting method. In the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility or by a third party.

The facility has a PREA Ombudsman brochure with third party reporting information made available to staff and residents by the phone in the living area. The Third Party Notification was posted and displayed in areas where staff/clients could easily view the information in both English/Spanish.

Standard 115.261 Staff and agency reporting duties

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

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

The Abundance Living Incorporation policy and procedure require staff to report immediately to the Facility Director/PREA Manager and according to 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. ABL requires all staff to report retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to administrative staff.

The administrative staff receiving the report immediately notify the Facility Director. For an allegation of sexual abuse, the Facility Director will make notification within the appropriate timeframe to TDCJ Emergency Action Center and the TDCJ Contract monitor, along with the Facility Director/PREA Manager. Staff allegations will be handled referencing the PREA policy and notification to the Facility Director. The policy outlines the responsibilities of volunteers and contractors to report. The facility does not utilize the services of volunteers/contractors at this time. Interviews with staff revealed that they are knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and understand the confidentiality about a sexual abuse incident to anyone other than the extent necessary. Element 115.261 [c] of this standard is not applicable to this facility as there are no medical or mental health personnel onsite. The ABL only houses adult male residents and reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility specialized investigators.

Standard 115.262 Agency protection duties

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

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

The Abundance Living Incorporation has a PREA policy when they learn that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. An interview with the Facility Director/Compliance Manager and documentation provided, determined that in the past 12 months there were no incidents requiring the need for the facility to take immediate action in regards to a client being in substantial risk of sexual abuse. The staff interviewed were aware of their responsibilities if they felt a client was at risk for sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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

The Abundance Living PREA policy ensures that upon receiving an allegation that a client was sexually abused while confined at another facility, the Facility Director that received the allegation shall notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. The facility will document that it has provided such notification. If a report is received from another facility regarding alleged sexual abuse occurring at ABL, the allegation will be reported and investigated according to PREA standards. Interviews with the Facility Director/PREA Manager and documentation provided for review, determined that in the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at the ABL and no reports by clients were received of sexual abuse that occurred while confined at other facilities.

Standard 115.264 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Abundance Living Incorporation PREA policy outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Upon learning of an allegation of sexual abuse, the first responder is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone other than staff involved with investigating the alleged incident. If the first responder is not a staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

A random sample of staff interviews revealed a clear understanding of the policy and practice to follow if they were the first responders to an allegation of sexual abuse or sexual harassment. The staff understood the alleged victim and abuser must be separated and provided steps in preserving the crime scene and the physical evidence. In the past 12 months, there were no PREA incidents which required implementing first responder duties.

Standard 115.265 Coordinated response

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

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

The Abundance Living Incorporation has a policy 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. Random staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse. In the past 12 months, there have been no sexual assaults requiring the activation of the coordinated response plan.

A review of the ABL PREA policy determined that the facility did not have a coordinated response plan in place. Corrective Action Plan: The Executive Director and Program Director immediately added the coordinated response plan to the PREA Policy on April 19, 2017. The documentation was provided to the auditor and no further action was required.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Abundance Living Incorporation PREA policy verifies compliance with this standard. Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and what extent discipline is warranted. Nothing in the standard shall restrict the entering into or renewal of agreements that govern: the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.272 and 115.276. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. In all cases the abuser would be subject to disciplinary sanctions for violating ABL policies on sexual abuse and sexual harassment. The ABL does not have a collective bargaining unit. ABL would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Standard 115.267 Agency protection against retaliation

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

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

Abundance Living Incorporation has a PREA policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff and shall designate which staff member or department is charged with monitoring retaliation.

ABL has multiple protection measures, such as housing changes or transfers for clients, victims or abusers, removal of alleged staff or client abusers from contact with victims and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. The Facility Director/PREA Manager is responsible for weekly monitoring for retaliation for at least 90 days and or longer if there is a continuing need. Monitoring will be documented on the Retaliation Log and completed logs will be filed. In the case of clients, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, ABL shall take appropriate measures to protect that individual against retaliation. Abundance Living's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. In the past 12 months, there were no sexual assault allegations which required monitoring for retaliation. There have been no incidents of retaliation reported in the past 12 months.

Standard 115.271 Criminal and administrative agency investigations

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

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

The Abundance Living Incorporation PREA policy ensures the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The policy outlines administrative investigations that are conducted by the specialized trained investigators only and criminal investigations that are referred and conducted by the Houston Police Department. The supervisor receiving the report immediately notifies the Facility Director of the incident. For an allegation of a sexual assault, the Facility Director will contact the Houston Police Department Criminal Investigation Division, and notify TDCJ Emergency Action Center. The Specialized Trained Investigators are responsible for administrative investigations only. The credibility of an alleged victim suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a client or staff. No agency shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such allegation.

The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Houston Police Department who conducts investigations and prosecution if warranted pursuant to the standard. For an allegation of a sexual assault, the Facility Director will contact the Houston Police Department Criminal Investigation Division, and notify TDCJ Emergency Action Center. Sexual Misconduct of employees will be addressed according to policy and referred as needed. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of alleged victim, suspect or witness is assessed on an individual basis and is not determined by the persons status as client or staff. A client who alleges sexual abuse is not required to submit to a polygraph examination. Administrative Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. ABL shall retain all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the ABL plus five years. In the past 12 months, there have been no administrative allegations of sexual abuse or sexual harassment or criminal investigations that were referred to the Houston Police Department. The Facility Investigator understands their responsibilities when conducting an administrative investigation and the referral process for criminal investigations.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

The Abundance Living Incorporation PREA policy ensures the facility shall impose no standard higher than the preponderance of evidence in determining whether the allegations of sexual abuse or sexual harassment are substantiated. A random sample of interviews with the facility investigators determined their knowledge of the standard of evidence.

Standard 115.273 Reporting to residents

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

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

The Abundance Living Incorporation PREA policies indicate that following an investigation of sexual abuse of a client, the client shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Program Director is responsible for providing the client with the Notification of Outcome of Allegation form which client signs. All PREA forms are retained in the investigative PREA file. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the client.

The ABL policy states that following a client's allegation, that a staff has committed sexual abuse against the client, the facility is required to inform the client of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following the client's allegation that he was sexually abused by another client, the agency shall inform the client of the outcome of the investigation. The facility's obligation to notify the client shall terminate if the client is released from custody. A random sample of staff interviews determined that the process is in place and is clearly understood. In the past 12 months, there have been no sexual assault or sexual abuse allegations reported and therefore the notification process was not required.

Standard 115.276 Disciplinary sanctions for staff

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

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

Abundance Living Incorporation PREA Policy ensures staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of ABL sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported by law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no disciplinary sanctions reported for staff at Abundance Living Inc.

Standard 115.277 Corrective action for contractors and volunteers

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Abundance Living Incorporation policy review states that any volunteer or contractor who engages in sexual abuse is prohibited from contact with clients and will be reported to the Houston Police Department or licensing boards, unless the activity was clearly not criminal. Any other violation of ABL sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. The interview with the Facility Director and Program Director to include documentation review, determined that in the past 12 months, ABL has not received any reports of sexual abuse of clients by contractors or volunteers. ABL has not utilized contractors or volunteers in the past 12 months.

Standard 115.278 Disciplinary sanctions for residents

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

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

The Abundance Living Incorporation PREA policy states that clients will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. Sanctions commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history and the sanctions imposed for comparable offenses by other clients with similar histories. The disciplinary process considers whether a client's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. A client may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Client's who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. Upon arriving to the facility, clients receive a client handbook. The handbook clearly states that sexual misconduct is a violation against ABL rules and regulations and describes what constitutes sexual misconduct. In the past 12 months, there have been no reported incidents of sexually related misconduct by clients.

Standard 115.282 Access to emergency medical and mental health services

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

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

corrective actions taken by the facility.

The Abundance Living Incorporation PREA policy that client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. An agreement with Montrose Center provides clients' referrals for SANE examinations as well as any other medical care needed. Clients will be offered information about sexually transmitted infections. Treatment services will be provided to the victim client without financial cost to the client regardless of whether the victim names the abuser or cooperates with an investigation. In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

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

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

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

The Abundance Living Incorporation PREA policy offers ongoing medical and mental health care to all ABL clients who have been victimized by sexual abuse. The evaluation will include follow-up services, treatment plans and referrals for continued care consistent with the community level of care upon their release from the facility when necessary. The facility attempts to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Treatment services will be provided to the victim without financial cost to the client regardless of whether the victim names the abuser or cooperates with the investigation. The facility has an agreement with the Montrose Center to provide ongoing medical treatment as needed to clients of this facility to include SANE exams. An agreement with the Houston Rape Crisis Center provides victim advocacy and counseling services. In the past 12 months, there were no clients who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

Standard 115.286 Sexual abuse incident reviews

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

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

According to Abundance Living Incorporation the facility shall conduct a sexual abuse incident review within 30 days of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. The Facility Director/PREA Manager, and LCDC Counselors make up the facility's Incident Review Team. The team meets with the PREA Coordinator to consider whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation.

The team will consider whether the allegation or investigation indicates a need to change a policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; prepare reports of the findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head/PREA manager. ABL will implement the recommendations for improvement, or shall document its reasons for not doing so. In the past 12 months, there have been no sexual abuse allegations to be reviewed and the team has not conducted a sexual abuse incident review in the past 12 months. When interviewed, members of the SART understood their responsibilities as they relate to the review process of the sexual abuse incident.

Standard 115.287 Data collection

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

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

The Abundance Living Incorporation PREA policy and procedures ensure the collection of uniform data for every allegation of sexual abuse at all facilities under their control. The Facility Director/PREA Manager ensure that the data will be compiled and collected on a monthly basis on the PREA tracking log. ABL will maintain, review, and collect data as needed from all available incident based documents including reports, investigation files, and sexual abuse incident reviews. Upon request, the facility will provide all data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288 Data review for corrective action

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

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

Abundance Living Incorporation Policy ensures the review of data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and practices. Training will include identifying problem areas, taking corrective action on a continuous basis, preparing annual reports of findings and corrective actions including comparison of the current years data and corrective actions and will provide an assessment of the facilities progress in addressing sexual abuse. The ABL report will be approved by the Facility Director and made readily available to the public. ABL will redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Standard 115.289 Data storage, publication, and destruction

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

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

According to Abundance Living Incorporation PREA policy, the facility ensures that all data collected pursuant to 115.287 are securely retained. The facility shall make all aggregated sexual abuse data readily available to the public at least annually through its website or, if it does not have one, through other means. The facility will remove all personal identifiers before making aggregated sexual abuse data publicly available. The facility will 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.

AUDITOR CERTIFICATION

I certify that:

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

Noelda Martinez

June 23, 2017

Auditor Signature

Date