

**PREA AUDIT REPORT INTERIM FINAL
COMMUNITY CONFINEMENT**

Date of report: May 8, 2017

Auditor Information			
Auditor name: Debbie Unruh			
Address: 13154 Mill Stone Dr. Austin, TX 78729			
Email: Debbie.unruh@dojpreaaudit.com			
Telephone number: 512-431-4051			
Date of facility visit: March 22, 2017			
Facility Information			
Facility name: Cen-Tex Alcohol Rehabilitation Center (ARC)			
Facility physical address: 2410 E. Adams, Temple, TX 76501			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 254-778-2286			
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 type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Jim Cooper			
Number of staff assigned to the facility in the last 12 months: 12			
Designed facility capacity: 84			
Current population of facility: 76			
Facility security levels/inmate custody levels: Low-Medium			
Age range of the population: 18+			
Name of PREA Compliance Manager: Randy Young		Title: Operations Manager/PREA Coordinator	
Email address: ctarc1@sbcglobal.net		Telephone number: 254-778-2286 Ext104	
Agency Information			
Name of agency: N/A			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address:			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number			
Agency Chief Executive Officer			
Name: N/A		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name: Randy Young		Title: Operations Manager/PREA Coordinator	
Email address: ctarc1@sbcglobal.net		Telephone number: 254-778-2286 Ext104	

AUDIT FINDINGS

NARRATIVE

The on-site Prison Rape Elimination Act (PREA) audit of the Cen-Tex Alcohol Rehabilitation Center (Cen-Tex), in Temple, Texas was conducted on March 23, 2017 by lead Certified PREA Auditor Debbie Unruh and assisted by Certified PREA Auditor Lisa Hale. This report contains findings for Cen-Tex.

Six weeks in advance of the audit, posters were supplied and hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided clients and staff with the auditor's contact information. Pre-audit preparation included verification of PREA audit notices being posted. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Within six weeks of the on-site review, the Program Director and Operations Manager/PREA Coordinator (Facility Administrator) for Cen-Tex submitted the Pre-Audit questionnaire and supporting documents to the auditors. Prior to the on-site visit, the auditors conducted a comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials. Questions, requests for clarification, and additional information were listed by standard in an issues log, which was sent via email to the Executive Director, Facility Administrator/PREA Coordinator, and the Program Director. The Executive Director and Facility Administrator/PREA Coordinator sent additional documentation, revisions to policy, and various facility forms to the auditors to address the issues. Correspondence between the Program Director and the facility PREA Coordinator, who serves as coordinator and manager, and the auditors continued during the pre-audit phase.

The on-site portion of the audit was conducted and completed in a single day. The Cen-Tex's Executive Director and the PREA Coordinator met the auditors on site the morning of the audit. The auditors conducted an entry briefing with Jim Cooper, Executive Director, Randy Young, Operations Manager, and Tony Haley, The Texas Department of Criminal Justice (TDCJ) Monitor to discuss the on-site audit and facility inspection methodology. The Operations Manager/PREA coordinator and the TDCJ Monitor accompanied the auditors during the walkthrough. All areas comprising Cen-Tex were inspected including client dorms, offices, dining hall, counseling room, the weight room, laundry and kitchen. Also inspected was the outside Sally Port and storage building. During the tour, consideration was given to lines of sight, potential blind spots, the level of supervision, indicators of any area lacking sufficient monitoring, and PREA related posters. Cen-Tex has a 34 camera observation system, which is monitored 24 hours a day in the monitoring station. Throughout the tour, brief informal interviews were conducted with staff and clients in various locations.

Multiple Monitor/Drivers assigned to all three shifts and representing different levels of seniority and authority; specialized staff including first responders, intake and screening, incident review team members, monitors of retaliation; clients from various housing units; and mental health staff were interviewed in a private office or conference room. At the close of the on-site visit a total of 18 interviews with staff (including leadership) and 10 clients were interviewed. Clients were randomly selected to participate in the interview process by obtaining a current roster of clients and selecting names at random. There were no clients identified by the auditors or facility staff who met the specific population categories.

Following the interviews, additional documentation provided by the coordinator and program director was reviewed for each standard. An exit meeting with the Facility Administrator/PREA Coordinator, Program Director and TDCJ Monitors concluded the on-site audit.

The PREA Interim Audit Report indicating compliance with each standard that applied and corrective actions for standards not met was submitted to the Executive Director and agency PREA coordinator on April 7, 2017.

DESCRIPTION OF FACILITY CHARACTERISTICS

Cen-Tex Alcohol Rehabilitation Center is a non-secure 90 day drug and alcohol program for males ages 18 and up. The facility has 84 beds and at the time of the audit there was a population of 76. The facility is comprised of two buildings. The housing area is shaped in a horseshoe around a large courtyard. The courtyard sits in the middle of the facility and the entrance to the resident rooms open to the courtyard. The main administration building which contains the cafeteria, AOD counselors, monitoring station and Administrative staff is the second building located at the end of the housing area. The monitoring station faces and has visual of the entire courtyard and room entrances.

All clients at the facility have previously been in the Texas Department of Criminal Justice (TDCJ) and have been placed in the program by TDCJ. The daily schedule consists of Group Counseling, AA/NA attendance, job interviewing, off site work, education, daily housekeeping, visitation, religious services, and individual counseling. Clients are allowed weekend passes and approved holiday passes once they reach a certain level.

Clients are given an extensive orientation packet upon intake which explains their daily schedule and expectations. The packet includes the Clients Bill of Rights and the grievance process, including a blank form. Contained in the packet are the graduated sanctions for rule violations with the rules being listed in two different categories with the prescribed sanctions.

The facility does not employ medical/mental health staff, use volunteer, contractors or investigators.

SUMMARY OF AUDIT FINDINGS

The initial report findings include 31 standards in compliance, and 8 standards in non-compliance. Corrective actions were taken on all 8 standards that were not in compliance and as of this report they are now in compliance.

During the past 12 months Cen Tex has not had any reported allegations of sexual abuse or harassment. The facility has a zero tolerance policy in place and interviews with staff and residents demonstrated knowledge of this. The residents were aware of their right to be free from sexual abuse and sexual harassment as well as reporting mechanisms. The facility has hotline numbers posted in English and Spanish throughout the facility and in all of the resident rooms. Upon entry the residents are provided a handbook that includes the client bill of rights, grievance procedures, and a description of what PREA is as well as reporting mechanisms. The handbook is only in English and during the onsite audit staff and residents reported there being Spanish speaking residents at the facility. The facility policy states it has established procedures for clients with disabilities, but based on observations and interviews there are not services for the blind, hearing impaired, learning disabled, or interpreters for other languages. The counselors as well as the residents reported that they view a PREA video upon entry. There are no sign-in sheets or resident acknowledgement forms reflecting that any of the above education is being conducted.

The facility has a video monitoring system that captures hallways, common areas, and the outside recreation yard, but there are no cameras in staff offices, and some of the large closets and storage areas. It is recommended that additional cameras be placed in the building to assist in monitoring the residents. There were no cameras viewed in any of the restrooms or shower areas per PREA.

The policy states that under no circumstances are pat down searches conducted. Interviews with the facility staff and residents confirmed this practice. During the tour there was no signage observed advising the female staff to announce their presence when entering the bedrooms. Although the TDCJ female staff was announcing herself during the tour, the residents reported that it is not a common practice.

Cen-Tex does not conduct criminal or administrative sexual abuse investigations. Investigations are conducted by the Temple Police Department. There are no medical or mental health staff onsite. Mental health evaluations and crisis intervention services are completed out in the community, and all forensic exams are to be conducted at Scott & White Medical Center.

Cen-Tex policy included all the requirements for an incident review, but interviews with staff that were reported to be on the review team had no knowledge of what a review consists of. There was no process in place or documentation that would be used to capture all of the necessary information. Prior to the interim report being submitted, the facility adopted an incident review form, but staff training is still needed. Following the corrective action period the facility provided documentation indicating the designated staff had been trained on their duties in regards to incident reviews. Phone calls were completed to several staff to verify their knowledge.

Due to the facility not having any sexual abuse or harassment allegations they have not collected any aggregate data. Since the onsite audit they have created excel spreadsheets to collect such data.

The facility was advised of all of the standards that they did not meet and how to get in compliance. The interim report was sent on April 7, 2017.

Number of standards exceeded: 0

Number of standards met: 31

Number of standards not met: 8

Following Corrective Action:

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

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.

Evidence Reviewed (documents, interviews, site review):

Pre-Audit Questionnaire
Policy: AM 4.3 Pg. 4
Organizational Chart
Interview with:
Facility Administrator/PREA Coordinator

Findings:

Cen-Tex has a zero tolerance policy that contains all the elements of the standard. A subsection of the policy outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Randy Young is the designated PREA Coordinator/Compliance Manager; his official title is Operations Manager. He reports directly to the Executive Director Jim Cooper. During the implementation of PREA Jim Cooper, Liz Hatter, and Randy Young performed duties as the Coordinator/Compliance Manager to get the policy and process implemented. The intention is to hand the reigns to Mr. Young now that everything is in place. Randy reported that he has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA.

Recommendation: Include in the Clients Bill of Rights that Clients have the right to be free from sexual abuse and sexual harassment while at Cen-Tex.

Corrective Action: None

Standard 115.212 Contracting with other entities for the confinement of clients

- 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre Audit Questionnaire
Interview with:
Facility Administrator/PREA Coordinator

Findings:

This facility is a private contractor who contracts with the Texas Department of Criminal Justice and does not contract with anyone; therefore this standard does not apply.

Corrective Action: None.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.3 Pg. 4
Facility staffing plan
Interviews with:
Facility Administrator/PREA Coordinator/ PREA Coordinator/Compliance Manager
Intermediate or Higher-Level Staff

Findings:

Policy 4.3 establishes the guidelines for a staffing plan; Cen-Tex has developed a staffing plan that meets the elements

required by this standard. They maintain a ratio of 1:20 during the day and 1:50 at night. Administration computes staffing requirements weekly based on a population of 84. The staffing plan requires any deviation to be documented and reported. There have not been any deviations in the last 12 months. In the event someone does not report for work staff is required to work over until ratios are met. Cen-Tex staffing plan was officially approved this year so there have been no annual reviews, but policy requires the annual review and interviews with the Facility Administrator/PREA Coordinator reiterated they would be conducted. A copy of the staffing plan was provided along with a schematic of the grounds, the plan includes the use of video monitoring.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.3 Pg. 4
Interviews with:
Random staff
Random clients

Findings:

Cen-Tex policy clearly states it shall not allow body cavity searches, strip searches, pat searches, or physical examination of any client. Interviews indicated they are not allowed to put hands on the clients in any way. Policy stipulates clients are provided the opportunity to shower and perform bodily functions in private. During the tour of the facility restroom area were viewed that included a sink, toilet and shower that was separated by a locked door for client use. Interviews with clients indicate the females never enter the rooms alone. Policy does not allow for searches to solely identify the gender of a transgender client. Interviews with administration indicated that the acceptance of a transgender client would be allowed and they would be housed on case by case bases which includes the client’s preference for housing. Due to searches of any kind being disallowed at Cen-Tex there has not been any training on how to conduct any kind of search. Interviews revealed that staff would contact law enforcement should there be a risk of someone having contraband on them, and there are no exigent circumstances according to staff. During the tour the auditors did not see any notices reminding female staff to announce their entry in to the dorm, even though one of the staff providing the tour announced as she entered. Interviews with clients indicated it was not common practice for females to announce their entry in to the dorm.

Corrective Action: The following corrective action is required to demonstrate compliance with this standard.

1. Develop a practice of notifying clients when a female staff is entering their dorm. Provide evidence of the implementation of the practice to the Auditor by producing a copy of training or staff meeting minutes where this practice was discussed and applied.

Recommend developing a way for staff to notify staff of their responsibility to announce either by posting signs at dorm entries or by some other means.

Corrective Action Completed: A copy of the training records was provided indicating staff had been trained on the

need for identifying themselves when entering a housing unit. The facility provided photos of the entrances to the housing units with the announcement posters posted.

Standard 115.216 Clients with disabilities and clients 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.3 Pg. 5
Observation of materials in Spanish including posters
Interviews with:
Random staff
Facility Administrator/PREA Coordinator

Findings:

Cen-Tex has not established procedures to provide disabled client's equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. There was no access for the hearing/seeing impaired or for clients that speak any other language. PREA posters are posted throughout the facility in Spanish as well as English. The Client Handbook was in English only. Interviews with staff indicate that there is multiple staff who speaks Spanish that are willing to interpret. There is no procedure for a client that speaks any language other than English or Spanish. Agency policy prohibits relying on client interpreters, client readers, or other types of client assistance. Interviews with staff corroborate this policy is the practice in the facility.

Corrective Action: The following corrective actions are required to demonstrate compliance with this standard. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. Current policy states it has established procedures for clients with disabilities, but based on observations and interviews there are not services for the blind, hearing impaired, learning disabled or interpreters for other languages. Provide a process for accommodating clients that fall in to one of the above categories or describe how taking this action would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Corrective Action Completed: The facility provided guidelines for how to access services for anyone that fell in to the category of blind, hearing impaired, learning disabled, or someone who spoke a language other than english or spanish. A list of staff who spoke both english and spanish was provided and was made available to staff. The auditor was provided a copy of the new client packet in spanish.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.3 Pg. 6
Criminal History & Background Disclosure Form
Notification & Acknowledgement Conditions for Employability Form
Authorization for release of record/information form
Special Employment Conditions Applicant Acknowledgement Form
Reference Check Form PREA
Personnel files for current employees, new employees, and employees receiving promotions
Interview with:
Administrative (Human Resources) Staff

Findings:

Cen-Tex has a hiring policy that tracks the requirements of this PREA standard. The hiring policy is compliant with this standard and the agency utilizes a variety of forms at the hiring stage to uncover any PREA related conduct for prospective applicants. The Auditor reviewed a sample of employee files and determined the agency is compliant with this standard.

Cen-Tex policy includes requirements for the consideration of any incidents of sexual harassment in determining whether to promote or hire anyone who may have contact with clients. Policy requires that a criminal background check be conducted for all new employees prior to hiring. Because Cen-Tex contracts with TDCJ, a request for a criminal background is sent to TDCJ for the check. The Auditor reviewed personnel files and corroborated that these checks are being done as required by policy. The Policy does not require background for promotions. At the time TDCJ enters the individuals personal information it is also entered into the Criminal Justice Information System (CJIS), this system provides an automated notification to TDCJ through e-mail if any criminal charges are brought against any employee or contractor during their employment. This information is immediately sent to the contracting agency when it applies to their employees. The facility requires prospective employees to disclose any prior institutional employers and all places the applicant has resided. A PREA reference check form is utilized by the agency. Interview with the Executive Assistant corroborated this practice as well as the review of a sample of new hire personnel files. Cen-Tex does not use volunteers or contractors from outside.

Policy requires the agency to ask all applicants and employees who may have contact with client about the PREA related misconduct in this section in written applications or interviews for hiring or promotions. Policy also requires the agency to impose upon employees continuing affirmative duty to disclose any such misconduct. Policy provides that material omission regarding PREA-related conduct, or the provision of materially false information is grounds for termination. This was noted on the application review. Policy requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interview with the Executive Assistant and a review of the application corroborated this practice.

Corrective Action: None

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)

Not Applicable

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM 4.3 Pg. 7
Interview with:
Facility Administrator/PREA Coordinator
Executive Director

Findings:

The agency has not acquired a new facility or made a substantial expansion or modification to the existing facility in the last 12 months. The agency has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology in the last 12 months.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM 4.4 Pg. 8
Memorandum of Understanding
Interviews with:
Random staff
Facility Administrator/PREA Coordinator
SAFE/SANE Nurse at Scott and White
Victim Advocate

Findings:

Cen-Tex does conduct administrative investigation into allegations of sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocols are developmentally appropriate for youth if applicable. These protocols are based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication. Policy states all clients who experience sexual abuse are offered access to a forensic medical exam. There were no reported allegations of sexual abuse.

The facility recently entered in to an agreement with a victim's advocacy group, Families in Crisis, Inc. The advocacy group has qualified staff who serve in the role of advocate. A phone conversation with Suzanne Armour, Director of Programs verified their role. A copy of the MOU was provided during the on-site review. If the advocacy group is unable to respond a staff member will accompany the client. All criminal investigations are conducted by the Temple Police Department. An email was provided with the attempt for an MOU with the Police Department meeting the requirement of an attempt, the police department agreed to respond to allegations, but would need to research entering an MOU. The contract with a state agency outlines the responsibility of Cen-Tex to conduct an Administrative Investigation and report it to the Emergency Action Center (EAC) A form was provided showing the step by step process to be completed. All victims are offered forensic medical examination without financial cost to the victim, at Scott and White hospital. The exams will be conducted by a SAFE/SANE nurse. A telephone interview verified appropriate staff are available at the hospital. Staff have been trained on first responder protocols that maximize the potential for obtaining usable physical evidence. Staff interviews demonstrated knowledge of the first responder's evidence protocol in the facility. It is recommended that refresher training be given to staff to instill the importance of evidence preservation.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.4 Pg. 8
Interview with:
Executive Director
Facility Administrator/PREA Coordinator

Findings:

Cen-Tex policy states an administrative or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. There were no reports of any allegation that were referred for an administrative investigation, and zero allegations that were referred for criminal investigation. The Police Department meets the requirement of legal authority. CEN-TEX does not have a website but does include a description of the responsibilities of the agency or the investigating entity in its postings for clients.

Corrective Action: None

Recommend: Posting how to notify the Police Department and what the responsibilities of Cen-Tex are during the investigation in a more visible manner, specifically in the visitation area.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.5 Pg. 8
Training Curriculum
Training Records
Interview with:
Random staff
Training Agency

Findings:

Training curriculum was reviewed and contains all eleven elements of this standard. Interviews with staff verified their training and knowledge. The training curriculum is specific to the male population at the facility. Based on policy all new staff is trained within 180 days and updates are provided annually. The training was recently presented so there were no updates at the time of the audit. The Pre-Audit Questionnaire indicated there was 33 staff that had been trained. Names were verified on the sign-up sheet. The questionnaire indicates the refresher training will be annually. Interviews indicated an understanding of the training. Policy does state that their signature acknowledges receipt and understanding.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.5 Pg. 9
Training Curriculum
Interview with:
Facility Administrator/PREA Coordinator

Findings:

Cen-Tex does not currently use volunteers or contractors in daily operations or programs. Interviews determined this is the practice. Should they ever change the policy states they would require the training mandated by the standard. A review of the online training curriculum was reviewed and contains all eleven elements of this standard.

Corrective Action: None

Standard 115.233 Client 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Policy AM-4.5 Pg. 9

New Client Orientation Packet

Interview with:

Facility Administrator/PREA Coordinator

Person responsible for providing the orientation and video

Findings:

During the intake process, clients receive an orientation packet explaining Cen-Tex's zero-tolerance policy regarding sexual abuse and sexual harassment. The packet contains the process for reporting, how the allegation will be handled by Cen-Tex, and other services that are available for the clients. Through reviewing the packet and interviews it was determined that Cen-Tex makes multiple efforts to assure the clients understand their rights by explaining verbally when there appears to be language barriers or comprehension issues. All clients have previously been incarcerated in TDCJ, where they received the training initially. Interviews with clients verified their understanding and reiterated they had received information while at TDCJ. All information relevant to reporting and services was also posted throughout the facility.

Corrective Action: The following corrective actions are required to demonstrate compliance with this standard. All changes or modifications to policy and/or practice must be institutionalized through training of all relevant staff and demonstration of consistent application of the required policy/practice for a period of time. Documentation of the training and evidence of facility implementation of the new policy/practice must be submitted to the Auditor in writing.

1. Current policy states it will provide client education in formats accessible to all clients including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills. Provide a process for accommodating clients that fall in to one of the above categories or describe how taking this action would result in a fundamental alteration a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Recommend: Placing signed client acknowledgement letter in a binder for review or placement in each client file.

Corrective Action Completed: The facility provided guidelines for how to access services for anyone that fell in to the category of blind, hearing impaired, learning disabled, or someone who spoke a language other than English or Spanish. A list of staff who spoke both English and Spanish was provided and was made available to staff. The new client orientation packet was provided in Spanish as well as English. A copy of the new acknowledgement letter was provided that will be used with all new clients and then placed in their file.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.5 Pg. 10
TDCJ Contract information
EAC Procedures for reporting
New Client Orientation Packet
Interview with:

Facility Administrator/PREA Coordinator
Person responsible for providing the orientation and video

Findings:

In addition to regular PREA training, Investigator training is required for staff who conduct administrative investigations. 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 substantiated a case for administrative action or prosecution referral. Cen-Tex does not conduct criminal investigation, all criminal investigations are conducted by the Temple Police Department. An administrative investigation is required by TDCJ and the guidelines for the investigation are outlined by TDCJ. Cen Tex does a preliminary review of an allegation and if it appears it may involve criminal behavior Temple PD is called. Two of the administrative staff have completed the Investigators Training through NIC and provided copies of certifications to the auditors. Interviews with these two staff indicate they each have over ten years' experience reviewing administrative issues.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.5 Pg. 9
Training Curriculum
Training Certificate

Interview with:
Counselor

Findings:

Policy requires specialized training of rehabilitation counselors to detect and respond to sexual abuse. There are Alcohol and Drug Counselors (ADC) on staff, but there are no mental health practitioners. Each of the counselors received the training for detecting and responding. Cen-Tex does not have a medical staff and all forensic medical exams are conducted at Scott and White. Training records were reviewed and an interview was conducted verifying the nurses' knowledge and understanding of her responsibilities.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.6 Pg. 10
Screening Instrument
File Review
Interview with:
Random Clients
Intake Staff

Findings:

The facility has a policy that requires screening upon admission to the facility or within 72 hours for risk of sexual victimization or sexual abusiveness toward other clients. 333 clients have been screened in the last 12 months upon arrival at CEN-TEX. Completed screening tools were observed in client files. The tool meets the requirement of objectivity. The tool collects information about the client that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other clients. Policy states clients will be reviewed every 30 days. The information received during these assessments is kept in a file cabinet under lock and key accessible only by required staff.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.6 Pg. 11
Tour
Interview with:
Facility Administrator/PREA Coordinator
Intake Staff

Findings:

This facility consists of 14 open dorms with no classification used in placement. Two of the dorms have been designated for special populations, and dorm 1 is for at risk clients and dorm 14 is designated as higher risk clients. It is a low non-secure residential treatment facility. Clients are housed by bed availability. Based on interviews, should a client need to be separated from another client they would be placed in one of the two specialized dorms. There is no isolation area in the facility and interviews confirmed this is not an option. CEN-TEX does not place, gay, bisexual, transgender, or intersex clients in particular housing, bed, or other assignments solely on the basis of such identification. This is an all-male facility. Any transgender client would be housed with males. An interview with the Facility Administrator/PREA Coordinator indicated these cases would be reviewed individually and placement would be based on a case by case basis including the preference of the client.

Corrective Action: None

Standard 115.251 Client 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.6 Pg. 11
Client Packet
Tour Observation
Staff Reporting Mechanism
Agreement with Outside Agency
Interview with:
Facility Administrator/PREA Coordinator
Random clients
Random staff

Findings:

Cen-Tex has established procedures allowing for multiple internal ways for clients to report privately to facility officials. The facility provides multiple reporting methods to the clients:

TDCJ PREA Ombudsman's Office
TDCJ
National Sexual Assault Hotline
Temple Police Department
Bell County Sheriff's Office

Cen-Tex policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third party. Cen-Tex provides clients with grievance forms that can be placed in a secure box. Clients expressed knowledge of the system for filing grievances and for whom to call. Staff were able to articulate how they could report sexual abuse and sexual harassment. Staff reported they received the information during their orientation.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Policy AM 4.4 Pg. 12

Memorandum of Understanding

Interviews with:

Random staff

Facility Administrator/PREA Coordinator

Findings:

Cen-Tex does have a grievance process and is required, by contract, to complete an administrative investigation in to all grievances alleging sexual abuse or sexual harassment. There are no time limits on when a client may file a grievance. The procedures outline how a client can file a grievance without filing it with the staff member who is the subject of the complaint and that the staff member involved will not be allowed to do any part of the investigation. The policy set a 90-day time frame for a final decision. In the event the agency needs additional time policy allows an additional 70 days to finalize their decision. Cen-Tex has in place ways for third parties to report and has a policy for how a client can file an emergency grievance if they feel they are subject to substantial risk of imminent sexual abuse. Cen-Tex allows 5 days for a decision on emergency grievances. Agency policy stipulates that they can discipline a client for filing a grievance in bad faith. An interview with the Facility Administrator/PREA Coordinator and supervisory staff indicated knowledge of this, but some of the monitor staff did not. It is recommended that additional training be conducted with the monitors to educate them on this.

Standard 115.253 Client 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
MOU
Policy
Interview with:
 Facility Administrator/PREA Coordinator
 Random Clients

Findings:

Cen-Tex reached an agreement with an advocacy group Family in Crisis, Inc. The MOU was reviewed which verified the groups willingness to work with the facility. Information about this group was included in the Orientation Packet distributed to new clients. The facility does not offer counseling service, but refers clients to the local MHMR. An email with the MHMR doctor indicated there had been a conversation with regards to clients reporting to MHMR for services. The agency was not willing to enter into an MOU, but would take client’s case by case. During interviews clients could give multiple outside contacts, but were not aware of any outside agency for counseling or advocacy, even though this information is provided in their packet at intake and is posted in each dorm. The Auditor reviewed the information as posted. Cen-Tex Policy stipulates that clients are to be made aware that the communications can be monitored and the staff and groups mandatory reporting requirement.

Policy and interviews verified that clients have access to their attorneys if they request.

Recommendation: Educate clients regarding how to access outside services for existing clients and include where this information can be found in the intake process.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Interview with:
Facility Administrator/PREA Coordinator

Findings:

Even though the facility acknowledges it takes third party complaints, there was not any information on the website for how to report. The questionnaire reported they could contact the abuse line, but it is not publicized.

Corrective Action:

Since Cen-Tex’s does not have a webpage develop a method for people to report, this could be accomplished by producing flyers and posters with steps for reporting. Adjust policy as needed. Provide a copy of adopted policy and photos of method developed for reporting to the Auditor when finalized.

Corrective Action Completed: Cen-Tex provided photos of poster that had been posted in common areas that advertises how a person can make a report. A copy of the updated policy was also provided indicating the necessary changes.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Employee rules
Policy AM-4.7 Pg. 13
Interviews with:
Facility Administrator/PREA Coordinator
Random staff
Executive Director
Counselor

Findings:

The facility policy states that all allegations of sexual abuse and sexual harassment or retaliation against residents or staff be reported. Policy prohibits staff from revealing any information related to sexual abuse to anyone other than to the extent necessary. The facility has not had any allegations of sexual abuse or sexual harassment during the reporting period. Staff interviews demonstrated knowledge of their reporting responsibilities and stated that they would report it to the facility administrator and supervisory staff. Staff interviewed were unaware of who conducts the sexual abuse and sexual harassment investigations. The facility does not have any medical or mental health practitioners on site and they do not house residents under the age of 18.

Recommendation: Conduct additional training on reporting and who is responsible for conducting investigations.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.7 Pg. 14
Interviews with:
Executive Director
Facility Administrator/PREA Coordinator
Random Staff

Findings:

The facility’s policy covers this standard. The facility reported no incidents where a client was subject to substantial risk of imminent sexual abuse. The facility provided a First Responders document listing the steps that are taken when a sexual abuse incident has occurred. Staff interviews reflected that staff are aware of the steps that are taken. The staff have a printout of the steps laminated on their employee badge lanyard to reference.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre Audit Questionnaire
Policy AM-4.7 Pg. 14
Interview with:
Facility Administrator/PREA Coordinator

Findings:

The facility policy addresses the requirement for notifications to other facilities upon receiving an allegation that a resident was sexually abused while confined at another facility and that it is investigated. The facility reported that there were no cases that required reporting to other facilities during the audit period

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.7 Pg. 14
Interviews with:
Staff First Responder
Random Staff

Findings:

The facility policy covers the first responder duties. They reported that they have not had any allegations of sexual abuse reported in the past 12 months. They provided a First Responders document listing the steps that are taken when a sexual abuse incident has occurred or is alleged. Staff interviews reflected that staff are aware of the steps that are taken. The staff have a printout of the steps that is laminated and on their employee badge lanyard to reference

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Interview with:

Facility Administrator/PREA Coordinator

Findings:

The facility's policy states that they have an institutional plan but the facility has not created one and made it visible to the staff.

Corrective Action:

The facility needs to create an institutional plan that coordinates the actions and steps that the facility will take when an allegation of sexual abuse or sexual harassment have been made, and ensure that the staff are aware of the plan

Corrective Action Completed: Cen-Tex provided a copy of the newly written institutional plan that contains the steps to be taken by various staff in the event of a sexual assault. Training records were provided indicating staff had been trained on the different responsibilities staff would have during the response.

Standard 115.266 Preservation of ability to protect clients 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Policy AM-4.7 Pg. 15

Interview with:

Facility Administrator/PREA Coordinator

Findings:

The facility reported and has in their policy that they do not enter into collective bargaining agreements.

Corrective Action: None

Standard 115.267 Agency protections 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Monitoring Document
Policy AM-4.7 Pg. 15
Interview with:
Facility Administrator/PREA Coordinator
Staff member charged with Monitoring Retaliation

Findings:

The facility has a retaliation policy that protects residents and staff members who report sexual abuse or sexual harassment or who cooperate with an investigation. The facility reported no incidents that would have required monitoring during this reporting period. The facility reported that the monitor supervisor, operations manager, and program director are responsible for monitoring for retaliation. The interview with the monitor supervisor reflected a lack of knowledge regarding the monitoring process and requirements. The facility does not have a specific form that they use or guidelines to follow when it comes to monitoring.

Corrective Action:

Develop and implement a process for monitoring for retaliation that coincides with the policy. Develop a form to document and track the monitoring process and train the staff that are responsible for monitoring for retaliation. Provide a copy of the process and document used for monitoring retaliation.

Corrective Action Completed: Cen-Tex provided documentation that is to be used in the event the facility has a situation that could lead to retaliation. It also provided training records indicating staff had been trained on how to monitor for retaliation.

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)
- NA

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.8 Pg. 15

Interviews with:
Facility Administrator/PREA Coordinator
Random Staff

Findings:

The facility does not conduct its own criminal investigations on alleged sexual abuse or sexual harassment. All investigations are conducted by the Temple Police Department. The facility provided a memo stating that they made contact with the Temple Police Department on 3/14/17 and 3/16/17 and that they were told it could take up to six months to get a written agreement. It also states that the police department said they would investigate any case that they had. The facility reported no cases alleging sexual abuse or sexual harassment during this reporting period. Cen-Tex does complete Administrative Investigation on all allegations of sexual abuse and sexual harassment. The program manager/designee will ensure a thorough incident report is completed along with written statements, verbal statements, and any other data collected is forwarded to the Temple PD for a formal investigation. Cen-Tex tries to preserve physical data. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and the investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative fact and findings. Cen-Tex retains all written reports referenced above for as long as the alleged abuser is housed at the facility or employed by the agency, plus 5 years. The departure of the alleged abuser or victim from the employment or control of Cen-Tex does not provide a basis for terminating and investigation. The facilities policy states that the Temple Police Department conducts their investigations that they will cooperate with outside investigators as well as remain informed about the progress of the investigation.

Cen-Tex does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.8 Pg. 15
Interviews with:
Facility Administrator/PREA Coordinator
Random Staff

Findings:

The facility refers investigations alleging sexual abuse or sexual harassment to the Temple Police Department, if warranted. The facility’s policy states that the police department conducts all criminal investigations.

Cen-Tex does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Corrective Action: None

Standard 115.273 Reporting to clients

- 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.8 Pg. 17
Interview with:
Facility Administrator/PREA Coordinator

Findings:

The facility states in their policy that any resident who makes an allegation that he has suffered sexual abuse in a facility is informed verbally or in writing, as to the outcome of the investigation. It also states that the facility will request such information from the investigative agency. The facility has provided documentation showing attempts to enter into a Memorandum of Understanding with the Temple Police Department. The facility reported no incidents or investigations involving sexual abuse or sexual harassment. The facility does not have a system in place to document notifications for when a sexual abuse or harassment allegation has been made.

Corrective Action:

Create a process and document to capture the required notifications. Provide the auditor with the process and a copy of the document to be used to capture the notification.

Corrective Action Completed: Cen-Tex provided the auditor with the process and a copy of the documents to be used to capture the notification to witnesses. There have not been any incidents since the date of the audit.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Staff Files
Employee Handbook
Policy AM-4.9 Pg. 17

Findings:

The facility policy covers all of the components of this standard. The facility also references disciplinary sanctions in their General Administrative Operations and Procedures Manual. The facility reported that there have not been any incidents where staff have violated the sexual abuse or sexual harassment policy.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy See Policy
Interview with:
Facility Administrator/PREA Coordinator

Findings:

The facility policy states that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with the residents and will be reported to law enforcement. The facility reported that they do not have any contractors who have contact with the residents and do not have volunteers.

Corrective Action: None

Standard 115.278 Disciplinary sanctions for clients

- 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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Client Orientation Packet
Policy: AM-4.9 Pg. 18
Interviews with:
Facility Administrator/PREA Coordinator

Findings:

The facility's policy covers all of the components of this standard. The facility reported that there have not been any incidents of sexual abuse or sexual harassment involving resident on resident or resident on staff. The facility prohibits sexual contact between residents. The facility only offers drug and alcohol treatment and has Licensed Chemical Dependency Counselors on staff. Interviews with these counselors reflected that they would refer a resident to an outside counselor or therapist if there was an alleged abuser and it was warranted.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Client Orientation Packet
Policy AM-4, 10 Pg. 19
Interviews with:
Counseling staff
First Responders

Findings:

The facility does not have medical or mental health staff on site and only employ Licensed Chemical Dependency Counselors. The facility provided a Memorandum of Understanding (MOU) with Scott and White Medical Center who will provide medical treatment and forensic exams. The facility provided a document showing that they have attempted to get an agreement with MHMR but the doctor that was spoken to stated that they would not sign an MOU but will look at it. The facility policy covers all of the components of this standard and they reported no sexual abuse or sexual harassment incidents during this reporting period.

Corrective Action: None

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Policy AM-4.10 Pg. 19

Interviews with the following:

Facility Administrator/PREA Coordinator

Program Coordinator

Counseling staff

First Responders

Findings:

The facility policy states that they will offer medical and mental health evaluations and treatment. The facility does not have medical or mental health staff onsite and would refer them out if this was necessary. The facility provided a Memorandum of Understanding (MOU) with Scott and White Medical Center who will provide medical treatment and forensic exams. The facility provided a document showing that they have attempted to get an agreement with MHMR but the doctor that was spoken to stated that they would not sign an MOU but will look at it. There are only male residents at this facility therefore pregnancy tests are not offered. Interviews with the LCDC counselors reflected that they would refer these residents to outside medical and mental health services.

Corrective Action: None.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire

Policy: AM-4.11 Pg. 18

Sexual Abuse Incident Review Form

Interviews with:

Facility Administrator/PREA Coordinator

Incident Review Team Member

Findings:

The facility policy includes the required components for a sexual abuse incident review. The facility reported that there

have been no sexual abuse or sexual harassment incidents; therefore, no sexual abuse incident reviews have been conducted. The facility reported that the incident review team is made up of the Operations Manager, Program Director, and Monitor Supervisor. Interviews reflected no knowledge of an actual incident review, the process, or what one entails. At the time of the onsite audit, the facility did not have a process in place or document that would be utilized when and if an incident review needs to be conducted, but created a form soon after the onsite audit.

Corrective Action:

Since the onsite audit the facility created an incident review form. The facility needs to have a process in place for the incident review as well as train the incident review team staff.

Corrective Action Completed: Since the audit the agency has provided training and practice on the process of doing an incident review. The review includes whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; to determine whether the incident 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 Cen-Tex. The review assesses the area for barriers, staffing levels and whether monitoring technology should be deployed or augmented to supplement supervision.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Data collection instrument
Policy AM-4.11 Pg. 20
Interviews with:
Facility Administrator/PREA Coordinator

Findings:

The facility includes all of the components of this standard in their policy but do not have any forms or a process to capture this data. The facility has not had any incidents of sexual abuse or sexual harassment therefore they have not collected any data. The facility is not required to provide data to the Department of Justice and does not contract for the confinement of its residents.

Corrective Action:

Create a process and forms to review, collect and aggregate sexual abuse data.

Corrective Action Completed:

Since the onsite audit, the facility created an excel spreadsheet to collect and capture aggregate sexual abuse data. The documents capture information regarding the incidents and outcomes of an investigation.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Policy AM-4.11 Pg. 21
Interviews with:
Facility Administrator/PREA Coordinator
Executive Director

Findings:

The facility includes all of the components of this standard in their policy but do not have any forms or a process to capture this data. The facility has not had any incidents of sexual abuse or sexual harassment therefore they have not collected any data. The facility has not been required to provide data to the Department of Justice.

Corrective Action:

Create a process and forms to review, collect and aggregate sexual abuse data. Conduct yearly reviews comparing data, identifying problem areas, and corrective actions taken and make the report available to the public.

Corrective Action Completed:

Since the onsite audit, the facility created an excel spreadsheet to collect and capture aggregate sexual abuse data. The documents capture information regarding the incidents and outcomes of an investigation. Since the facility has not had any sexual abuse or harassment incidents there is no data to compare. It is recommended that the facility compose a yearly report stating that there have been no incidents and make it available to the public.

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.

Evidence Reviewed (documents, interviews, site review):

Completed Pre-Audit Questionnaire
Interviews with:
Facility Administrator/PREA Coordinator

Findings:

The facility includes all of the components of this standard in their policy but do not have any forms or a process to capture this data. The facility has not had any incidents of sexual abuse or sexual harassment therefore they have not collected any data. The facility has not been required to provide data to the Department of Justice.

Corrective Action Completed:

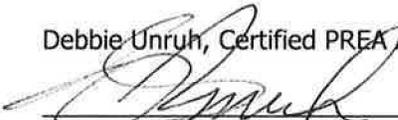
Since the onsite audit, the facility created an excel spreadsheet to collect and capture aggregate sexual abuse data. The documents capture information regarding the incidents and outcomes of an investigation.

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.

Debbie Unruh, Certified PREA Auditor

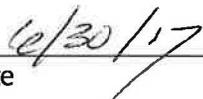


Auditor Signature

Lisa Hale, Certified PREA Auditor



Auditor Signature



Date