PREA AUDIT REPORT ☐ Interim ☒ Final

COMMUNITY CONFINEMENT FACILITIES

Date of report: July 6, 2017

Auditor Information			
Auditor name: Noelda Martinez			
Address: 804 E. Hutchinson St Beeville, TX 78102			
Email: martinezauditingservices@yahoo.com			
Telephone number: (210) 790-7402			
Date of facility visit: April 27 & 28, 2017			
Facility Information			
Facility name: Cheyenne Center Inc.			
Facility physical address: 10525 Eastex Freeway Houston, Texas 77093			
Facility mailing address: *(if different from above)* P.O. Box 11627 Houston, Texas 77293			
Facility telephone number: (713) 691-4898			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☒ Private not for profit		
Facility type:	☒ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility ☐ Other	
Name of facility's Chief Executive Officer: Catherine Santos			
Number of staff assigned to the facility in the last 12 months: 67			
Designed facility capacity: 298			
Current population of facility: 243			
Facility security levels/inmate custody levels: Probation/Parole			
Age range of the population: 18 +			
Name of PREA Compliance Manager: LaTascha Newton		**Title:** Human Resource Manager/Compliance	
Email address: lnewton@cheyennecenter.com		**Telephone number:** (713) 691-4898	
Agency Information			
Name of agency: Cheyenne Center Inc			
Governing authority or parent agency: *(if applicable)* N/A			
Physical address: 10525 Eastex Freeway Houston, Texas 77093			
Mailing address: *(if different from above)* P.O. Box 11627 Houston, Texas 77293			
Telephone number: (713) 691-4898			
Agency Chief Executive Officer			
Name: Catherine Santos		**Title:** Chief Executive Officer	
Email address: cssantos@cheyennecenter.com		**Telephone number:** (713)691-4898	
Agency-Wide PREA Coordinator			
Name: LaTascha Newton		**Title:** Human Resource Manager/Compliance	
Email address: lnewton@cheyennecenter.com		**Telephone number:** (713) 691-4898	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act at Cheyenne Center Incorporation was conducted April 27 & 28, 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 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 introduction meeting was held on April 27, 2017, with the following individuals in attendance: Chief Executive Officer Catherine Santos, Human Resource Manager/PREA Coordinator LaTascha Newton, Jamey Elkins TDCJ Region Supervisor, Eva Villarreal TDCJ Compliance Specialist, and TDCJ Contract Monitor Henry Byron and Joy Michael. The auditor wishes to extend her gratitude to the Chief Executive Officer Catherine Santos, LaTascha Newton and the staff for their professionalism and knowledge demonstrated throughout the audit in addition to their ongoing euthusiasm to comply with the auditor recommendations. The auditor would like to recognize TDCJ Compliant Specialist Eva Villarreal, as a Certified PREA Auditor and her continuous contribution of direct supervision and TDCJ Contract Monitor Byron Henry for his efforts to guarantee the overall compliance of the PREA standards.

The facility tour consisted of the following areas: kitchen, intake & screening area, housing units, restrooms, showers, classrooms, laundry rooms, recreation, and cafeteria. LaTasha Newton, Mr. Byron and Mr. Elkins 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 shower curtains covered from top portion to bottom with no visibility creating a safety concern. The facility previously identified the potential risk factor and privacy concerns of the shower curtains and took proactive measures ordering the PREA regulated shower curtains in advance. The facility provided an invoice and receipt to include the arrival date of the PREA shower curtains. The PREA regulated shower curtains provide safety with visibility from the top portion of the head 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 auditor recommended for the Zero-Tolerance signs to be posted in both English and Spanish in all the housing units. The Monitors/Technicians conduct continuous rounds at the facility on both day and evening shifts. The facility provides adequate levels of staffing to protect clients from sexual abuse and sexual harassment exceeding the staffing ratio for staff to client 1:20 during waking hours and 1:50 ratio during sleeping hours.

The facility staffing plan consisted of the Chief Executive Director, Program Directors HR Manager, Tech Assistant Managers, Executive Assistant, Maintenance, Director of Food Service/Staff, LCDC Counselors and Monitor/Technicians exceeding the staff to client ratio. A review of the staffing plan and staff roster for the past 12 months determined that Cheyenne Center 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 and living housing units.

No clients were observed in positions of authority over other clients in work areas during the two day onsite visit. Sixty-seven clients out of two-hundred and forty three clients were interviewed and each one stated that they felt safe and described how staff cared about their individual success. The clients expressed contentment with their living conditions and the positive progress they encountered with the staff at Cheyenne Center.

The Houston Area Women's Center information was posted in all appropriate areas visible and available to the clients with the following information provided: The Houston Area Women's Center (713) 528-7273 & the address 1010 Waugh Dr., Houston, Texas 77019. Cheyenne Center Inc., has partnered with Houston Area Women's Center and Lyndon B. Johnson (LBJ) Hospital 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. The clients have access to private toilets and are allowed to shower separately with privacy in each housing unit. The facility has three large buildings with two floors housing approximately 243 clients. The building structure has a total of 67 rooms on the first-floor and second-floor housing 4 clients in each unit with two handicap rooms on the first-floor housing 2 clients in these units. Each room includs a restroom with prea regulated shower curtains, toilet, sink and a solid door for privacy.

The facility has a total of (12) twelve cameras which are not positioned in a direct line of sight into the rooms and or toilet/shower areas. Seven surveillance cameras are positioned on the outside perimeter of the facility and the other five are positioned in the Medical distribution room and LCDC Counselor offices. 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 and provided the steps on what to do and how to report a sexual assault if needed.

A random sample of 67 clients were selected, one from each housing unit were formally interviewed during the course of the audit. There were 2 disabled and 1 limited English proficient clients; no transgender and/or intersex clients; gay, lesbian, or bisexual clients at the time of the audit. There were two allegations of sexual abuse or sexual harassment reported in the past twelve months. There were two potential victims, no predators, no self-disclosed gay, transgender or intersex clients available for interview. There was one deaf or hard of hearing client interviewed at the time of the audit. There were no client-on-client sexual abuse or sexual harassment allegations reported in the past twelve months. There were 2 staff-on-client sexual abuse or sexual harassment allegations reported in the past twelve months.

The 67 clients interviewed acknowledged that they received the PREA interview and training with written information provided during the intake process upon arrival. The clients were familiar with the facility's zero-tolerance policy against sexual abuse and sexual harassment and were able articulate the process during the interview with the different methods of reporting sexual abuse and sexual harassment available to them. Several clients interviewed 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 (34) thirty-four staff members were interviewed during the course of the audit. This number included 2 specialized staff, Investigator/Program Director, Executive Director, and 32 Random sample of staff. The staff interviewed were knowledgeable of their overall responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

The Houston Area Women's 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 has a Memorandum of Understanding with the Houston Area Women's Center for client treatment/services as needed. The facility also utilizes the Montrose Center which confirmed that clients will be treated as needed. The Montrose Center has not received any requests for victim advocacy services from clients at Cheyenne Center Inc. The facility does not have a doctor on-site and there are no SAFE or SANE staff at the facility. Any client in need of a SAFE or SANE exams, by agreement, are referred to the Lyndon B. Johnson Hospital in Houston, Texas; Memorial Hermann MC Hospital or Ben Taub Hospital in Houston, Texas.

There are no Mental Health staff assigned to the facility and clients in need of mental health services are referred to Lyndon B. Johnson Hospital. In the past 12 months, there have been two 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 or Harris County Sheriff's office.

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, Cheyenne Center internally identified the need for the PREA regulated shower curtains at the facility. During the facility tour, the client housing restroom 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 in the housing units. 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 on 4/13/17 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.

115.232 Volunteer and Contractor Training. (c.) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. A file review of volunteer/contractors determined that (2) two staff members did not have the Contractor and Volunteer PREA Acknowledgement Form on file. The Facility Administrator took immediate action conducting the required PREA training on 4/27/19 as needed providing the copies of the Acknowledgement of Receipt to the auditor. 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 71 client files determined that (2) two PREA Risk Assessments were not conducted within the 72 hours upon arrival to the facility and required the initial assessment. (f) A review of 71 client files determined that (4) four files did not have the 30-day reassessment as required.

The Corrective Action Plan: The (4) four 30-day PREA Risk re-assessment were immediately conducted using the date upon discovery and completed on 4/28/17. The required documentation was provided to the auditor. The Texas Department of Criminal Justice/Compliance Specialist Eva Villarreal conducted a one-on-one training covering standard115.241(f) with the (3) three intake interviewers. The required training was conducted and the signature page was provided to the auditor making the standard compliant with no further action required.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with the Chief Executive Officer/Agency Head Catherine Santos, PREA Coordinator LaTasha Newton, Jamey Elkins TDCJ Region Supervisor, Eva Villarreal TDCJ Compliance Specialist, and TDCJ Contract Monitors Henry Byron and 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

Cheyenne Center's main facility is located at 10525 Eastex Freeway in Houston, Texas 77093. It is a Therapeutic Community (TC) Residential Program that is a 60-90 day program that requires the client to attend (6) six hours of service per week for up to 90 days. The length of treatment depends on the clients identified needs.

The History:
Chemical addition is a devastating disease involving body, mind and spirit. The mission of Cheyenne Center, Inc. is to offer the highest quality professional and affordable substance abuse treatment with the highest regard and respect given to the client's growth, recovery and individuality. Cheyenne Center has been successfully treating this disease since 1992. The clinical staff is dedicated to reversing the progression of the compulsive craving, seeking and usage of alcohol and other drugs. Through the utilization of the lastest advances in Addiction Medicine, individual and group therapies, cognitive restructuring, 12-step philosophies, and long term after-care planning, clients find that full recovery is more than just a possibility.

Cheyenne Center's main facility is located in northeast Houston, as is the Outpatient facility. Cheyenne Center offers clients an environment conducive to the full recovery of body, mind and spirit. The facility is fully licensed by the Texas Department of State Health Services.

The Cheyenne Center, Inc., believes that chemical dependency is a progressive disease that alters the mental, spiritual and growth of the affected person. Drug and alcohol addiction is a disease that compromises the person's physical integrity andhas many negative consequences impacdting social relationships, vocational skills and health. Chemical dependency is not curable, but it is treatable.

The Mission:

Cheyenne Center aims to reduce substance abuse and related co-existing conditions in our communities, encourage healthier life-style related to at-risk public health behavior, and promote stronger families through multi-level prevention, education, interventions and treatment. A multi-level approach includes age appropriateness, cultural relevancy, and language relevancy in an environment that is research and outcome based. Cheyenne Center, Inc. is licensed by the Texas Commission on Alcohol and Drug Abuse and is approved by the Texas Rehabilitation Commission. Cheyenne Center, Inc.is funded by contracts with the Texas Department of Criminal Justice. Texas Rehabiliation Commission, Texas Commission on Alcohol and Drug Abuse, Harris County and MHMRA, and/or U.S. District Court.

Cheyenne Center Philosophy: We are the Cheyenne Center have come to grips with the realization that drugs and alcohol are not the right way of living. The choices that we have made concerning drugs lead us to doom and destruction. First let us know these things: Our lives matter. We are born with potential. We are not victims of circumstances, but warriors of recovery. We have come to look deep within ourselves as survivors of the past and warriors of the future. We accept our past and plan to conquer the future, not with drugs and alcohol, but with unity, love and tolerance. Side by side we shall walk together with open arms to help one another. Let us forget that we can achieve all things together.

Cheyenne Center Incorporations community involvement has included the following: Adopt-a-family for the holidays partnered with Scarborough Elementary School and Berry Elementary School; and donations to various recovery orientated programs.

Cheyenne Center Inc., has been treating chemical dependency for twenty years and offers the following services for adult males: Residential Services, Intensive Residential Services, Outpatient Services, Intensive Outpatient Services, Co-Occuring Services, and Transitional Living. The services are aimed at helping clients to develop the psychological, behavioral and life skills needed for building a satisfying drug-free lifestyle. The mission of Cheyenne Center, Inc. is to offer the highest quality professional and affordable substance abuse treatment with the

highest regard and respect given to the client's growth, recovery and individuality. Catherine Santons, Chief Executive Officer, has a background that includes Substance Abuse Counseling, Admissions and Community Relations. She was also the Clinicial Coordinator for Motivations where she assisted in establishing policies and procedures.

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: (2)

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.

Cheyenne Center 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 Cheyenne Center 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 Cheyenne Center 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. Cheyenne Center takes 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. Cheyenne Center has developed the following plan to ensure adequate staffing levels and video monitoring to protect inmates from sexual abuse. Cheyenne Center, Inc. adheres to DSHS Rule 448.903 & TDCJ"s policy which requires a minimum direct care staff to client ratio of 1:20 during working hours and 1:50 during sleeping hours. These minimum ratios must be met always except in case of unforeseen and temporary circumstances. Direct Care staff are required to maintain supervision of clients always. At least one supervisory level person will always be on duty. At least one Administrator, including the CEO or Program Director, will always be on call. Cheyenne Center utilizes a video monitoring system. The system consist of 12 surveillance cameras located throughout the facility. The system is not actively monitored but is considered a deterrent to sexual behavior and other safety violations, and is used in post-incident investigaitons. Additional cameras were installed in 2017 to provide coverage in blind spots to the maximum extent possible. In developing the staffing plan, Cheyenne Center considers the physical layout of the facility; the composition of the resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

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 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 Cheyenne Center 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) except in exigent circumstance or when performed by medical practitioners. The facility does not house female clients and has a current capacity of 243 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 (d). Limits to Cross Gender Viewing and Searches. Prior to the facility tour, Cheyenne Center internally identified the need for the PREA regulated shower curtains at their facility. During the facility tour, the client housing restroom 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 in the housing units. 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 on 4/13/17 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.

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 Cheyenne Center 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 for easy reference and assistance. 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. A total of 67 clients were interviewed and there was one limited English speaking client that was given the information in Spanish, (however, was able to read English). One deaf or hard of hearing client was interviewed and was asked if he preferred as sign language interpreter at the time of interview, the client declined an interpreter and stated that he could speak English and understood the entire interview. The interview was held without an interpreter; the deaf client clearly understood the meaning of PREA and communicated the information clearly. One client with a disability was interviewed and said that he understood prea. There were no 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)

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corrective actions taken by the facility.

The Cheyenne Center 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. Cheyenne Center requires the consideration of any incidents of sexual harassment in determing 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. Cheyenne Center requires that all applicants and employees who may have contact with residents have a criminal background. In the pasts 12 months, 16 new staff received criminal background checks as required. 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 as required 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 30 employee files, it was determined that the PREA Disclosure form is being utilized and present in each employee file.

Cheyenne Center has a 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.

Cheyenne Center 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 been (4) four new video monitoring systems, electronic surveillance systems, or other monitoring technology installed for at Cheyenne Center.

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 Cheyenne Center Incorporation PREA policy and procedure outlines the facilities requirements as it applies to the standard. Cheyenne Center Inc., is responsible for investigating administrative investigations and has two specialized trained investigators. All sexual abuse criminal investigations will immediately be referred to the Harris County Police Department or Houston Police Department. 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. Cheyenne Center has partnered with the Houston Area Women's Center to provide survivors of sexual abuse with emotional support services. The Houston Area Women's Center was contacted during the onsite audit to confirm facility access to these services as needed. The on-call nurse stated that they were available 24/7 and no client would be rejected. The facility has a Memorandum of Understanding with the Houston Area Women's Center for client treatment/services as needed. The facility also utilizes the Montrose Center which confirmed that clients will be treated as needed. The Montrose Center has not received any requests for victim advocacy services from clients at Cheyenne Center Inc. The facility does not have a doctor on-site and there are no SAFE or SANE staff at the facility. Any client in need of a SAFE or SANE exams, by agreement, are referred to the Lyndon B. Johnson Hospital in Houston, Texas; Memorial Hermann MC Hospital or Ben Taub Hospital in Houston, Texas.

All victims of sexual abuse will have access to forensic medical examination services through several different hospitals. 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. 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.

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 Cheyenne Center Incorporation PREA policy addresses the administrative and criminal investigation procedures for investigating and documenting incidents of sexual abuse. The facility ensures that an administrative and criminal investigation are completed for all allegations of sexual abuse and sexual harassment (including client-on-client sexual abuse or staff sexual misconduct).

Cheyenne Center 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 to the Harris County Sheriff's Office or Houston Police Department. The PREA Coordinator received the Specialized Investigation Training on June 24 & 25, 2015. There are two trained investigators at Cheyenne Center which is the Program Director/PREA Manager and one 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 sexual assault criminal allegations are referred to the Harris County Sheriff's Office or 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 Harris County Sheriff's Office or Houston Police Department to conduct a criminal investigation and prosecution if warranted. The facility documents all referrals of

allegations of sexual abuse or sexual harassment for criminal investigation. In the past 12 months, there were two allegations of sexual abuse or sexual harassment received and found to be unsubstantiated. All PREA policies and procedures were followed and the appropriate notifications were made.

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 Cheyenne Center Incorporation PREA policy and procedures address the training of all employees who may have contact with residents on the zero-tolerance policy of sexul abuse and sexual harassment. Cheyenne Center 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 30 employees was conducted on April 28, 2017 for the required PREA training. All employee files determined that staff had received the Guidance in Cross-Gender and Transgender Pat Searches.

Cheyenne Center 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. The auditor recommended for supervisors to discuss PREA topics 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 Cheyenne Center Incorporation PREA policy and procedure ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the Cheyenne Center 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 Cheyenne Centers zero-tolerance policy regarding sexual

abuse and sexual harassment and informed how to report such incidents. A file review of volunteer/contractors determined that (2) two staff members did not have the Contractor/Volunteer PREA Acknowledgement form on file. The Facility Administrator took immediate action requiring the volunteer/contractor to complete the PREA Training and Acknowledgement form. The Facility Administrator conducted the PREA required training on 4/27/19 and provided the auditor with copies of the Acknowledgement of Receipt and verification of the file completed the review. No further action was required.

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 Cheyenne Center 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. Cheyenne Center provides an orientation packet during the intake process to all residents upon arrival or transfer to Cheyenne Center. The clients sign an acknowledgement form after receiving the PREA information packet governing the zero-tolerance and reporting procedures of sexual abuse and sexual harassment. The client education material is in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to clients who have limited reading skills. The spanish speaking residents receive the PREA information in Spanish and Cheyenne Center has a language line for clients requiring the service. The information on the zero-tolerance policy was posted in every client housing unit, dayroom, dinning area, and classroom. A random sample of 67 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 Cheyenne Center 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 two trained investigators at the Cheyenne Center which is the Program Director/PREA Manager and one other LCDC Counselor/Program Director; 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 Harris County Sheriff's Office or Houston Police Department. In the past 12 months, there have been two sexual abuse or sexual harassment allegations reported which warranted an investigation and were both unsubstantiated.

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. Cheyenne Center 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 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 Cheyenne Center 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 71 client files and an interview with the Intake interviewer confirmed that upon admission to Cheyenne Center 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.

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 71 client files determined that (2) two PREA Risk Assessments were not conducted within the 72 hours upon arrival to the facility and required the initial assessment. (f) A review of 71 client files determined that (4) four files did not have the 30-day reassessment as required. The Corrective Action Plan: The (4) four 30-day PREA Risk re-assessment were immediately conducted using the date upon discovery and completed on 4/28/17. The required documentation was provided to the auditor. The Texas Department of Criminal Justice/Compliance Specialist Eva Villarreal conducted a one-on-one training covering standard115.241(f) with the (3) three intake interviewers. The required training was conducted and the signature page was provided to the auditor making the

standard compliant with no further action 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 Cheyenne Center 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. Cheyenne Center 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. An interview with the Facility Director/PREA Manager explained how the facility utilized the screening information for these decisions. In the past 12 months, there have been no high risk clients of sexual abuse or harassment 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 Cheyenne Center Inc., PREA policy and procedures outline the options for resident reporting methods. The facility provided 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 buse 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 to include posters displayed throughout the facility.
Th clients are made aware upon arrival to Cheyenne Center 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 Area Women's 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 harssmsent seriously whether they be made verbally, in writing, anonymously and from third party and are required to document all reports. Cheyenne Center 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 Cheyenne Center 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. Cheyenne Center policy and procedures allow the resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the compliant. Cheyenne Center 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. Cheyenne Center policy and procedure permits third parties, including fellow resident, staff members, family members, attorneys, and outside advocates, to assist residents in filing a requests for administrative remedies relating to allegations of sexual abuse and to file such request on behalf of residents. Cheyenne policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, Cheyenne Center staff document the residents decision to decline. In the past 12 months, there have been no grievances filed declining third-party assistance. Cheyenne Center has a policy and procedure established for filing an emergency grievance alleging that a resident is subjectd 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. Cheyenne Center has a policy and procedure that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where Cheyenne Center 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 Cheyenne Center 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 Area Women's Center with a 24-hour Hotline (713) 528-7273. The Houston Area Women's Center helps individuals affected by domestic and sexual violence in their efforts to move their lives forward. They provide shelter, counseling and advocacy to support the victim in building lives free from the effects of violence. They seek social change to end

domestic and sexual violence through community awareness and education. All services provided are confidential and available to everyone.

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 infomed 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. Cheyenne Center has entered into agreement with a verbal and email agreement with Montrose Center to provide outside confidential support services and many more services listed. The Houston Area Women's hotline number was contacted on April 28, 2017 and it was confirmed that the line is available 24/7 and no request for confidential support services from clients at Cheyenne Center in the past 12 months. Seventy-one 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.

Cheyenne Center Incorporation has a policy and method in place to receive third-party reports of sexual abuse and sexual harassment on behalf of indivdiuals at the center or program. Cheyenne Center 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 clients 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 awaress of how to report third-party allegations. 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 clients in all areas of the facility. 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 Cheyenne Center 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. Cheyenne Center 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.

Any administrative staff that receive a report of sexual abuse or sexual harassment will 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 Cheyenne Center policy outlines the responsibilities of the volunteers and contractors duties and responsibilities of reporting sexual abuse and or sexual harassment. Interviews with staff/contractors 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. Chyenne Center 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 Cheyenne Center 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 Cheyenne Center 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 Cheyenne Center, 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 was one report of allegations of sexual abuse or sexual harassment received from another facility that were alleged to have occurred at the Cheyenne Center. Action was taken immediately and an investigation was conducted unsubstantiating the allegation. All protocols were followed and no further action was required.

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 Cheyenne Center 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 Cheyenne Center 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. Cheyenne Center has developed associations with the following to coordinate actions taken in response to an incident of sexual abuse, among the first responders, medical and mental health practictioners, investigators and facility leadership. Each employee has been given a copy of this plan at training. The following locations will be utilized in accordance with the Coordinated Response: Houston Area Women's Center, Montrose Center, and Harris County Sheriff's Office, Houston Police Department, Memorial Hermann MC Hospital, Ben Taub Hospital and LBJ Hospital.

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 Cheyenne Center 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 investigationor 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 Cheyenne Center policies on sexual abuse and sexual harassment. The Cheyenne Center does not have a collective bargaining unit. Cheyenen Center 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.

The Cheyenne Center 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.

Cheyenne Center 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, Cheyenne Center shall take appropriate measures to protect that individual against retaliation. Cheyenne Centers obligation to monitor shall terminate if the agency determines that the allegation is unfounded. In the past 12 months, there were two 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 Cheyenne Center Incorporation PREA policy ensures the agency conducts it's 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 that administrative investigations will be conducted by the specialized trained investigators. All sexual abuse allegations of a criminal natue will be referred and conducted by the Houston Police Department or Harris County Sheriff's Orrice. The supervisor receiving the report, immediately notifies the Facility Director of the incident. For an allegation of a criminal sexual assault, the Facility Director will contact the Houston Police Department Criminal Investigation Division, or Harris County Sheriff's Office 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 documentated 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 or Harris County Sheriff's Office 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 documentated 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 documentated in written reports that include a descriptionof 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. Cheyenne Center 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 Cheyenne Center plus five years. In the past 12 months, there have been two administrative allegations of sexual abuse or sexual harassment that were conducted by the Facility Specialized Investigator and determined to be unsubstandtiated.

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 Cheyenne Center Incorporation PREA policy ensures the facility shall impose no standard higher than than the preponderance of evidence in determing 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 was clearly understood.

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 Cheyenne Center 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 Cheyenne Center 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 were two allegations of sexual abuse or sexual harassment reported and therefore the notification process was initiated.

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.

Cheyenne Center 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 offensesby other staff with similar histories. All terminations for violations of

Cheyenne Center 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 Cheyenne Center 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.

Cheyenne Center 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 Cheyenne Cener 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, Cheyenne Center has not received any reports of sexual abuse of clients by contractors or volunteers.

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 Cheyenne Center 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 Cheyenne Center 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 Cheyenne Center Incorporation PREA policy that client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The following hospitals have an agreement to provide SANE exams as needed by the client; Memorial Hermann MC Hospital; Ben Taub Hospital; and LBJ Hospital in Houston, Texas. An agreement with the Houston Area Women's Center provies clients' referrals for support services as well as any other counseling 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 Cheyenne Center Incorporation PREA policy offers ongoing medical and mental health care to all Cheyenne 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 Memorial Hermann MC Hospital, Ben Taub Hospital, LBJ Hospital and Montrose Center to provide ongoing medical treatment as needed to clients of this facility to include SANE exams. An agreement with the Houston Area Women's Center provides victim advocacy and counseling services. In the past 12 months, there were no clients who required ongong medical or mental health treatment due to being victimized by sexual abuse however the services were made available.

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 Cheyenne Center 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, ethinicity, 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 prevente, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethinicity; 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. Cheyenne Center will implement the recommendations for improvement, or shall document its reasons for not doing so. In the past 12 months, there were two sexual abuse allegations to be reviewed and the team 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 Cheyenne Center 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. Cheyenne Center 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.

Cheyenne Center Incorporation Policy ensures the review of data collected and aggregated pursuant to 115.287 in order to assess and improve the effectivenesss of its sexual abuse prevention, detection, and response policies, and practies. 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 Cheyenne Center report will be approved by the Facility Director and made readily available to the public. Cheyenne Center 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 Cheyenne Center 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 _____ July 6, 2017 _____

Auditor Signature Date